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Office Policies & General Information Agreement for Psychotherapy Services or Informed Consent for Psychotherapy

Welcome and thank you for considering Solutions Through Wellness & Counseling, LLC for your mental health needs. This document contains important information about my professional services and business policies.

I’m a **Licensed Professional Counselor, LPC**, in the state of New Jersey, and a **National Certified Counselor**, **NCC.** I graduated with a master’s degree in community clinical counseling from Eastern University in 2003. I provide mental health care services to clients directly in an **independent private practice.** I’m **not associated with a partnership.**

**EVALUATION/TREATMENT/PROGRESS & RISKS:**

The purpose of the first several sessions is for evaluation and assessment. These sessions are designed for you to share your concerns. Attention will be given to obtaining background information so that preliminary observations and treatment recommendations can be formulated. These treatment recommendations may include individual counseling, family counseling, couples counseling, group counseling, or psychological testing. If it appears that you may benefit from medication, then I will recommend a consultation with a Psychiatrist of your choosing. **I provide neither custody evaluation recommendation** nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice. **Follow through with treatment recommendations is crucial for the success of treatment.**

Through the course of therapy, it is hoped that you will better understand your situation and feelings and move toward resolving your difficulties. I will use my knowledge of human development and behavior and will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your feelings and thoughts and to try new approaches for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if I recommend this. During therapy, I will likely draw on various psychological approaches according, in part, to the problem that is being treated and assessment of what will best benefit you. These approaches include but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, system/family, developmental (adult, child, family), parent training, or psycho-educational.

Participation in therapy can result in several benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly.Progress will be regularly discussed and it is both yours and my responsibility to bring up issues related to a lack of progress. Sometimes more than one approach can help deal with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. Therapy involves risks. Foregoing therapy has risks as well.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records of those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: **where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or when a client's family members communicate that the client presents a danger to others.** **Disclosure may also be required under a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony.**  In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy, or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where I become concerned about your safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

**INSURANCE REIMBURSEMENT:** If you have health insurance, your visits may be partially or fully reimbursed by your insurance company. I’m **Not an- In-Network Provider for any insurance company.** **I do not file insurance forms** in my office. However, many insurance companies have out-of-network benefits. At every session, when payment is made, you will be given a receipt for that visit that will have all the necessary information for reimbursement. **You must determine your specific mental health benefits**, including deductibles, coinsurance, or other limits on benefits. As indicated in the section, *Health Insurance & Confidentiality of Records,* you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, that are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP to process the claims. If you so instruct, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**LITIGATION LIMITATION:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure concerning many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will disclosure of the psychotherapy records be requested unless otherwise agreed upon. I will not voluntarily participate in any litigation or custody dispute. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time for which I have made myself available for such an appearance at my usual and customary hourly rate for such services.

**CONSULTATION:** Professional consultation is an important component of a healthy psychotherapy practice. As such, I consult regularly with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**E–MAILS, Text, and Phone Communication:**  Contacting through email and text imposes serious limitations on confidentiality. Email transmitted through regular services is not encrypted. This means a third party may be able to access information in an e-mail and read it. In addition, once the e-mail is received by you, someone may be able to access your e-mail account and read it. This may include your employer if you use a work-related email address. Please **DO NOT email or text sensitive or clinical information. Text and email should only be used to provide convenient communication regarding appointment times, scheduling information, etc.**

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of my profession require that I keep treatment records for at least 7 years. Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by NJ state law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, you may leave a message for me at any time on my confidential voicemail at (856) 418-1950. If you wish me to return your call, please be sure to leave your name and phone number, along with a brief message concerning the nature of your call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday-Thursday). **Please understand that as a solo, outpatient practitioner, am unable to personally provide 24-hour crisis services.**

If an emergency arises, please call 911 or go to your local crisis center. The office's local crisis centers are **Newpoint Behavioral Health Care@** **Underwood Hospital in Woodbury: (856) 845-9100 and Kennedy Hospital in Sewell**: **(856) 582-1419**.

It is recommended you go to crisis or call 911 in an emergency. If you choose not to go to your local crisis center or call 911, there are available hotlines to call and text. You can call the **National Suicide Prevention Lifeline at** **988 (text or call)**. If you want to text, you can text the **Crisis Text Line at 741741 (text HOME to the number).**

**TERMINATION**: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you.  I do not work with clients who, in my opinion, I cannot help.  In such a case, if appropriate, I will give you referrals that you can contact.  If at any point during psychotherapy, I either assess that I am not effective in helping you reach the therapeutic goals or perceive you as non-compliant or non-responsive and if you are available and it is possible and appropriate to do so, I will discuss with you the termination of treatment and conduct pre-termination counseling.  In such a case, if appropriate and/or necessary, I would give you a couple of referrals that may be of help to you.  If you request it and authorize it in writing, I will talk to the psychotherapist of your choice to help with the transition.  If at any time you want another professional’s opinion or wish to consult with another therapist, I will give you a couple of referrals that you may want to contact, and if I have your written consent, I will provide her or him with the essential information needed.  You have the right to terminate therapy and communication at any time.  If you choose to do so, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

**DUAL RELATIONSHIPS:** Despite popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, or clinical judgment or can be exploitative. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, multiple relationships are either unavoidable or expected. I will never acknowledge working with anyone without his/her written permission. Nevertheless, I will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise me if the dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

**PAYMENTS:** The charge for an initial 75-minute session is $250.00. After that, the charges are $155.00 per 45-minute session. The fee includes my time on your behalf for preparation and recording keeping. **Payments are due at the beginning of each session.**

Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate unless indicated and agreed upon otherwise. Please notify me if any problems arise during therapy regarding your ability to make timely payments. **Each year fees increase by $5 on September 1st.**

**Payments can be made with cash, check, or credit card.**

**Please note: You will not pay a fee with card transactions for telehealth appointments. I cover all card processing fees for telehealth appointments.**

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 48 hours (2 days) notice** is required for rescheduling or canceling an appointment. If an appointment is missed or canceled with less than 48 hours' notice, you may be charged the full fee for that missed session. Exceptions will be made for emergencies. **Most insurance companies do not reimburse for missed sessions.**

I have **read and was given a copy** of the above Office Policies and General Information, Agreement for Psychotherapy Services, or Informed Consent for Psychotherapy carefully (a total of 7 pages); I understand them and agree to comply with them.

**Client's Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Client's Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Client's Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

(Children aged 14 and above, please sign this form)

**Psychotherapist's Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date