

DEARDRE MCGUIRE, L.I.C.S.W., PLLC

~Psychotherapist~

Welcome to my practice. I appreciate your trust and the opportunity to assist you. I am providing you with the following information to answer many of the questions people typically have when beginning psychotherapy, and to outline policies and procedures that are specific to my work. If you have any questions, thoughts or feelings please feel free to discuss them with me in our sessions. When you sign this document, it will represent an agreement between us.

This agreement contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI), used for the purpose of treatment, payment and health care operations. HIAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your PHI in greater detail.

Psychotherapy

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 hope you will respond openly and honestly. 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 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 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 a decision that is positive for one family member is viewed quite negatively by another family member.

Sometimes more than one approach can be helpful in dealing with a certain situation. 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. These approaches include, but are not limited to, psychodynamic, cognitive-behavioral, cognitive, existential, system/family, developmental (adult, child, family) or psycho-educational. I provide neither custody evaluations, medication or prescription recommendations nor legal advice, as these activities do not fall within my scope of practice.

Our work will end once you are satisfied with your progress and we discuss how to end treatment. You may also decide to terminate our work for other reasons, but I encourage you to meet with me for one last session to discuss the ending. In addition, Ethical Standards dictate that I should terminate therapy when I do not believe it is helpful to you, and if I do so, I will be sure to provide you with appropriate referrals.

Cancellation Policy

In the event that you need to cancel an appointment, please let me know as far in advance as possible, but at least 48 hours ahead. **Because the appointment time has been reserved specifically for you, I will charge for appointments which are not cancelled 48 hours in advance.** I will work with you to find another available time to reschedule the appointment during the same week of the originally scheduled appointment. **Most insurance companies do not reimburse for missed sessions.**

Telephone & Emergency Procedures

If you need to contact me between sessions, you can call me at **(202) 256-2577** and your call will be returned as soon as possible. I check my messages regularly during the day, unless I'm out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the Police: 911. Please do not use e-mail or Faxes for emergencies because I do not always check my e-mail or faxes daily.

Additionally, if there is an emergency during our work together, or in the future after termination, 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.

Payments & Insurance Reimbursement

If you have the Georgetown University Student Health Insurance (GUSHI) and if you have met your deductible this academic year, you are responsible only for a 30% co-pay per session, and I will seek reimbursement for the additional 70% directly from GUSHI. However if you haven't met your deductible, you are responsible for the \$250 deductible and your 30% co-pay thereafter as your benefits will now be in effect.

Clients are expected to pay their co-pay **at the beginning of each session** unless other arrangements have been made. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments so we can discuss an agreeable arrangement. If your account is two months overdue, I reserve the right to discontinue therapy until your account is paid in full. If you cannot, I will refer you to an inexpensive alternate source of help, if necessary.

Clients who carry insurance should remember that you (and not your insurance provider) are ultimately responsible for the full payment of my fees. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. I encourage you to find out exactly what mental health services your insurance policy covers.

Confidentiality and Privacy of Information

I will make every effort to safeguard the privacy of information concerning our work together. It is a violation of the District of Columbia Mental Health Information Act of 1978, as well as the ethical principles of the Social Work Code of Ethics, to disclose any information regarding the treatment of clients. I regularly consult with other professionals regarding my work; however, the client's identity remains completely anonymous, and confidentiality is fully maintained.

There are several specific exceptions to the rule of confidentiality. These are listed below:

- You may authorize me to release records or other information to individuals of your choosing. I may only do this with your expressed written consent.
- Under ethical and legal requirements, I may be required to break confidentiality in the event of a clear and imminent danger to yourself or another person.

- In the event that you disclose information that provides evidence of current abuse or neglect of minor children or a vulnerable adult, the law may require that I make a report to the appropriate state agency.
- In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information about you in your clinical record. Except in unusual circumstances, you are entitled to receive a copy of your records if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers; therefore, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

Patient Rights

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. The attached form entitled, "Notice of Policies and Practices to Protect the Privacy of Your Health Information" lists these rights.

Minors and Parents

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. The effectiveness of psychotherapy depends on the patient's sense of trust and safety in the therapeutic relationship so that the patient is willing to honestly address problems. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 15-18 and his/her parents allowing me to share general information about the progress of treatment and their child's attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Acknowledgement

Your signature below indicates that you have read this agreement and agree to its terms, and also serves as an acknowledgement that you have received the HIPAA notice form "Notice of Policies and Practices to Protect the Privacy of Your Health Information."

Name of Patient: _____

Signature of Patient: _____ Date: _____

If minor, Guardian's Signature: _____ Date: _____

Signature of Therapist _____ Date: _____

Deardre McGuire, LICSW, PLLC

Please return this signed consent form to me. I will provide you with a copy for your records. Thank you.