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Office Policies & Informed Consent to Treatment

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by e-signing.

THE PROCESS OF THERAPY/EVALUATION

Participation in therapy can result in a number of benefits to you. Working toward these benefits, however, requires active involvement and effort on your part. 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. Psychotherapy may result in changes that were not originally intended and at times lead to decisions that are positive for one family member, but viewed quite negatively by another family member. There is no guarantee that psychotherapy will yield positive or intended results.

I will ask for your feedback and views on your therapy and its progress, as a way to promote the attainment of your goals. During the course of therapy, I will likely draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These include, but are not limited to, Cognitive Behavioral Therapy, Solution Focused Therapy, Rapid Resolution Therapy, Hypnosis, Attachment models, and Family/System informed modalities. Prior to using hypnosis I will discuss it with you and proceed only if you fully agree.

TREATMENT PLANS

Within a reasonable period of time after the initiation of treatment, usually 1-3 sessions, I will discuss with you 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.

TERMINATION

As set forth above, I will assess if I can be of benefit to you as soon as possible, usually within the first couple of meetings. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals whom you can contact. If at any point during

psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals or that you are not invested in achieving them, I will discuss it with you and, if appropriate, I will terminate treatment. You have the right to terminate therapy at any time. Upon termination, if appropriate, I will provide you with 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.

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 written permission except where disclosure is required or permitted by law.

Limitations of such client held privilege of confidentiality are listed in part in the “Notice of Privacy Practices” and itemized below:

1. where there is a reasonable suspicion of child, dependent, or elder abuse or neglect
2. where a client presents a danger to self, to others, or is gravely disabled
3. pursuant to a investigation, audit, or review of my company
4. pursuant to law enforcement proceedings against you
5. pursuant to a legal proceeding by or against you. Note that 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 me.
6. when a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert’s report to an attorney.

In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. 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 parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

I may consult regularly with other professionals regarding my clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

I have noticed that I often run into patients in public places such as the grocery store. To protect your privacy I will not acknowledge your presence, however you are welcome to acknowledge mine and greet me if you choose to.

EMERGENCY

If there is an emergency during therapy, 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.

RECORDS MAINTENANCE & REVIEW

I am currently using both electronic medical records and paper records, depending on the

situation. Paper records are stored in a locked cabinet in my office.

The law requires that I keep treatment records for at least 6 years. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

COMMUNICATION

Please communicate with me via phone or client portal

Phone: I check voicemail routinely throughout the day. Your call will be returned by the next business day during the week, unless I am out of town.

Client Portal: I will send you an invitation to the client portal. Once you are logged in you can send me secure messages.

Email: there may be situations in which I will send you an encrypted email. To ensure that your response is secure **always hit “reply” to my encrypted email**. If you compose a new message from your unsecure email provider, e.g. yahoo, your email will not be secure

Texts: I do not have secure texting. Please **do not text me for any reason**. I will not respond to texts

Note: e-mails, faxes, and important texts are part of the medical records.

Emergency: If an emergency situation arises, indicate it clearly in your ph. message and if you need to talk to someone right away call Psychiatric Emergency Services, go to the ER or call 911.

BOOKING AN APPOINTMENT

To book an appointment, I will need to have your credit card information on file. Please call me for set up.

PAYMENTS & INSURANCE

If you have an insurance for which I am a provider: I will collect the copay, and the deductible where applicable, at the time of service. I will then submit claims to your insurance.

If I am not in network with your insurance: I will collect the full fee of \$160.00 at the beginning of each session. For extended sessions beyond 60 minutes, the cost is prorated. Often your insurance will reimburse you a percentage of that fee. Upon your request, I will provide you a bill that you can submit to your insurance.

NOTE for All: Not all services or diagnoses are covered by insurance. Furthermore, no diagnostic code may be appropriate for your presentation. It is your responsibility to verify the specifics of your coverage.

Please see the “patient responsibility” form.

There is a fee of \$30.00 for any returned check. Unless you indicate to me that you prefer to pay this fee by cash or check, **your credit card on file will be charged**.

If your account is overdue (unpaid) and there is no written agreement on a payment plan, I can use legal or other means (courts, collection agencies, etc.) to obtain payment.

CANCELLATION

Since the scheduling of an appointment involves the reservation of time specifically for you, I require that you apprise me of any changes 1 week in advance. If you do so no fee will be charged. If you cancel between 48 and 24hrs there will be a cancellation fee of \$50, if you cancel within 24hrs or do not show the full fee (\$160) will be charged. Unless you indicate to me that you prefer to pay this fee by cash or check, **your credit card on file will be charged.** Typically insurance companies do not reimburse for missed sessions.

For all insurance recipient, including Medicare and Tricare recipients: the above fees apply

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

MEDIATION & ARBITRATION

All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of myself and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Virginia in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

Print Name: _____ Date: _____

Signature: _____

Note: please initial each page