

## ***OFFICE POLICIES AND SERVICE AGREEMENT***

Welcome to my practice. I would like to acquaint you with how I work and my office policies before we get started. The first visit is an opportunity to become better acquainted and get a feel about the fit of working together. Upon starting therapy, weekly sessions (in some cases more) are recommended for the process to develop. Sometimes the therapy is short term (a few weeks to a few months) or, it may develop into longer- term work. I integrate several modalities including Psychodynamic (working with behavior and emotions influenced by unresolved past experience), Cognitive (tools for changing negative thought patterns and problem solving) and Somatic Experiencing (incorporating body sensation awareness as a method for regulating the nervous system). My practice is oriented to adults (18+) and couples counseling.

The hope and expectation is that you will benefit from therapy but there is no guarantee of this. If this situation arises, I encourage you to bring these concerns up, and we can discuss options for a different arrangement or referral.

The following is a statement of my office policies. I welcome an open discussion about any of the points stated below.

**Confidentiality:** Confidentiality is not only an honored practice, but also a federal law and strictly adhered to. In order to acknowledge and discuss your situation with anyone else, I would need a written consent signed by you. There are a few exceptions to this policy, as it relates to safety concerns. For example, a client communicates threat of bodily injury to another or is suicidal. There is reasonable suspicion that abuse to a minor or dependent adult has occurred or will occur. When information is required by law or ordered by the court. At times, I consult with other mental health professionals about my cases. When I receive professional consultation, neither your name nor identifying information about you is revealed.

**Length/Frequency of Sessions:** Each psychotherapy session is approximately 55-60 minutes, unless otherwise specified. I will be prepared to begin and end our sessions on time, although at times with mutual agreement and availability, we may go overtime.

**Payment:** My session fee is \$140/session unless a modified fee or insurance arrangement has been set. If utilizing insurance, I will submit claims on-line and only charge you for co-insurance payments. For out of network insurance, I will provide a statement you can submit for reimbursement, and full payment is made to me. Your signature on this agreement authorizes me to release required information to your insurance carrier for the coordination of benefits and payments.

**Appointments and Cancellation Policy:** I will make every attempt to accommodate your specific need for appointment times. On rare occurrences, you may need to cancel late for an unexpected illness or emergency. If there are repeated missed appointments or late cancellations without a 24 hour notice, you will incur the cost of the session. Your insurance company cannot be billed for missed sessions; however in accordance with insurance company regulations, you will be responsible for the session rate determined by them.

**Telephone Calls:** I can be reached at (949) 910-5654. If you leave a voicemail, I will always return your call as soon as possible. Generally calls are returned Monday-Friday, but if needed and feasible, I will return weekend calls. There is no charge for brief calls. If I cannot be reached and you are experiencing a life-threatening emergency, please briefly leave a voicemail for me and then call 9-1-1 or go to the nearest hospital emergency room.

**Texting and E-mail:** I will respond to texts and e-mails for routine scheduling, but please follow-up with phone call/voicemail if you haven't heard back from me within a few hours. DO NOT use text or e-mail to communicate about personal matters or for emergency/urgent contact.

**Professional Records:**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records if needed, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

**HIPAA:** I am required to provide you with information about HIPAA (Health Insurance Portability and Accountability Act), the federal legislation which describes patient privacy standards. My practice confidentiality policies exceed those set by HIPAA. However, once I have released information with your permission, confidentiality is no longer controlled by me. By signing this agreement you are indicating that you are familiar with HIPAA or have asked me any further questions you may have about HIPAA.

**Termination of services:** Stopping therapy may occur at any time and may be initiated by either you or I. Please contact me if you decide to discontinue, as termination itself can be a very constructive process and I will provide any referrals if needed. If, for any reason, you should discontinue without notifying me, I will make an effort to reach you for clarification. Upon no response, I would presume the termination is complete.

**Consent for Treatment:** If you have no questions and have read, understand the content, agree to the terms and conditions and hereby authorize me, Ilene Blaisch, L.C.S.W. to provide treatment, please sign below.

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

Ilene Blaisch, LCSW, SEP

(949) 910-5644

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