# OFFICE POLICIES AND CONSENT TO TREATMENT

Before you begin psychotherapy with me, it is important that you understand my office policies, procedures, and financial arrangements. Please read this information, ask any questions you might have, and sign at the bottom.

## **APPOINTMENTS**

Initial consultations are approximately one hour. Subsequent therapy sessions are typically anywhere between 45-60 minutes. You are billed by the length of our sessions. If you wish to have shorter sessions, these will be billed accordingly. Please be on time for your appointment as this time is specifically reserved for you. I cannot continue past the time allotted for you as this will run into my next patient's reserved time. You will NOT receive a reminder phone call about appointments. This is your responsibility and part of your self-care. If you need to cancel or reschedule an appointment, please leave a voice mail message or a text within 24 hours before your appointment. If you don't cancel at least 24 hours before your appointment (with exceptions for emergencies), you may be charged a no-show fee of \$50 if I can't fill the time that was reserved for you. I am always notified of all voice mail and text messages so you can leave these after office hours and on weekends.

### **CONTACTING DR. KESSEL**

Due to my work schedule, I may not be immediately available by telephone. Every effort will be made to return your call on the same day you make it. In emergencies, please call 911, or go to the nearest emergency room. There is also a 988 Crisis Lifeline that is nationwide, free, and confidential. As a private practice psychologist, I am unable to provide emergency crisis intervention. If I am unavailable for an extended period of time, I will provide you with the name of a colleague for you to contact, if this is necessary.

### **TREATMENT**

It is important for you to know that there are many types of psychotherapy available today. I'll be glad to discuss my cognitive-behavioral orientation with you. In therapy, you're expected to request help with issue(s) you are concerned about. My responsibility is to provide constructive feedback to help you learn new ways to respond to the issues that are causing you distress. Your responsibility will be to "work" outside the therapy sessions and put into "action" the information, new skills, and strategies you are learning in your sessions. Change will sometimes be easy and swift, but it can also be slow and even frustrating. The benefits of psychotherapy are variable and depend upon many factors. There is no guarantee that psychotherapy will yield positive or intended results. Ultimately, *you* are in full control of what you accomplish.

### CONFIDENTIALITY

Issues of confidentiality are addressed in the Notice of Privacy Practices you were provided. That notice summarizes the information that is "protected" and that which I'm required to release if it is requested. Other information will be released to specific people ONLY with your written authorization.

### **SOCIAL MEDIA POLICY**

I do NOT accept friend requests from current or former patients an any social networking site. Engaging patients as friends or contacts on these sites can compromise your confidential and respective privacy. It may also blur the boundaries of the therapeutic relationship.

#### **FEES**

If your sessions are NOT covered by insurance, payment is due in full at the time of each session by cash, check or credit card. All co-payments not covered by insurance are due within 30 days. Overdue balances may be submitted to a collection agency or subject to legal action.

|                | I understand and agree to these terms and give Dr. Kessel permission to treat me. |      |
|----------------|---|------|
| Signature Date | Signature   | Date |