**Helping you liberate your mind and go where you are joyful**

### Dorothy Rodwell, LMFT

#### Licensed Psychotherapist

#### Certified in Clinical Hypnosis with Rapid Trauma Resolution

THERAPY & OFFICE POLICIES

**(A copy of my policies will be provided to you).**

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| --- |
| **Right to Confidentiality:** * You have a right to complete confidentiality and privacy. The only exceptions to this are legal reporting requirements governing the intention to harm self or others, and in cases involving abuse, neglect of minor children and disabled adults. If you wish to speak to me about any of these, please speak as if it were a friend.
* When a particular treatment focusing on one issue is successful, you may choose to offer a testimonial (with or without your name).
* No information will be ever released to any third party without your written and informed consent.
* While I am required by law to keep therapeutic records, I record our sessions using checklist forms to document sessions. This helps protect your privacy.
* In our sessions, I may use a digital or video recorder in order to maintain my certification in Rapid Trauma Resolution. Continuous improvement is part of this process and these files are effective tools.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (initial here to agree to be recorded).  |
| **Philosophy & Style of Psychotherapy:** I am skilled in helping individuals, couples, families, and organizations change. Although trained in both traditional and non-traditional approaches to psychotherapy, I favor the newer, brief therapy methods. Brief therapies reflect a significantly different approach to treatment from more traditional styles. Rapid Resolution Therapy (RRT), Bio-acoustical Utilization Device (BAUD) and holistic approaches are the foundation of my work. I do not promote RRT as an alternative to medical or clinical treatment. |
| **Financial and Scheduling Policies:*** Fee: $100 per hour, $450 for the Virtual Gastric Band Program. We accept cash, check, credit card, Paypal. We do not accept insurance. Fees are payable at the end of your session at the office. Payment plans may be available. Please discuss with the Office Manager. Pro Bono sessions may be available (current wait time: 3 months).
* You may reschedule or cancel up to 4 hours before your appointment. One time of rescheduling or cancelling at the last moment is understandable. After that a $25 fee will be billed to you if you reschedule or cancel within that window. No shows will also incur a $25 fee on the second occurrence. If you reschedule or cancel an appointment twice in a row, please call me to discuss how to move forward.
* If you are late, your session may be shortened if I have another client right after you.
* If I must cancel, either I or the Office will contact you to reschedule.
 |
| **I understand the above policies and agree to honor them.****Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_ **(page 1 of 2}** |

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**To Reach Me:**

* Usually best to use email or text. You choose how you wish to communicate with me.
* Generally I respond to emails within 24 hours during the week and within 48 hours on the weekend.
* Emails , texts, and phone calls containing more than scheduling information are considered part of a client’s record.
* **Emails and Confidentiality:** There is a potential for unauthorized access to an email to my drodwell@embarqmail.com address. Let me know if you wish to use Hushmail (an encrypted email provider) instead.
* Instead of Skype I prefer VSee as a video platform. This option is available only if we are a good fit and have had a session in the office. Session notes will be generated from the VSee session and are part of a client’s record.

**In Case of Emergency or Crisis:**

* **In Case of a Life Threatening Emergency call 911.**
* **In Case of Crisis call 911, 211, or the ACT 24 Hour Crisis Line 239-939-3112**

**In the Office:**

* Please no children under age 18, pets (except service dogs) or food in the office. Beverages OK.
* No perfume please.

**Social Networking Policies:**

* I may conduct a Web search on clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss it with me.
* I do post to Facebook as a way to support my practice.

**I understand the above policies and agree to honor them.**

**Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_ **(page 2 or 2)**