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INFORMED CONSENT TO TREATMENT:

A Psychotherapy Primer

ABOUT INFORMED CONSENT

Professional standards dictate that psychotherapy patients be provided with sufficient information to allow them to make informed decisions regarding participation in psychotherapy, including an understanding of the risks and benefits of psychotherapy, the nature of the therapeutic relationship, and their various rights and responsibilities as patients. It is important that you be informed of all possible contingencies that might arise during the course of psychotherapy so that you can enter into a therapeutic contract with knowledge and understanding. It is presumed that you are competent to make such an informed decision and that you do so voluntarily. A signed informed consent has the force of contract between us, so we cannot proceed until we reach an agreement on all items.

This document answers questions patients often ask about the process of psychotherapy and what to expect in the broadest terms, as well as how my practice operates in specific terms. Though the former is intended primarily for those who have little or no experience with psychotherapy, even seasoned consumers of psychotherapy may benefit from learning about my particular vision and approach. It is important to me that you understand how we will work together. I believe your treatment will be most beneficial to you when you have a clear idea of how psychotherapy works, the nature of our relationship, and what we are trying to accomplish together.

In addition to being a clinical process, psychotherapy involves a professional arrangement, regulated by laws, as well as by the ethics and standards of my profession. This document contains important information about my professional services, my business policies and practices, and our professional relationship. It also contains summary information about the Health Insurance and Portability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. You will be given a complete copy *of* ***Notice of Privacy Practices***, which explains HIPAA and its application to your personal health information in greater detail. You will also be given a copy of the ***Service Agreement and Financial Policy***, governing all of my insurance billing, payment, and collection practices.

Although these documents are long and complex, it is very important that you read them carefully so we can discuss any questions or concerns you might have, as well as how this information may apply to your personal situation. These three documents (***Informed Consent to Treatment***, ***Notice of Privacy Practices****,* and ***Service Agreement and Financial Policy***) are yours to keep for your own reference. Please read them in their entirety and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our meeting.

When you have read and fully understood each page of these documents and have had all your questions answered to your satisfaction, I will ask you to sign an ***Acknowledgement and Authorization Form*** by which you: 1) acknowledge that you have received, read, and understood each of the three documents and agree to their terms and 2) authorize me to release and disclose pertinent health information to your insurance company (and/or guarantor), authorize me to bill your insurance company (and/or guarantor) on your behalf, and authorize payment of medical benefits to me by your insurance company (and/or guarantor).

ABOUT PSYCHOTHERAPY

Psychotherapy can be broadly described as a collaborative relationship between a patient and a psychotherapist that facilitates change. The therapeutic relationship works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to become empowered to change. Social scientists and practitioners alike have long debated the "active ingredients" of psychotherapy and how it works, and it is variously seen as a science, an art, and even a bit of magic.

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems - issues that are causing them subjective distress and/or disturbances in their functioning. Therapy is designed to help patients of all ages address areas of concern or dissatisfaction in their lives and understand how their thoughts and feelings affect the ways they act, react, and relate to others. In addition to alleviating symptoms and internal and/or interpersonal distress, psychotherapy aims to help people experience life more fully, enjoy more satisfying relationships, and better integrate all parts of their personalities. Regardless of the specific problems and concerns a patient brings to therapy, the overarching objectives are to improve their quality of life and sense of well-being.

The process of psychotherapy varies depending on the personalities of the psychologist and patient, and the particular problems the patient brings to therapy. Therapists have different styles and ways of being in therapy, some more active and directive than others, and a variety of methods may be used to deal with the problems that a patient hopes to address. Because self-knowledge and self-awareness are seen as key elements in changing attitudes and behavior, psychotherapy likely involves the development of insight, along with new tools and skills for managing life more effectively.

Psychotherapy is not like visiting a medical doctor. Instead, it calls for very active and ongoing involvement and effort on the part of the patient. In order for therapy to be effective, the patient must work on the issues being addressed, both during sessions and between appointments. Considering that a typical therapy session is only one hour in a 168-hour week, it makes sense that the patient must import and integrate what is being learned in therapy into their day-to-day lives for real progress to occur. New insights must be applied and new skills practiced. Though the process of change can be challenging and even frustrating at times, the amount of work invested in therapy is directly proportional to the benefit derived from it.

In addition to active participation in and beyond the therapy, successful psychotherapy involves transparency on the part of the patient. It is essential that the therapy patient is open and honest with the therapist, even if doing so is painful or embarrassing. Lack of complete openness strips therapy of its meaning and potency and can perpetuate or exacerbate psychological problems, such as dissociations and denial. Contrary to popular belief, therapists are not mind readers and usually cannot tell when patients consciously or unconsciously conceal things. Therapists can only help patients to the extent that they are provided with the whole truth.

Participating in psychotherapy takes courage, the courage to face oneself and one's demons. Painful emotions and memories of painful experiences press for expression and release. Avoidance or suppression will not make them go away. Though therapists cannot magically erase the anxiety and pain associated with such issues, they can provide pacing and tools that may help reduce the intensity of the work. Therapists can help patients slowly overcome feelings of hopelessness and helplessness, and can gently nudge them past avoidance and resistance, but ultimately, the desire to get well and function well can only come from the patient. Patient motivation is perhaps more determinant of therapeutic outcome than any other factor.

Whether or not therapy "works" also depends a great deal on the patient's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Within the crucible of this relationship, patients have an opportunity to view themselves more accurately, to identify repetitive patterns of behavior, and to make connections between past and current conflicts that illuminate the way they relate to themselves and to others. Patients are encouraged to talk about thoughts and feelings that arise in therapy, including feelings toward the therapist. Sometimes misunderstandings can occur between a patient and a therapist and sometimes patients develop troublesome feelings toward their therapist, such as anger, fear, or attraction. It is essential that all of these feelings be discussed and worked through in the context of therapy. These feelings are important because elements of one's history of important affections and hostilities toward significant others are often transferred onto the therapist and the process of therapy. The skilled therapist uses the relationship itself to provide a "corrective emotional experience" for the patient.

The relationship between a patient and a therapist is a *real* relationship, though special and possessing unique characteristics that make it therapeutic. By relating to a patient authentically, the therapist affords the patient honest feedback and the safety to practice new skills and experiment with new ways of being and relating. Depending on the theoretical orientation and technical approach of the therapist, he or she may assume a variety of roles in relation to a patient. These roles might include expert, advisor, guide, confidante, coach, consultant, navigator, teacher, mentor, parent, shaman, or guru. The key to a successful therapeutic outcome is the proper match between the personal manner and style of the therapist and the needs of the patient. A "good fit" is crucial, and prospective patients are best served by "shopping" until they find it.

