

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

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Licensed Professional Counselor and Registered Art Therapist

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by the therapist. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. Only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into big insurance companies computers and soon will also be reported to, congress approved, National Medical Data Bank. Accessibility to company's computers or to the National Medical Data Bank database is

always in question as computers are inherently vulnerable to break-ins and unauthorized access.

Confidentiality of Cell Phone, E-Mail, and FAX Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify me if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices. Please do not use e-mail or Faxes for emergencies.

Consultation: I consult regularly with other professionals regarding my clients; however, client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a voice mail message at (303) 587-0088 with your name, phone number, and a brief message. I will return your call as soon as possible. I check my messages a few times a day, unless I am out of town. However, if an emergency situation arises, please call 911 or go to the nearest emergency room. You can also call the Crisis Hotline at (303) 447-1665, or Boulder County Mental Health (303) 443-8500 for interim support. I will let you know when I plan to be out of town and will be unavailable for return calls. In that event, I will have a colleague cover for me for urgent situations.

PAYMENTS & INSURANCE REIMBURSEMENT (for individual psychotherapy): Clients are expected to pay my fee (\$115 for a 60-minute session or \$170 for a 1 ½ - hour session) at the beginning of each session. I accept payment by cash, check, or credit card (using a cell phone credit card reader). Please notify me if any problem arises during the course of therapy regarding your ability to make payments.

Insurance: I am not on any insurance panels at this time. Please let me know if you would like to file an insurance claim for our sessions. I will provide you with a receipt on request, which you can then submit to your insurance carrier for out of network reimbursement. As was indicated in the section *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Also, please note that your insurance policy may not cover all issues, conditions, or problems addressed in psychotherapy, or out of network providers. It is your responsibility to verify the specifics of your coverage and to file any claims.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active

involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member may view a positive decision for one family member negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. My theoretical approach is primarily transpersonal but is inclusive of cognitive-behavioral, psychodynamic, existential, developmental (adult, child, family), and psycho-educational approaches. Methods often used are experiential in nature and may include Art Therapy, Brainspotting, EMDR, sand tray work, imagery and visualization exercises, mindfulness practices, and role-playing.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, I will discuss with you (client) my working understanding of the problem, treatment plan, therapeutic objectives and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and if I have your written consent, I will provide the therapist or professional with the essential

information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Some non-sexual dual relationships are unavoidable and some can be clinically beneficial. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment and therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients, discuss with my clients the potential benefits and difficulties that may be involved in relationships and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process. As a standard policy, I do not interact with clients on social media such as Facebook or Linked In to avoid potentially unethical or inappropriate dual relationships.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

In the case you feel your rights have been violated you should call the State Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7766.

I have read the above Agreement and Office Policies and General Information carefully, I understand them and agree to comply with them:

Client name (print)	Date	Signature
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Client or Guardian name (print)	Date	Signature
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Therapist (print)	Date	Signature
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