

## **Our Office Policies**

Since you may not know us, we thought it might be helpful to tell you about our policies. Please feel free to ask us any questions after you have read the following information.

Our first session or sessions with you will be a consultation. During this time we will work to get to know you and your concerns. This initial period will also give you an opportunity to get to know us and how we work. At the end of the consultation, we will decide with you what next steps we recommend.

In our work, the members of Taconic Counseling Group draw from a wide variety of treatment modalities and techniques. Some, like psychoanalysis, psychodynamic therapy, systems theory, cognitive, behavioral, rational-emotive, relational, and existential are considered established. Others, like hypnosis, visualization, relaxation, and EMDR are considered experimental. For further discussion of these techniques, please speak to your therapist.

### **Confidentiality**

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can release information about your treatment to others only with your consent. We follow the legal guidelines established by the Health Insurance Portability and Accountability Act (HIPPA) regarding your rights and the protection of your privacy. Normally, strict confidentiality is observed, but we are subject to New York State laws regarding mandatory reporting of child abuse and certain potentially dangerous situations that might result in harm to persons, some of which are specified in the recent New York Safe Act. We are also subject to court ordered disclosures. If you have any concerns about these exceptions, please raise them with your therapist.

### **Treatment of Children and Confidentiality**

While privacy in psychotherapy is very important, particularly with teenagers, parental involvement and support are also essential to successful treatment. It is our policy to discuss with all parents, children, and adolescents an explicit understanding of what information will and won't be shared, as is appropriate to the age of the child and the particular circumstances. We assume that we should share general information about the progress of the child's treatment and his/her attendance with parents. At any age, when we feel that the child is a danger to him/herself or to another, we reserve the right to inform the appropriate people so that safety can be secured. There may be times when you request that the therapist release information that, in his/her judgment, is not in the best interest of your child to disclose.

### **Length of Sessions**

Individual psychotherapy are usually 45 minutes long. Marital, family, and psychological or educational testing sessions vary in length.

### **Missed or Canceled Appointments**

The session time that we set with you becomes a time that is protected for you. Since we do not overschedule patients, if you miss or cancel an appointment, the time that has been protected for you becomes a time that stands open. Because of the dilemma this presents to us, we have had to define a policy for missed or canceled appointments. Since we know that emergencies and unexpected circumstances happen in all our lives, we have developed the following policy. If you have to cancel, we will make every effort to reschedule your appointment. Of course, the sooner we know about a cancellation, the better able we are to reschedule, If your

appointment can be rescheduled within the same week, there will be no charge for the canceled session. If your canceled session cannot be rescheduled, either because of your schedule limitations or ours, you will not be charged for the first canceled appointment in a three month period, but you will be charged for any further cancellations.

### **Additional Consultations and Services**

In the course of your treatment it may be necessary at times for us to do work by phone, either with you or on your behalf. Other services may include report writing, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other services you may request of your psychologist. When we find that these consultations or services exceed just a few minutes, we will charge you at a proration of your session fee. These charges may not be reimbursable by your insurance company.

### **Payment and Insurance**

You are responsible for the payment of fees for services. While we ask that you pay us directly, we will provide you with the necessary information and billing to facilitate your claims for insurance reimbursement. Please be aware that if your account has not been paid, we may use legal means to secure payment, which would require us to disclose some identifying information, the nature of services, and the amounts due.

### **Reaching Us**

Due to our work schedules, we are often not immediately available by telephone. For your privacy, your telephone messages are recorded in our individual voicemail boxes. In addition, our answering service has operators available 24 hours per day. If your call is an emergency, please indicate this when you speak to the operator. The operators have instructions on how to reach each of us, or the psychologist who is covering for us if we are away, with messages that are urgent or need a prompt response. We respond as quickly as possible to urgent calls.

We will make every effort to return other calls within 24 hours, with the exception of weekends and holidays. If you have not heard from us within 24 hours, please call again. If you have a life threatening emergency, please leave a message for us and go immediately to your local emergency room.

Your signature below indicates that you have reviewed this document and represents an agreement between us. Your signature also serves to acknowledge that you have received the HIPAA Notice of Policies and Practices to Protect the Privacy of Your Health Information.

Signed \_\_\_\_\_

Date \_\_\_\_\_