Psychotherapy can be relatively short-term (8-16 sessions) when the focus is limited to resolving specific symptoms or problem areas, or longer-term when the treatment targets more pervasive or long-standing difficulties or patterns of behavior. Variables that determine the course and length of therapy include session frequency, the nature and severity of the problems brought, the motivation of the patient, and the quality of the patient-therapist relationship.

One need not be suffering from a diagnosable "mental illness" or even be symptomatic to benefit from psychotherapy. Many people enter therapy for increased self-awareness and personal growth, rather than to solve problems or alleviate distress. Thankfully, the stigma that was once associated with consulting a mental heath professional has diminished, and being in psychotherapy is considered one of many paths to greater wholeness as a human being.

RISKS AND BENEFITS OF PSYCHOTHERAPY

Like any powerful treatment, psychotherapy has both benefits and risks, all of which you should consider in making treatment decisions. While therapy is often beneficial for many people, some people may not find therapy helpful. It can also evoke strong feelings and sometimes produce unanticipated changes in one's thoughts, feelings, or behaviors. Some patients may experience an exacerbation of existing problems or development of new problems in the course of therapy. Some may encounter negative feelings or judgment from others or be otherwise stigmatized for seeking help.

Because therapy often involves discussing unpleasant aspects of your life and/or recalling upsetting or traumatic events in your history, you may experience uncomfortable feelings such as anxiety, depression, sadness, guilt, anger, frustration, loneliness, helplessness, or other painful feelings. These "stirred up" emotions may bother you at work, school, or in your personal life. Other "side effects" of psychotherapy may include flooding of emotions, intrusive thoughts, flashbacks, nightmares, sleep disturbance, panic attacks, self-destructive or angry impulses, suicidal thoughts, numbing dissociations, feelings of disorganization, and feeling overwhelmed.

Psychotherapy may challenge some of your assumptions and perceptions or introduce different ways of looking at, thinking about, or handling situations. This can be disillusioning, disorienting, and/or disappointing. You may learn things about yourself that you do not like. You may even experience a temporary worsening of your symptoms, but this should subside as the work progresses. In the process of psychotherapy, sometimes it has to get worse before it gets better. This is part of the therapeutic process and usually means that you are making progress. Therapy often needs time to go deep. Rather than giving into the natural defensive impulse to turn away from your suffering, healing sometimes requires an exploration into the depth of the wounds that fuel your beliefs, feelings, and behaviors.

You should also be aware that psychotherapy is often intended to induce change, and that you may experience disruptions in your daily life or make life-altering decisions that could affect people close to you or disrupt significant relationships while you are in treatment. In therapy, major life decisions are sometimes explored and made, including decisions to change behaviors, employment, substance use, schooling, housing, life-styles, or relationships. Though these decisions are legitimate and common areas explored in the context of treatment, they may yield changes in your relationships or increased tension or conflict between yourself and significant others. Family "secrets" may emerge and impact the dynamics of relationships. Thus, patients are urged to consider the effects that major psychological transformation may have on their current relationships. You should give this special consideration if there has been any abuse or violence in your history. Sometimes, a significant other might disapprove of, or even attempt to sabotage, a decision or a change that is positive for you. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. In the process of courageously addressing these issues, therapy may create a context within which latent issues or conflicts emerge that may result in healthy outcomes or may result in more overt conflict, and even possibly dissolution of particular relationships.

Psychotherapeutic change will sometimes be easy and swift, but more often it will be slow and even frustrating. You should be aware that, although I anticipate otherwise, despite treatment you may not improve at all, might not improve as quickly as you might like, or may start to improve only after treatment has ended. Not all people experience improvement from psychotherapy, and there is no guarantee that psychotherapy will yield positive or intended results. There are no "quick fixes" and no miracle cures.

Despite these risks, psychotherapy has been shown to have many significant benefits for those who undertake it. And indeed, often growth and change cannot occur until you confront and address emotionally painful issues. Therapy often leads to symptom relief, significant reduction in feelings of distress, resolutions to specific problems, ability to cope with everyday stress, increased resilience, greater personal awareness and insight, improved ability to relate to others, increased satisfaction in interpersonal relationships, greater clarity with regard to values and goals, increased productivity, and an improved sense of well-being. Because most people benefit from psychotherapy, I've had the honor to watch many patients transform their lives in both short- and longer-term therapy and describe feeling more relaxed, happy, and purposeful.

In weighing the risks and benefits of psychotherapy, it is important to consider that if a genuine mental health issue exists and psychotherapy is recommended but not pursued, you may experience a worsening of symptoms and/or a decrease in overall functioning. In other words, there are also risks associated with *not* pursuing therapy if you need it.

ABOUT ME AND MY APPROACH TO PSYCHOTHERAPY

I am a licensed Clinical Psychologist, certified as a Health Service Provider in the Commonwealth of Massachusetts. I received a bachelor's degree in Psychology from Davidson College in 1980, a doctorate in Clinical Psychology from the University of Denver in 1984, and completed a residency at Wilford Hall USAF Medical Center in San Antonio. I am listed in the *National Register of Health Service Psychologists* and possess the CPQ (Certificate of Professional Qualification in Psychology), granted by the Association of State and Provincial Psychology Boards.

In my practice of 35+ years, I have served as a clinician in inpatient, outpatient, and community mental health facilities; directed and administrated several outpatient mental health clinics; directed a regional domestic violence/sexual assault agency; practiced as a forensic psychologist in both criminal and civil matters; provided medical consult/liaison services in primary care clinics, rehabilitation facilities, pain management and occupational medicine centers, hospitals, and major medical centers; provided consultation services to businesses and organizations; provided on-the-ground crisis intervention to victims of natural disasters and other traumas; served as Chief of Psychological Services as a Captain in the Medical Services Corps of the U.S. Air Force; taught at six colleges and universities as an Adjunct Professor of Psychology; and provided clinical training and supervision to graduate students, interns, and early-career psychologists. For much of my career, I have taken care of patients in a private practice setting, the context in which you find me now. This is, and has been, my most deep and satisfying work.

In my current practice, I serve young adults through seniors, providing individual, couples, family, and group psychotherapy, as well as psychological evaluation, consultation, and life/career/academic coaching. I am qualified to evaluate, diagnose, and treat the entire spectrum of psychological disorders, both biologically-based and other, including mood disorders (depression, bipolar), anxiety disorders (GAD, OCD, PTSD, phobias, panic), eating disorders, personality disorders, impulse-control disorders, somatoform disorders (conversion, pain, BDD), dissociative disorders, sexual and gender identity disorders, adjustment disorders, and medication-managed psychotic disorders, as well as relational, occupational, academic, health, identity, sexual, spiritual, bereavement, trauma-related, and phase of life issues. I do not treat children or developmental disorders, nor do I conduct neuropsychological testing, all of which are outside the scope of my practice.

