

Office Policies

Welcome to my practice Answers Within PLLC.  Your agreement to the following terms and conditions is required for you to receive professional services from me.  If you do not agree, with these policies, no treatment will be provided and a referral will be made if requested.

It is expected that you will be punctual for your appointment. If you are 5-10 minutes late, you may need to be rescheduled. Late arrivals cause the next appointment to be delayed and I strive to be respectful of everyone’s time. Appointments are not double booked and I do my best to stay on schedule, with the exception of when a crisis may occur. It is understood that emergencies arise: if this is the case, please phone the office as soon as you are able to notify me.

 \*\*Clinical services\*\*

You consent for yourself to receive a comprehensive diagnostic assessment.  At the end of the evaluation, we will mutually decide if we will continue treatment together. My practice focuses on treating the whole being by addressing the mind, body, and spirit. My goal is to minimize the use of psychotropic medications. I will work with you to address nutrition, behavior modification, stress-management, and then assess appropriateness of use of psychotropic medications.

Psychiatric Evaluation- Psychiatric evaluation will be completed to assess for any underlying psychiatric conditions and to clarify diagnosis. During the evaluation process if it has been determined by this evaluator that your condition requires more supportive services, it is at this time you will be referred out to a clinic that has these additional supports. This will include, but is not limited to, case management, SMI determination, IOP. During the evaluation the option of psychotropic medications will be discussed.

Holistic Nutrition- This service is utilized by those who are seeking to change their relationship with food. Holistic nutrition services can be utilized to promote weight loss, change eating habits, and address nutrition to enhance sports performance. This form of treatment is not typically covered by insurance and will require cash or credit card payment prior to rendering these services.

If there is a potential of any physical danger to you, your child, or others, you will call 911 immediately or go to the closest emergency room. Crisis can also be utilized in an urgent situation. Crisis can be reached at 800-631-1314. To reach me outside of standard business hours, follow the instructions on my voicemail.

Note I do not have admitting privileges, nor am I affiliated with or on staff at any hospital. Should I deem more intensive services are needed than I can provide, I will do my best to ensure safety and obtain the appropriate level of care, but I cannot provide that care directly and cannot guarantee the receipt or quality of care that others provide.

All communication and clinical treatment will be documented in the patient chart. Both the law and the standards of the profession require such. You are entitled to receive a copy of these records unless I believe that seeing them would be emotionally and/or physically damaging to self. If this is the case, I will be happy to provide the records to an appropriate mental health professional or medical provider of your choice or to prepare an appropriate summary instead. Because client records are professional documents, they can be misinterpreted and can be upsetting. If you wish to see the records, it is best to review them with me so that we can discuss their content. All request for records shall be submitted in writing, with an explanation for the request, in order to allow me to ascertain whether releasing the records to you would be emotionally or physically harmful.

If your treatment includes medication management:

\* You will contact your therapist first for any emergency or crisis, unless it may be medication related

\* You will inform me if you are considering stopping therapy, or have actually stopped

\* You will see me in person no less than every six months for follow-ups when stable on medication

\*Please keep up with your supply of medication to avoid running out. We are not equipped to handle emergent needs, so please plan accordingly.

\*No refills will be provided if you do not keep your regularly scheduled appointments.

\*You understand that I will not be prescribing controlled Benzodiazepines

\*Please allow 3-5 business days, not including weekends and holidays, for refill request to be completed. When requesting refills please leave information for your current pharmacy, the last day of your medication, and the names of each medication you are requesting to be filled. If you have missed appointments, it is up to the discretion of the provider on whether or not refills will be allowed and the amount of medication provided.

\* You understand that I will not prescribe medications if you are actively using illicit drugs or abusing prescription medications. At any time during the course of treatment, I reserve the right to ask you to undergo a drug screen subject to continuing to receive prescription medications.

\* You understand that I will not complete any FMLA, Disability, SMI, insurance, worker’s compensation, school, employer; doctor’s notes, letters, or reports. Additionally, you agree I will not testify in court, if I am subpoenaed, or my records are subpoenaed, you agree that I shall do my best to legally dismiss the subpoena.

Risks and benefits of psychotherapy: Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events. Potential benefits include a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolution of specific problems. Given the nature of psychotherapy, it remains an inexact science and no guarantees can be made regarding the outcome.

By signing your signature below, you confirm you have read the above and agree to these terms and conditions.

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

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