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Office Policies & Service Agreement

Welcome to my practice. I am a Licensed Clinical Social Worker (LCSW) and have been practicing psychotherapy in the state of California since 1983. I'm also a Somatic Experiencing Practitioner (SEP). 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.

My Approach to Therapy - I work primarily with adults in individual and couples therapy. I utilize and integrate several modalities in accordance with each client's unique needs at a given time:

- 1) Somatic Experiencing (SE), a naturalistic form of healing that will help you learn how to settle and release physiological activation from your body. SE is particularly useful in managing stress and trauma because so many of the symptoms are physiological. If you would like to read more about SE, visit www.traumahealing.com or read In an Unspoken Voice by Dr. Peter Levine.
- 2) Psychodynamic - Understanding how unconscious mental and emotional patterns manifest in present behavior to increase insight and self-awareness toward making needed changes.
- 3) Cognitive - Focuses on the present in identifying and changing thinking, behavior and communication patterns with orientation to problem solving
- 4) NeuroAffectiveTouch - The use of safe touch (including self-touch) in therapy may be profoundly effective in healing emotional trauma for the following reasons: grounding, containment, support, mobilization, repair of early attachment breaches. You will always be asked before any type of touch is utilized, and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, touch will not be used.

Benefits and Risks - Therapy may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any treatment that focuses on healing trauma. In addition to developing new tools and resources, you may experience discomfort in working with challenging feelings, images, or thoughts. SE is designed to help you resource and work with manageable amounts of discomfort. Again as with any treatment, there can be no guarantee of outcome, though many people report positive changes in their lives. I encourage you to bring any concerns up for discussion.

Confidentiality - Everything that you share with me will remain confidential. There are a few reasons, however, I am required to break confidentiality by law. The first would occur if you were of danger to yourself and had an active plan to harm yourself. In this case I would contact a hospital to place you on a 72-hour watch. Another reason would occur if you were planning to seriously harm another person. I would be required to contact the person threatened if possible as well as the police department. Confidentiality will also be broken if I learn of child or elder abuse and will contact protective services immediately. If I learn of a child abuser from a person's past who is actively still around children I am mandated to report him or her.

Telehealth - During this time of Covid-19, I am primarily conducting all sessions via the video platform Zoom, and I utilize Zoom's encryption for maximum confidentiality (with HIPAA/Privacy compliance). Telehealth is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. There are circumstances in which Telehealth may not be an appropriate choice:

- 1) If internet service is not reliably stable, technology glitches may be frustrating.
- 2) Some people may have difficulty finding a private space in the home to set up for a session.
- 3) Local emergency mental health contact should be established for clients, especially if located in a different geographical area.
- 4) If a person is having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that Telehealth services are not appropriate and an alternative level of care will be discussed and referred.
- 5) There will be no recording of any of the online sessions by either party.

The same privacy laws that protect the confidentiality of one's protected health information (PHI) also apply to Telehealth. Although rare, online communications are never 100% secure. By signing this document you acknowledge that you are entering into this format with awareness of its limitations.

Office COVID-19 Polices - At some point if it is decided to meet in the office, during the current Pandemic, there will be strict adherence to the following:

- a. Screening for Covid exposure/symptoms
- b. Waiting room is closed. Text at appointment time
- c. Medical Grade Filtration, HEPA Air Purifier in my office
- d. Minimum of six feet distance between us
- e. Masks will be worn if either of us prefers to do so.
- e. Surfaces/doors will be wiped down with alcohol between visits.

Length/Frequency of Sessions: Sessions are 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 \$125 unless a modified fee has been set. You may pay with a check, cash or credit card. I can invoice you via e-mail (includes a 2.8% processing fee) and I typically will get the invoice out to you within a day or two. Payment is due upon receipt of invoice. I do not bill for insurance, however, I will provide a statement (super-bill) that you can submit for reimbursement, though full payment is made to me.

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. This policy applies to me also. I will call you with at least 324 hours notice if I need to reschedule. If for any reason I miss our scheduled appointment without notifying you, I will provide your next session free of charge.

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. I am not an emergency service. If I cannot be reached and if 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.

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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.

Confirmation - I consider it a great honor to work with you and thank you for selecting me. At any time, we can re-examine your needs, concerns or goals for therapy. I endeavor to lend my 40 years of experience as a therapist to assist you in learning new coping and "wellness" skills and reducing stress in your life. It takes strength and courage to explore greater self-awareness, and I feel privileged to support you in reaching your goals.

Please sign here to verify you have read and understood all of the above information. For Telehealth appointment, please, if possible, scan and e-mail to me (ileneblaisch@gmail.com) both this and the Client Information Sheet. I will print and immediately discard from computer. If scan is not available, please mail (USPS) to my office:

Ilene Blaisch, LCSW, 161 Avenida Cabrillo, San Clemente, CA 92672

Print Name _____

Signed _____

Date _____