I completed my psychology residency at a 1000-bed general medical center and have specialty training, experience, and expertise in the practice of Behavioral Medicine and Health Psychology (the application of psychological principles and practices to medical illness, health and wellness). I provide collaborative care to medical patients and consultation/liaison services to medical practitioners representing a range of specializations, including Internal Medicine, Orthopedics, Ob-Gyn, Oncology, Gastroenterology, Endocrinology, Cardiology, Neurology, Rheumatology, Plastic/Reconstructive Surgery, Bariatric Medicine, Anesthesiology/Interventional Pain Management, and Palliative Medicine. Integrating Behavioral Health Psychology with Primary Care, I collaborate with Primary Care Physicians on a wide variety of health and wellness issues, including diabetes management, weight control, smoking cessation, eating disorders, heart health, stress-related disorders, chronic illness, chronic pain, compliance with medical regimens, and lifestyle health behaviors modification. I assist physicians in managing the care of their most complex, challenging, and/or non-compliant patients whose medical conditions are complicated or exacerbated by psychogenic components. I assist patients in navigating the complex, sometimes fragmented, healthcare system and in interfacing with their healthcare providers most effectively. I have particular expertise in conducting psychological screening and clearance of candidates for invasive or high-risk medical interventions (e.g., bariatric surgeries, implantation surgeries, gender reassignment surgeries, invasive pain management procedures, long-term narcotics usage), collaborating with physicians and insurers in risk-management. I have training in Interventional Pain Management and Rehabilitation Psychology and have served as psychological consultant to multi-disciplinary pain management centers and occupational medicine clinics, providing psychological evaluation and treatment of chronic pain patients, as well as rehabilitation and work-hardening services. I conduct psycho-educational classes and workshops for medical professionals, patient groups, and the general public on numerous health-related topics, incorporating my interests in integrative medicine, holistic health/wellness, spirituality, and alternative/complementary medicine.

I also specialize in Military Psychology, treating active-duty and reserve military, service veterans, and emergency responder populations (e.g., police, fire fighters, EMTs). I served as Chief of Psychological Services at an Air Force hospital, taking care of fighter pilots and their families and other military personnel. I have contracted with police and fire departments to provide pre-employment screenings, fitness for duty evaluations, and critical incident stress debriefings. I am trained in the management of violent/combative patients and in hostage negotiation. Related to the previous, I specialize in the evaluation and treatment of Post-Traumatic Stress Disorder, including combat fatigue and first-responder trauma. I have worked in conjunction with the Police and District Attorney assisting crime victims, including victims of battery, domestic violence, sexual assault, armed robbery, and other trauma. I have been involved in providing triage and crisis care to victims of several natural disasters, including Hurricane Katrina. I also work with the following special populations: impaired providers (e.g., physicians, nurses, mental health professionals), clergy, LGBTQ+, college students, and creative professionals (writers, visual and performing artists). I specialize in women's issues, particularly women's health issues.

I bring the breadth of my own life experiences to my work, including those of marriage, divorce, parenting, bereavement, chronic illness, spirituality, travel, and my work as a performing artist. I have a broad worldview and multi-cultural perspective, having lived in multiple regions of the U.S. and abroad.

The values that inform my treatment orientation include a conviction that it is important to take ownership for one’s choices, to live in accordance with one’s values, and to recognize that one is not ultimately defined by circumstances or history. I view therapy as a partnership between therapist and patient. During this collaborative journey, I provide patients with a safe and confidential space to explore difficult internal, interpersonal, and life issues and to try out new behaviors and receive feedback. Within that context, it is my hope to assist you in the achievement of the goals you’ve created in accordance with the values by which you wish to live your life.

My approach to therapy is drawn from many influences and is best described as a holistic or integrative model. I am interested in how you are functioning in body, mind, and spirit, and in how these aspects of your being interact and mutually influence one another. I am as likely to ask you about your diet, your health habits, and your spiritual beliefs and practices, if any, as I am to ask you about your thoughts and feelings. I am also interested in your relationships, past and present, and in patterns in your relationships. I focus on how past relationships influence current relationships, and how long-standing, self-perpetuating thought and behavior patterns can be changed. I strive to listen for your strengths and examples of success in your life, and explore how they can be applied to current issues and concerns.

I employ a full range of evidence-based treatment modalities, including Behavior Therapy (BT), Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Mindfulness-Based Cognitive Therapy (MBCT), Solution Focused Brief Therapy (SFBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), Psychodynamic and Interpersonal Therapies, and Narrative Therapy. My work is also informed by relational systems perspectives and humanistic-existential models and, for those for whom it is important, spiritual integration. Having access to and expertise in a wide variety of therapeutic techniques, I am able to choose those that I believe will work best for you and the issues you bring to treatment. In collaboration, your treatment plan will be customized specifically to your needs.

The tools and processes I use in therapy are likely to include dialogue, interpersonal feedback, interpretation, awareness exercises, mindfulness training, cognitive reframing, stress reduction, distress tolerance, emotional regulation, behavioral analysis, skills training (e.g., relaxation, assertiveness, communication), rehearsal, psychodrama, self-monitoring experiments, visualization, guided imagery, journaling, dream analysis, psycho-education, and bibliotherapy. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. Though I may use a variety of different methods to treat you, my approach generally invites your close attention to your internal experience, to your perceptions of the world around you, and to the manner in which you pursue or limit making your way. I believe that therapy is a process of experiencing and understanding who you really are and creating a greater sense of personal alignment. In our work, I may invite you to talk about material or experiment with new behaviors. You always have the right to decline these invitations and/or to question what we are doing.

An important part of your therapy will involve deepening and consolidating new insights and/or practicing new skills outside of our sessions. We will work together to set up "homework" assignments for you, as an extension of the work we do during the therapy hour. For example, I might ask you to keep records, read, journal, practice relaxation techniques, experiment with a new way of being, practice assertiveness exercises, face a fear, set boundaries, or have a difficult conversation with a significant other.

You may bring friends, family members, or other significant others to your therapy sessions if you feel it would be helpful or if I recommend that you do so. When I engage in relationship therapy, I view my primary obligation to the mental, emotional, physical, and spiritual health of the individual rather than the preservation of the relationship *in its present form*, if the two are in conflict.

My therapeutic style is active, interactive, directive, and didactic. I make observations and offer feedback and interpretations. I use humor. I roll up my sleeves. I try to achieve balance between safety and stretch. Hence, I may nudge you gently to move beyond your comfort zone and risk trying new things, but you will never be pushed or coerced into anything you're unwilling to do.

I believe that the wisdom is ultimately within each patient and that, by asking them meaningful and incisive questions, by "hearing them to speech," and by providing the proper context, I can enable and empower them to discern their own truths and find their own way. While I provide expertise regarding the conduct of effective and purposeful therapy, you are the ultimate judge of what is important to you and what works best for you. I encourage you always to trust your instincts. Since therapy seeks to enhance your ability to care for yourself, I will support and facilitate your being in charge of yourself. I will not foster your dependency on me, but rather your self-determination and autonomy. Therefore, I will not offer advice, tell you what to do, or make important life decisions for you such as whether to divorce or make a career change. I will help you explore options based on clinical information, research, experience, and observation about your particular situation. However, the final decisions are always yours.

