

Brief Therapy Associates

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Policy & Procedures

The purpose of this letter is to present my policy and procedures to facilitate our working together.

COMMUNICATION: There may be times when you will need to be in touch to schedule or cancel an appointment, leave a message or briefly discuss an issue. If I am unavailable in the office when you call, please leave a message. If there are restrictions on when you are available to receive a return call, please specify these times. I check my answering machine on a regular basis and I will be in contact with you within 24 hours. If you are experiencing a *life-threatening emergency*, please contact me on my cell phone at (607) 280-4162. If I do not answer, please leave a voice mail message. If you do not hear back from me within 20 minutes, please call **Suicide Prevention and Crisis Service at (607) 272-1616, or go to the Emergency Room of the nearest hospital.**

CANCELLATION POLICY: If you need to cancel an appointment, please do so 24 hours in advance of your scheduled appointment time. I do charge for late cancellations and missed appointments. **The charge will be \$25.00.** Monday appointments should be canceled during the preceding week, if possible, but may be canceled until 9 a.m. Monday without charge.

FEES: Fee for service is \$100 per 50-minute session. I ask that you clear your balance each visit so that the time and expense of billing will not be necessary. I participate in several Managed Care Provider Networks and I also accept other standard insurance. Please discuss any fee difficulties with me as they arise so that alternative arrangements can be explored. A sliding scale fee is available if necessary. Please note that therapy fees may constitute a tax-deductible medical expense. You may request a receipt for such purposes at the end of the year.

CONFIDENTIALITY: Information that you discuss in your therapy session is confidential. However, you should be aware that there are three circumstances under which it is not possible for me to protect your confidentiality. As mandated New York State reporters, I am obligated to report any situation in which child abuse or neglect may be occurring. Additionally, I have a "duty to warn", which means that if there is a likelihood that you may harm yourself or someone else, I will need to take steps to report the situation to the appropriate authorities to ensure safety. I also am obligated to comply with the federal and state legal system for subpoenaed records.

PRACTICE: Cognitive Behavioral Therapy is the modality that I practice to help you meet your goals. CBT is a goal-focused, research-based measurable therapy. Most people feel better within a few sessions once their goals have been established; however, CBT is not for everyone. We will be evaluating your therapy together every few sessions to see that it is working for you. After 10 sessions, if you have not met your goals, we will reassess your needs and determine whether you would benefit by continuing together or being referred to another therapist who uses a different modality.

"This is to certify that I have read, understand and agree with the above statement of policies and procedures set forth by Brief Therapy Associates. I agree that I am responsible to pay the amount of \$ ____ per 50 minute session. I hereby authorize the release of any medical or other information necessary to process this claim. I give my consent to receive phone calls and email transmissions from this therapist for appointment changes."

Client signature / Date

Therapist signature / Date