

OFFICE POLICIES and INFORMED CONSENT
Although office space is shared, this is not a group practice.

APPOINTMENTS

Therapy sessions are typically 45-50 minutes. Please be on time for your appointment as this hour is specifically reserved for you. I cannot continue past the time allotted for you as this will run into my next patient's reserved hour. You will **not** receive a reminder phone call about appointments. If you need to cancel or reschedule an appointment, please leave a message on voicemail or via text within 24 hours before your appointment. You may be charged a no-show fee of \$50 if you miss your appointment. If an emergency arises after office hours, please call 911 or go to your local emergency room.

TREATMENT

It is important for you to know that there are many types of psychotherapy available today. I will be glad to discuss my treatment methods and orientation with you. In therapy, you are expected to request help with issue(s) which concern you. My responsibility is to provide constructive feedback and help you learn new ways to respond to these issues that are causing you distress. Your responsibility will be to "work" outside the therapy session and put into "action" the information and skills you are learning in your sessions. The benefits from psychotherapy are variable and depend on many factors. Ultimately, you are in full control of what you accomplish.

CONFIDENTIALITY

Your therapeutic relationship is confidential. Records or information about your therapy will not be released without your written permission. However, there are several legal limitations to confidentiality. If I believe that you pose a threat to your life, or the life of another person, I am legally responsible for taking measures to prevent such action. This may include contacting appropriate authorities. In addition, if there is reason to believe that child or elder abuse/neglect is occurring, I am legally obligated to report this to the appropriate authorities. This is for your own protection and for that of your family. 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 on any social networking site. Engaging patients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have any questions about this policy, please feel free to bring it up during your session.

FEES

Payment is due in full at the time of each session by cash or check only. 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 and/or evaluate me.

Patient (Print)

Signature of patient

Date