Psychotherapy patients benefit from having a strong support system, including family and friends; 12-step, self-help, or support groups; religious affiliations; community involvement; group therapy; and enjoyable, enriching, and expressive activities, such as art, music, writing, exercise, etc. A stable support network is particularly helpful when dealing with difficult or painful material or feelings during the course of psychotherapy. I will provide suggestions and/or referrals to assist you in developing a support system to maximize the benefits of your therapy.

The process of psychotherapy begins with a comprehensive evaluation of your needs. This generally occurs over the first several sessions. By the end of the evaluation, I will be able to offer you some initial impressions and treatment recommendations that might form the basis of our work. At that point, we will discuss your goals and create an initial treatment plan. You and I will decide together if I am the best person to provide the services you need in order to meet your treatment goals. Because therapy involves a large commitment of time, money, and energy, you should choose a therapist carefully. I strongly believe that you should feel comfortable with the therapist you choose, and experience a "good fit" between you and your therapist. When you feel this way, therapy is more likely to be effective. I will not accept patients who, in my opinion, I cannot help. Therefore, I enter our relationship with optimism about our process and the outcome.

In order for you to maximize your experience, it is helpful to discuss with me any questions or discomforts you may be experiencing during the therapeutic process. In addition, I believe in evaluating our work together at regular intervals and adjusting the treatment plan when necessary to provide the best chance for therapeutic success.

In my practice as a therapist, I do not discriminate against patients on the basis of age, gender, marital/family status, race, ethnicity, national origin, color, size, physical appearance, religious beliefs, place of residence, socioeconomic status, veteran status, physical disability, health status, sexual orientation, source of payment, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity.

INDEPENDENT PRACTICE

Though I may share office space with other mental health professionals, I am a solo practitioner and my professional practice is private and independent. I am not partnered with, nor do I have any legal association with, any other mental health professional. I provide psychological services to patients directly and as an independent contractor/provider for various insurance companies.

APPOINTMENTS

Appointments begin on the hour and will ordinarily be 50 minutes in duration. The standard "therapeutic hour" is traditionally 50 minutes (rather than the full hour) to allow the therapist 10 minutes to breathe and regroup in between appointments, and to take care of clinical and administrative business associated with your care (e.g., writing progress notes and treatment plans, handling managed care duties, returning phone calls regarding your care, etc.) So while the entire hour is essentially "yours," only 50 minutes of it will be devoted to your actual session, in direct face-to-face contact.

Psychotherapy appointments typically occur once per week at a time we agree on, although some sessions may occur at more or less frequent intervals, as needed (e.g., bi-weekly or monthly). Session frequency may vary, depending on your needs. Psychotherapy is most effective when sessions are regularly scheduled and ongoing, providing rhythm, structure, and continuity to our work. Some patients report that they consider their therapeutic hour to be the beginning (or the end) of their week and that they tend to structure their "homework" around this time. I will encourage you to select a standing appointment time that you can count on each week (or whatever other interval we decide is best).

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with at least 24 hours notice to allow me to offer that time to another patient. Please see the ***Service Agreement and Financial Policy*** for detailed information regarding my cancellation policies.

You are responsible for arriving on time for your sessions. If you are late to an appointment, you may utilize the remaining time in your scheduled session. No matter when you arrive, your appointment will still end on time (i.e., 10 minutes before the top of the hour) and not run over into the next patient's session. If I am late in starting the session for any reason, I will make every effort to spend the entire scheduled time allotment with you.

During our sessions, clocks will be visible to each of us. Though we will collaborate in pacing ourselves and structuring the use of our time together, I will keep track of the time elapsed and remind you when the session is nearing completion. I will allow sufficient time to wrap up, re-cap, and re-package whatever material has emerged during the session, allowing you to go on with your day with minimum disruption.

Please turn off or silence your cell phone prior to your session so that we can make the most of our time and have a relaxed, uninterrupted session.

In circumstances in which geographical distance precludes face-to-face meetings (e.g., a patient is away for an extended period or is no longer living in the area), continuity of care considerations allow sessions to be conducted remotely, via telephone or a videoconferencing telehealth platform. Teletherapy sessions are scheduled just like regular sessions, by appointment only, and are billed at the same rate as in-office meetings. Please see the **Telepsychology** section of this document for more detailed information.

AVAILABILITY

Sessions are scheduled by appointment only. I do not accept walk-ins. I am available for regularly scheduled appointments and by phone during regular business hours, Monday through Thursday. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. I will make every attempt to inform you in advance of planned absences.

CONTACTING ME

Due to the nature of my work schedule, I am often not immediately available by telephone. As is typical of psychologists, I do not answer the phone when I am with a patient or otherwise occupied. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, usually within 24-48 hours for non-urgent matters. I retrieve voicemail messages several times per day (Monday through Friday) at random intervals during business hours, less frequently during the evening hours, on weekends, and on holidays. Calls made after 5:00 p.m. and on weekends will not be returned until the next business day in most cases.

I will make every effort to return your call within 24 hours, with the exception of weekends, holidays, or illness. If you are difficult to reach, please inform me of some times when you will be available.

I prefer not to conduct “on demand” psychotherapy by phone, unless it is a full, scheduled session under unique circumstances. Consequently, I request that phone contact between our regularly scheduled sessions be kept to a minimum and not exceed 10 minutes per call. If a telephone consultation extends beyond 10 minutes, this may signal the need to schedule an additional session. If telephone consultations are occurring on a frequent or regular basis, we will discuss the need to increase session frequency or decrease intervals between sessions.

Phone calls of less than 10 minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to e-mails from you during a given week, I will bill you on a prorated basis (proportionally to my hourly rate) for that time. Please note that third-party payers do not provide reimbursement for any of these charges.

You may contact me via e-mail, if you prefer that mode of communication. However, due to the unsecure nature of such electronic communications, if you wish to communicate about clinical issues or about matters other than “housekeeping” (e.g., scheduling appointments, advising me of conflicts) by e-mail or fax, please be aware that a signed consent is required. Please see the **Electronic Media** section below for further information.

You may also contact me via text message, but only for administrative purposes such as scheduling and rescheduling appointments or time-sensitive communications such as letting me know that you’re running late to an appointment.

If you wish to contact me or send payment by post (“snail mail”), please use the address found at the top of this document.

It is extremely important that I have your current contact information at all times. If your contact information changes, please inform me immediately.

