

Angela Winslow
Marriage & Family Therapist
License #41963

Confidentiality

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Legally Mandated Disclosures

1. When a client discloses intentions or a plan to harm another person, the mental health professional is required by law to warn the intended victim and report this information to legal authorities.
2. If the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
3. Suspected child abuse or neglect is reported to Child Protective Services.
4. Suspected elder/dependent adult abuse or neglect is required to be reported to Adult Protective Services.

Please initial here indicating your specific acknowledgement of these disclosure requirements.

_____.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature

Today's Date

Session Fees

FEES/PAYMENT OF FEES

My fee is set per therapy hour (50 minutes) whether for one person, a couple or a family. Partial hours are prorated. Fees are payable at the conclusion of each session. My fee per therapy hour is \$140.00

INSURANCE

Our office is happy to assist you in filing your insurance claims by providing a monthly statement of services upon request.

RESCHEDULING

I make every effort to honor all time commitments, and ask that you reciprocate. In the event that you cannot keep your scheduled appointment and must cancel within 24 hours of your appointment time, you have three options:

- *You may reschedule your appointment for the same week when time is available.
- *We can conduct your appointment over the phone.
- *You can opt to pay for the missed appointment.

EMERGENCY/TELEPHONE CONSULTATIONS

Should you require telephone consultation in addition to your regularly scheduled appointment, you can reach me by leaving a message on my office voice mail. Messages are picked up between the hours of 7am and 5pm. Telephone sessions will be billed on the same basis as a prorated office visit. **For crisis situations that require immediate attention please call the Mental Health Crisis Hotline at 800-479-3339.**

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment. Thank you for your consideration regarding this important matter.

Client Signature

Today's Date

“No Secrets” Policy

This written policy is intended to inform the participants in couple therapy, that when I work with a couple, I consider the couple to be the patient. For instance, if there is a request for the treatment records of the couple or of one member of the couple, I will seek the authorization of both members of the couple before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient and the couple.

I may need to share information learned in an individual session with the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the couple. I will also, if appropriate, first give the partner the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the couple by preventing a conflict of interest from arising where an individual’s interests may not be consistent with the interests of the couple being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination.

We, the members of the couple being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Angela Winslow and that we enter couple therapy in agreement with this policy.

Dated: _____ Signature _____

Dated: _____ Signature _____