

Virginia A. Miller, LCSW-R

863 State Route 9H,
Ghent, NY 12075
(845) 238-4925

Policy Statement and Fee Agreement for Clients Receiving Clinical Treatment

Treatment Sessions and Fees :

Session fees are due at the time of service.

| | |
|-------------------------|-------|
| Individual – 50 min | \$120 |
| Couple/Family - 50min. | \$120 |
| Couple/Family – 75 min. | \$165 |

*Fees may be changed at the therapist's discretion. Any change to the client's fee will be discussed with the client prior to change and noted above on this agreement.

Session fees may be paid in cash, check or via credit card.

I will let my therapist know ahead of time if I wish to pay via a different method.

Returned Checks:

There is a \$30.00 fee for any returned check. Future sessions will not be scheduled until any returned check fee and session fee is paid in full.

Missed Sessions/Cancellation:

If you need to cancel a session, you must cancel at least 24 hours prior to the scheduled appointment. Otherwise, you will be responsible for a \$30.00 fee. This balance is due at the next scheduled session. If another session is not scheduled, you are still responsible for the balance due. Future sessions will not be scheduled until the outstanding fee is paid in full.

Clients are not responsible for any session fees when the session is canceled by the therapist.

Utilizing Insurance Benefits:

I am not on any insurance panels. My servicers are Out of Network. However, you still may be covered by out of network benefits. If a client's insurance coverage does provide out of network coverage, this will be between you and your insurance company. You are responsible for the full fee at the time of session. I will provide you with a receipt for you to submit to your insurance company for reimbursement.

Scheduling Treatment Sessions:

All sessions are by appointment only. Appointments are made directly with the therapist. Clients are expected to be on time for their scheduled session. Your time will not be extended if you are late for a session so that the next person who is on time will not have to wait. There are times when an emergency arises and sessions may be running late. I will do my best to contact you ahead of time to let you know if possible. This may not always be possible and I apologize for any inconvenience that this may cause.

Adult Treatment:

Adult treatment consists of individual sessions, often family sessions may be conducted. In the event that a family member is involved in sessions this will be discussed with the individual the session prior to the family session and will be planned accordingly. You are then responsible for inviting that person to join you in a planned, scheduled session. Also, it is important to let me know ahead of time if you wish to bring a family member to a session if it has not been discussed ahead of time. There must be a therapeutic benefit to having an additional person join in the therapy process; this will be discussed ahead of time.

It is important to understand that you may feel more distressed in the initial stages of treatment. This is often expected since therapy often brings up past issues. This will be discussed on an ongoing basis.

Medication Management:

Medications, including psychotropics, are prescribed **only** by licensed medical doctors (MD). I highly recommend that any psychotropic medication be prescribed and monitored by a licensed psychiatrist rather than a family doctor. Psychiatrists typically monitor their patients monthly to bi-monthly and are familiar with the subtleties and side effects of these medications.. When a client is taking a psychotropic medication, treatment will include assessment of the effectiveness of utilizing medication to address symptom management. Additionally the client's feelings, worries, concerns, and fears about utilizing medication will be explored.

Recommendations for Evaluations:

In order to obtain the most accurate information about a client's current functioning; the therapist may refer the client for evaluations by other professionals. These recommendations will be discussed with the client in order for the client to understand the benefits of such an evaluation.

Other Referrals:

At times it may be necessary to make a referral to a more appropriate provider if I am not able to meet a specific need. I will not attempt to treat a disorder that I am not familiar with as this would not be beneficial to the client and may even be harmful. Also, there are times when a client may wish to change to another provider for various reasons. A client has the right to do this and a right to an appropriate referral. I will make referrals only after thorough consideration of professionals who I feel may be able to assist you. At times I may refer you back to your insurance company if I feel that the insurance company may be more suited to make the referral and may have more knowledge of a particular provider that may meet your needs. Of course you are always welcome to do your own research and seek out someone on your own. You are also

entitled to a second opinion, in which case I will also assist you.

Confidentiality:

Information shared by clients in session is considered confidential. Information can only be shared with other persons for whom the client has indicated on a signed consent to exchange information. You MUST sign a release to exchange or I will not exchange information. The consent must be in writing, I will not consider verbal consent. The only time I will consider verbal consent is in the event of an emergency and only if the consent is witnessed and a written consent signed as soon as possible thereafter. I will only exchange information that is in your best interest, on a need to know basis and that is useful for treatment. No other information will be shared.

Limits to Confidentiality include:

- 1- When a person discloses the desire or intent to harm him/herself or someone else.
- 2- When a person discloses that someone else is causing harm to them. This includes verbal, physical, and sexual threats or actions, or neglect of basic survival needs.

In the event that a client discloses a desire or intent to harm someone else, I have a *Duty to Warn* by informing that individual and/or law enforcement officials so that protection may be provided to the threatened individual.

If a client discloses a desire or intent to harm him/herself, I will follow the following protocol:

- develop a safety plan with the client that he/she agrees to follow to remain safe.
- refer to the client for immediate psychiatric evaluation for hospitalization.

If the client is an adult, I can:

- contact a family member or friend to assist you with transportation to a local emergency room.
- call local law enforcement to assist in transporting the client to a proper facility.

Please note that I do participate in professional supervision and consultation with colleagues. This is so that I may continue to develop professionally and to provide you with the best treatment possible. At times I will be discussing your treatment with my supervisor, or through consultation. I will not provide any identifying information. The only time I may provide identifying information is when it is critical to your care and in your/or your child's best interest.

What to do in a Mental Health Emergency:

Call 911 or go to Local Emergency Room Department

Dutchess County HELPLINE at (845) 485-9700 for immediate assistance.

Columbia County Mental Health Crisis Line (518)828-9446 for Immediate Assistance.

Termination-

Termination of treatment occurs for many reasons and is a natural part of the therapy process. I support the client's right to terminate treatment at any time. In order to leave treatment in the best possible way, termination should be planned in advance. Several weeks are best; however, if you are unable to give me advance notice, I will do my best to help you leave in a positive manner. I can also make appropriate recommendations for future treatment.

Each client/family receives a copy of this Policy Statement/Fee Agreement during the intake/initial session to review and discuss with the therapist.

I have read, understand, agree to, and have received a copy of the Policy Statement/Fee Agreement. I have had an opportunity to ask questions. I understand that I am responsible for payment of session fees at the time of service.

Signature

Date