EMERGENCIES

Please note that I am not, and cannot be, on-call 24 hours per day. I am generally not available for after-hours emergencies. And because I am a solo practitioner, I do not have back-up coverage when I am away or otherwise unavailable. Though I do not offer emergency services, there are several excellent Crisis Services in the area specifically equipped to deal with emergencies on a 24/7 basis. If I am available, I will make every effort to assist you during a crisis, but there may be times when this won't be possible. If you are unable to reach me for any number of unforeseen reasons and feel that you can't wait for me to return your call or if you are unable to keep yourself safe, you should go to the nearest hospital Emergency Department, call law enforcement, call 911, or contact a 24-hour Crisis Service.

Emergency Phone Numbers:

ServiceNet Emergency Services: 413-586-5555
National Suicide Hotline: 1-800-273-8255.
Poison Control Center: 1-800-222-1222

Do not leave a voicemail message or send an e-mail in an emergency, as there is no assurance that your call/e-mail will be received and returned in a timely manner.

PROFESSIONAL FEES

Please see the enclosed ***Service Agreement and Financial Policy*** for information regarding my fee schedule for psychotherapy.

In addition to psychotherapy sessions, I charge the same hourly rate for other professional services you may need, though I will pro-rate the cost for activities of less than one hour. Other services for which you will be billed include testing, report or letter writing, telephone conversations that extend beyond organizational and housekeeping issues or last longer than 10 minutes, consulting with other professionals with your permission, case management and care coordination activities, meetings attended on your behalf, preparation of records or treatment summaries, travel time, and time spent performing any other service you may request of me or that may be required in my care of you or in the coordination of your care. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Legal services are provided on a separate fee schedule, available upon request. Most of these additional services are not covered by insurance.

BILLING AND PAYMENT

Please see the enclosed ***Service Agreement and Financial Policy*** for detailed information on how your account will be managed.

INSURANCE AND MANAGED HEALTH CARE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you will be paying for services out-of-pocket, the financial arrangements are straightforward. However, if you are using a health insurance benefit as payment for services, you need to be aware of what this means.

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Though I am not on all insurance panels, many plans do provide some level of reimbursement for mental health treatment obtained "out-of-network." If you are paying "out-of-pocket" in these cases, I will provide you with a receipt to submit for reimbursement and provide whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance covers, and from which providers, and what the reimbursement procedures entail. You should carefully read the section in your insurance coverage booklet that describes mental health benefits. If you have questions about your coverage, call your plan administrator. You are responsible for knowing your insurance benefits and for letting me know if/when your coverage changes.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Most insurance companies require you to pay a percentage of the fee (referred to as co-insurance) or a flat dollar amount (referred to as a co-payment) for each visit. Either amount is to be paid at the time services are rendered. In addition, some insurance plans also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance company is willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year, or benefit year.

Due to the rising cost of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. If this is the case, we will review your options for continuing psychotherapy, including alternative financial arrangements or referral to another provider.

If your therapy is being paid for, in full or part, by a managed care firm, or other third-party payer, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Managed care organizations also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file. I do not have control over any aspect of their rules. I will do all that I can to maximize the benefits you receive by filing necessary forms and gaining required authorizations for treatment, and assist you in advocating with the insurance company, as appropriate. However, my office does not accept responsibility for collecting disputed or unpaid claims by the insurance company; those responsibilities are yours.

Using health insurance benefits to pay for services, in full or in part, requires cooperation among patient, provider, and insurance company to provide services as efficiently as possible. It is important to note that your contract with your health insurance company requires that I provide information relevant to services billed for. **You should be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis** that will become part of your permanent medical record. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. It may be the case that a diagnosis will be considered by insurance underwriters as a reason to delay or decline your future application for insurance. All diagnoses and diagnostic codes come from a book entitled the *DSM-5*. I'd be happy to share relevant sections with you if you're interested in learning more about your diagnosis, if applicable. Sometimes I have to provide additional clinical information such as treatment plans or summaries and, in very rare cases, your entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

Submitting an invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and may also be reported to a National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Reportedly, medical data have been sold, stolen, or accessed by enforcement agencies.

By signing this ***Informed Consent***, you agree that I can provide requested information to your insurance carrier if you plan to pay with insurance. You will also be asked to sign an ***Acknowledgement and Authorization Form*** authorizing me to provide requested information to your insurance carrier, authorizing me to bill your insurance company on your behalf, and authorizing payment of medical benefits by your insurance company directly to me.

Once we have all the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the challenges and complications described above, unless prohibited by my provider contract.

If I am not a participating provider for your insurance plan (out-of-network), I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies will reimburse for out-of-network providers. If you prefer to use a participating (in-network) provider, I will refer you to a colleague who takes your insurance.

Health insurance companies usually limit mental health coverage to services that are deemed "medically necessary," which may be defined as presentation of a covered *DSM-5* Axis I diagnosis (acute symptoms). Please be advised that not all issues, conditions, or problems that are the focus of psychotherapy are reimbursed by insurance companies.

If an insurance check is mistakenly mailed to you, you are responsible for paying me that amount at the time of our next appointment. If your insurance company overpays me, that overpayment will be refunded to your insurance company.

I am not a Medicare provider. Because of that, Medicare will not allow me to bill them for your claims, even with the intent of billing your secondary insurance. You have the choice to pay privately or find a Medicare provider to serve you.

If you will be using health insurance benefits to pay for services, you are responsible for providing me with the information I need to file claims on your behalf. You are also responsible to know the terms of your health plan prior to our first session. Before your first appointment, please call your insurance company and find out the following information:

Do I have mental health benefits? If so, are Telepsychology services covered?
How many sessions per calendar year does my plan cover?
Do I need an authorization number?
What is my deductible and has it been met?
Am I responsible for co-insurance? What percentage?
Do I have a co-pay? How much?
What is the rate of reimbursement for an out-of-network provider?

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in my office and/or in secured electronic devices.

Your medical records may contain information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals we set for treatment, your progress toward these goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records and other financial records, and copies of any records or reports that I have sent to anyone, including your insurance carrier.

In addition, I customarily maintain a set of "Psychotherapy Notes" or "Progress Notes." These Notes are for my own use and are designed to track your progress, to maintain continuity across sessions, and to assist me in providing you with the best possible treatment. While the contents of Notes vary from patient to patient and from session to session, they can include the contents of our conversations, my analysis of these conversations, and how they impact on your course of therapy. These Notes are kept separate from the remainder of your medical record.

If you are coming to see me as part of a couple or family, I keep one file for the unit. If one person's records are subpoenaed, it is not viable to separate records and therefore all records will be released. I do maintain separate records for individuals who are part of the couple or family unit if I see them individually during the episode of therapy. However, both the individual and unit records may need to be released.

Upon termination of your therapy with me, I will maintain your full and complete file for a total of seven years, or until a minor patient has reached the age of 21, whichever is longer. I will not make any attempt to contact you prior to destroying your records, unless I am closing my practice. Files will be destroyed by an insured and bonded commercial shredding service.

Please see ***Notice of Privacy Practices*** for comprehensive and detailed information about the use and disclosure of your Protected Health Information (PHI) and your rights with regard to your PHI.

PSYCHOLOGIST'S INCAPACITY OR DEATH

In the event I should become incapacitated or die, it will become necessary for another provider to take possession of my files and records. By signing this consent form, you are giving your consent to allow another licensed mental health professional selected by me to take possession of my files and records and provide you with copies upon request, or deliver them to a provider of your choice.

CONFIDENTIALITY

In general, the law protects the privacy of communications between a patient and a psychologist, as well as written or electronic records pertaining to those communications. In most situations, I can only release information about your treatment to others if you sign a written ***Authorization for Release of Protected Health Information*** form that meets certain legal requirements imposed by HIPAA. However, there are exceptions, including situations in which I am legally obligated to take action to protect you and/or others from harm, even if I have to reveal confidential information about your treatment. Please keep these exceptions in mind before you choose to broach any of these areas. It is helpful to revisit the implications of such disclosures before we actually discuss the specific information.

For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a patient is threatening serious and imminent bodily harm to another reasonably well-identified or identifiable individual, and I believe that the patient has the intent and ability to carry out such threat, I am required to take protective actions, including notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If a patient threatens to harm himself/herself, I may be obligated to contact the police or EMS personnel; to seek hospitalization for him/her; or to contact family members, a person whose name you have provided as an emergency contact, or others who can provide protection. Though in most legal proceedings, you have the right to prevent me from providing any information about your treatment to the Court, there may be cases in which I am ordered by the Court to provide records and/or testimony without your consent. Likewise, your confidentiality is waived in the event you file a complaint with a professional licensing board. These situations occur very rarely, but should they occur, I will make every effort to fully discuss my obligations with you before taking any action.

Though your confidentiality cannot be guaranteed when others are involved in your treatment, participants in couples, family, and group psychotherapy are obligated to respect the confidentiality of others. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. However, I cannot be expected to keep secrets from others involved in your treatment.

I may occasionally find it helpful to consult colleagues or other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient, either by name or other identifying information, in order to preserve their anonymity. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Sometimes, psychologists use case material in teaching or writing about the psychotherapy process, and identifying information is disguised when doing so. Please indicate if you wish to place any restrictions on consultation, teaching, or writing activities related to your case.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to release your financial information to a collection agency, attorney, or small claims court. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due.

Though I have certain obligations to protect the privacy of your health information, you, on the other hand, may direct me to share information with whomever you choose. You may complete the optional **Authorization for Release of Protected Health Information** form for this purpose. Once signed, you may change your mind and revoke that permission at any time, although it is not retroactive to information shared with your authorization prior to that revocation.

While this written summary of exceptions to confidentiality should prove helpful in alerting you to potential problems, my policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled ***Notice of Privacy Practices***. You have been provided with a copy of that document and encouraged to ask any questions you might have at any time during our work together. I will be happy to discuss any and all confidentiality issues with you, but you may require formal legal advice about some issues as the laws governing confidentiality are quite complex and I am not an attorney.

I abide by the laws, regulations, and ethical principles that govern privilege, confidentiality, and your privacy consistent with the enclosed ***Notice of Privacy Practices***, the laws of The Commonwealth of Massachusetts, and Federal law. I also abide by the Ethical Standards of the American Psychological Association and the governing board of my professional licensure (Division of Professional Licensure, Massachusetts Board of Registration of Psychologists).

COUPLES OR FAMILY THERAPY AND "COLLATERAL PARTICIPANTS"

When I work with more than one person at a time, it is impossible for me to ensure that anything you say remains confidential. Out of respect for each other and the treatment, it is important that all parties agree to maintain each other's confidentiality. However, this is a voluntary agreement and is not binding by law. Additionally, if one of you tells me something that you do not want the other(s) to know, I cannot maintain that confidentiality if doing so would be detrimental to the treatment. Thus, I have a "no secrets" policy: If you are attending couples or family therapy, anything you reveal to me outside the earshot of the other(s) in treatment I have the right to disclose at my discretion to the other(s) in the treatment for the benefit of the treatment.

In the event that you choose to participate in couples or family therapy, at the outset I will clarify with you and the other participant(s) which participant is identified as the patient and the relationship I will have with each person. It is possible that both of you might be identified as a patient in couples therapy, or that one of you is the patient and the other enters the therapy in a supportive role. With regard to release of protected health information, I will not be able to disclose information about the contents of that which was discussed in those shared sessions without the agreement of all adult parties in the session.

Although it may be hard to contemplate at the outset, in some cases people involved in couples therapy may, at some future time, become involved as adversaries in legal arenas arbitrating or litigating such issues as custody disputes and/or divorce. Because the principles that guide my involvement with patients include advancing their mental health and taking care to do no harm, I will do my best to re-clarify or modify my role in view of significantly changing circumstances. That may even include serious consideration of the option of withdrawing from my role should that be the most appropriate course of action.

You always have the option to invite someone to attend your therapy sessions with you. However, only an identified patient will have a separate chart kept, be afforded the rights of a patient, and have a diagnosis. In the event that the other person is not a patient, that person is considered a "collateral participant." This designation informs the nature of my role vis-a-vis each participant, as well as the rights and responsibilities of each participant. He/she will sign an ***Informed Consent for Collateral Participants*** that will be filed in the patient's chart.

A collateral participant may discuss their own problems or concerns in therapy, especially as they relate to issues with the identified patient. I may recommend formal therapy of another type with another provider for either a collateral participant, if it appears that person is in need of their own mental health services, or, the patient, if another additional form of therapy is clinically indicated. In those cases, it is my over-riding policy to refer the collateral participant to another clinician for treatment. This is because my seeing two members of the same family unit may result in a dual role or conflict of interest that could potentially cloud my objective judgment. Another reason for such referrals is to ensure that my primary focus remains on the treatment for the original identified concern and the best interests of the identified patient. Any exceptions to this policy would involve a thorough discussion of the risks and benefits with the parties involved.

If insurance is not being billed, and the first therapeutic contact is with both parties, such as in couples therapy, those involved are each considered to be the patient and to hold the privilege. If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and will be open for full review or discussion in joint sessions. The risks and benefits of seeing you separately will be discussed prior to doing so. In marital or family therapy, if one is ill, the appointment should be cancelled. If the party who is unable to attend wants the meeting to go on, I would need a signed statement to that effect that I will file. Please do not tell me anything you wish kept secret from the other participants. I will remind you of this policy before beginning such individual sessions.

MINORS AND PARENTS

Patients under 18 years of age who are not emancipated and their parents/guardians should be aware that the law allows parents/guardians to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. While parents/guardians have a legal right to know what treatment modalities are being utilized and what charges are incurred during the course of therapy with their child, it is not conducive to the therapeutic relationship, or in the child's best interest, to disclose information that the child may share in confidence.

Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from parents/guardians that they consent to waive access to their child's records. If they agree, I will provide them only with general information about treatment progress and attendance. Any other communication will require the child's authorization, unless I feel that there is a safety concern, in which case, I will notify the parents/guardians of my concern. Before giving parents/guardians any information, I will make every effort to notify the child of my intention to disclose the information and do my best to handle any objections they may have. The child will be encouraged to share directly with the parents/guardians.

By signing this consent document, you, as parents/guardians, voluntarily waive your rights to your child's psychotherapy notes unless your child gives consent to the disclosure of this information.

As with all patients in family therapy, any information that is related to me by a minor within the therapy setting may be disclosed to parents/guardians if, in my professional judgment, it is appropriate or necessary.

ELECTRONIC MEDIA

Because e-mails, text messages, and faxes may be used in the conduct of our professional business, it is important that you be aware that all electronic communication has the potential to compromise your privacy. E-mail and cell phone communications allow unauthorized access and, hence, the security and confidentiality of such communication cannot be guaranteed. Faxes are similarly susceptible to breach.

Please notify me at the beginning of treatment if you desire to avoid or limit in any way the use of any or all of the above-mentioned communication media. If you wish to communicate via e-mail, you will have opportunity to read and sign an optional ***E-mail Informed Consent Form***, outlining risk factors and conditions of e-mail usage and consenting to the use of e-mail communications to and from me regarding your medical treatment. **Please do not use e-mail or faxes in emergency situations.**

SOCIAL MEDIA

With the increasing prevalence of Internet usage, including social media, it is important that I outline my office policies regarding potential interactions in these venues.

Friending: I do not accept friend or contact requests from current or former patients on any social or professional networking site (e.g., Facebook, LinkedIn). I believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy, as well as having the potential to blur the boundaries of our professional/therapeutic relationship.

Following: I do not follow current or former patients on blogs, Twitter, or Instagram. My reasoning is that I believe casual viewing of patients' online content outside of the therapy hour can create confusion with regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement toward a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life (e.g., news items, articles, things you've created, communication threads, etc.) that you feel are relevant to your treatment and wish to share with me, please bring them into our sessions where we can view and explore them together during the therapy hour.

Interacting: Though text messaging via cell phones is a convenient way to convey brief messages re: scheduling and such, please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have already established a patient/therapist relationship. Engaging with me in that way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone or by direct e-mail (for administrative or other "housekeeping" issues such as rescheduling an appointment). Otherwise, e-mail should only be used if you have chosen to sign the optional ***E-mail Informed Consent Form.***

Use of Search Engines: It is not my practice to search for patients on Google, Facebook, LinkedIn, or other search engines. I trust that you will tell me what you want me to know in our sessions. Extremely rare exceptions may be made during times of crisis, if I have reason to suspect that you are in danger and you have not been in touch with me via our usual means (i.e., coming to appointments, phone, or e-mail). These are highly unusual situations and if I ever resort to such means to ensure your welfare, I will fully document it and discuss it with you when we next meet.

Business Review Sites: You may find my psychology practice on sites such as Google Business, Yelp, HealthGrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing has occurred unsolicited by me and is not a request for a testimonial, rating, or endorsement from you as my patient. The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell anyone that you are my patient, but you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provide to you, in any forum of your choosing. If you do choose to write something on a business review site, I hope you keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular e-mail address or friend networks for your own privacy and protection.

Location-Based Services: If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my office as a check-in location on various sites such as Foursquare, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy patient due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in" from my office or if you have a passive LBS app enabled on your phone.

REFERRALS

If medical, psychiatric, and/or adjunctive psychological evaluations seem warranted, we will discuss the nature of and need for these evaluations and appropriate referrals will be provided. Likewise, if you could benefit from a treatment I cannot provide, I will do what I can to help you access it. You have a right to ask me about other such evaluations and treatments, along with their risks and benefits.

I may also suggest that you consult with a medical healthcare provider regarding medical treatments that could address your problems. Though I have considerable experience with physical health issues and medical disorders as a Behavioral Medicine/Health Psychology specialist, I cannot diagnose or treat medical conditions. Because psychological symptoms such as depression or anxiety can often present as the result of various medical conditions and/or the side-effects of various medications, I may recommend that you obtain a medical examination or work-up by your PCP or a specialist to determine any medical origins for your psychological problems. The underlying causes of some of your symptoms may be neurological, endocrinological (e.g., glucose, insulin, hormonal imbalances), genetic, or due to the effects of toxins, infectious disease, or medications. When a patient presents with a complex array of both physical and psychological symptoms, it is important to rule out any medical conditions early in treatment so that we will not find ourselves addressing symptoms psychotherapeutically that have a physical origin (i.e., “barking up the wrong tree”).

I may also suggest that you get involved in other treatment approaches as an alternative, or as an adjunct, to individual psychotherapy. These include family or group psychotherapy; support groups, self-help groups, or 12-step programs; expressive therapies (e.g., art, music, writing, psychodrama); and complementary approaches such as acupuncture, yoga, massage, or energy work. As part of my holistic/integrative approach, I may also suggest such things as nutritional counseling or spiritual counseling, depending on your needs. If another health care provider is working with you, I will request a release of information from you so that I can coordinate my services with that person and communicate freely with them about your care. You are free to decline referral recommendations. However, if the need for evaluation(s) and/or treatment(s) by other professionals is established and you do not follow these recommendations, your therapy may necessarily be suspended or terminated.

PSYCHOTROPIC MEDICATIONS

Because I am not a medical doctor (M.D.), I do not prescribe medication. However, because psychotherapeutic and psychopharmacological treatments often go hand-in-hand and can operate synergistically to your benefit. I may encourage you to discuss medication management of your symptoms with your PCP or refer you for a psychiatric evaluation. Though it is certainly not necessary that you be on medication to benefit from therapy (and many patients prefer not to be, a position I respect completely), in many cases medication can give a patient the “jump start” they need to be able to make most effective use of psychotherapy. In certain cases, medication can give a depressed patient the energy and motivation necessary to participate in therapy and can give an anxious or agitated patient the ability to “sit still for” therapy. Therefore, psychotropic medications that target mental or emotional distress are commonly prescribed as an adjunctive or complementary intervention to psychotherapy. If you are prescribed psychotropic medication before and/or during the course of therapy, I may request permission to consult with your prescriber and, in certain cases, your medication compliance may be a condition of treatment.

THERAPEUTIC RELATIONSHIP

Your relationship with me is professional and therapeutic. I value our therapeutic relationship, and I value the importance of providing you a safe and professional environment for our work. In order to preserve the sanctity of this relationship, it is imperative that I not have any other type of relationship with you if there is any possibility that it could impair my objectivity, competence, or effectiveness in performing my role as your psychologist. Specifically, this means that I will refrain from multiple relationships with you and I will not engage in any role with you that might reasonably risk exploitation or harm to you as my patient. Personal, social, romantic, sexual, and/or business relationships dilute, confuse, and undermine the effectiveness of the therapeutic relationship. Because I genuinely care about helping you, I am not in a position to be your friend or to have a social, personal, or business relationship with you, either during the course of your treatment or after.

In avoidance of having a "dual relationship" with you or others, I cannot be your supervisor, teacher, or evaluator; I cannot be a therapist to my own relatives, friends (or relatives of friends), people I know socially, or business contacts; I cannot provide therapy to people I used to know socially, or to former business contacts; I cannot have any other business relationships with you besides the therapy itself; I cannot employ you or be employed by you; I cannot give legal, medical, financial, or other type of professional advice; I cannot have any kind of romantic or sexual relationship with a patient or former patient, or any other people close to a patient.

Because of the nature of therapy, our relationship has to be different from other relationships. It may differ with regard to duration, topics discussed, expectations, goals, boundaries, and ways of interacting. Unlike other relationships, the therapeutic relationship is, by definition, one-sided. Your therapy sessions are exclusively about you and for you, and there is no expectation of reciprocity, except for financial remuneration.

When our therapy is completed, we will not be able to pursue a friendship or any other type of relationship. It is not ethical to enter into a different relationship with you even when therapy has terminated because "once your therapist, always your therapist." In other words, once a therapeutic relationship is established, it is important that you be able to access that relationship at any time in the future that you have need over the course of your life, no matter how infrequently that may be. A patient may terminate therapy after completing a particular piece of work, and then return later, sometimes years later, as their life and circumstances have changed, to work on other issues. It is not uncommon for patients who have formally terminated their work to return for periodic "mental health check-ups" over the ensuing years. Hence, the therapeutic relationship must be always preserved and maintained, just in case.

In maintaining the boundaries and clarity of the therapeutic relationships, exchanging of gifts, bartering, or trading goods or services are not appropriate or permitted. I cannot accept invitations to weddings, birthdays, or other social events where your confidentiality may be compromised.

You should also know that therapists are required to keep the identity of their patients secret. Beyond my commitment to protecting the confidentiality of anything you tell me (see the **Confidentiality** section of this document and ***Notice of Privacy Practices***), I will not reveal that you are a patient of mine. If we encounter one another in the community, beyond the confines of my office (i.e., in public or socially), I will not relate to you in a way that communicates our confidential relationship unless you choose to acknowledge its existence.

As a professional, I will use my best knowledge and skills to support you in achieving healthy outcomes for your efforts. It is my commitment to conduct my relationship with you in accordance with the highest ethical and professional codes of conduct, as specified by the American Psychological Association Code of Ethics. Intended to protect you, the APA puts limits on the relationship between a therapist and patient, and I will abide by these. Please be assured that I view the psychologist-patient relationship to exist solely to enhance each patient's welfare and achievement of their identified therapeutic goals. Accordingly, boundaries, both physical and emotional, will be respected at all times.

TELEPSYCHOLOGY

Telepsychology refers to the provision of psychological services remotely using telecommunications technologies, such as videoconferencing (via the Internet) or telephone. Telepsychology has been in existence for many years and is alternatively referred to as Telemental health (TMH), teletherapy, telehealth, telemedicine, remote therapy, online therapy, e-therapy, video therapy, or virtual therapy. One of the benefits of Telepsychology is that the patient and the psychologist can work together safely, efficiently, and conveniently without being in the same physical location. Telepsychology eliminates barriers to accessing care, such as distance, busy work/school schedules, child- or elder-care responsibilities, family emergencies, illness, inclement weather, physical or psychological immobility, and public health emergencies (e.g., COVID-19).

The following are considerations to be aware of as we engage in Telepsychology:

General: The laws and professional standards that apply to the delivery of in-person, in-office psychological services also apply to Telepsychology services.

Technology: Our sessions will be conducted via a user-friendly, secure HIPAA-compliant videoconferencing platform. Prior to your initial appointment, you will be provided with a link to access my virtual waiting room and instructions for connecting. You will need a computer with webcam and a reliable, secure Internet connection (hardwire or Wi-Fi), or a smart phone, tablet, or other device with video and audio capability. Despite all reasonable efforts, there is the possibility, as with all technology, that our sessions could be disrupted or distorted by technical failures. In the event of such challenges, I will immediately attempt to reconnect with you on the videoconferencing platform we're using. Should that fail, I will contact you via the backup phone number you provided. Since we will not be meeting in person, any exchange of documents or other paperwork will occur electronically.

Confidentiality: The laws that protect confidentiality of your PHI (protected health information) also apply to Telepsychology. Exceptions to confidentiality (see the **Confidentiality** section of this document) are also the same, regardless of venue. I have a legal and ethical responsibility to make my best efforts to protect all communications that occur between us. However, the nature of electronic communications technologies is such that I cannot guarantee that other entities won't gain access to our communications, or that personal information transmitted via the Internet won't be intercepted by unauthorized persons or companies. To mitigate these risks, I will only use a HIPAA-compliant videoconferencing platform and always use updated encryption methods, firewalls, and back-up systems to keep your information private. You should also take reasonable steps to ensure the security of our communications, such as using only secure networks for Telepsychology sessions and having passwords to protect the device(s) you use for Telepsychology. Our Telepsychology sessions will never be recorded, nor will there ever be dissemination of any personally identifiable images or information from our virtual interactions.

Privacy: Because Telepsychology sessions take place outside of the psychologist's private office, there is potential for others to overhear sessions, intended or unintended, depending on your location. Therefore, it's extremely important that you find a quiet, private place, free from distractions and interruptions. Patients have sometimes logged in from cars or bathrooms, in the absence of other private places in which to engage in Telepsychology sessions. Regardless of your chosen location, your comfort and security are paramount. I can ensure your absolute privacy on my end.

Records: Telepsychology sessions will never be recorded in any way. I will maintain a record of our sessions in the same way I maintain records of in-person sessions, in accordance with my clinical documentation policies and processes. (See the **Professional Records** section of this document for details.)

Fees: My fee schedule for Telepsychology services is the same as for in-person services. Because you will not be making cash or check payments in person, I will supply you with information regarding the mobile payment service I use to accept payments.

Insurance: Though most insurance companies now cover Telepsychology services, often at the same rate as in-person services, some third-party payors may not cover services delivered via Telepsychology or cover them at a different rate. If you are using insurance to pay for services, it's important that you contact your insurance company to determine the Telepsychology benefits of your particular plan. If your insurance, third-party payor, or other managed care entity does not cover Telepsychology services, you are responsible for all fees associated with services rendered.

Crisis management: I do not generally engage in Telepsychology with patients who are currently in a crisis situation requiring high levels of support or intervention. Before engaging in Telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our work. You will be required to provide me with a local-to-you emergency contact person and permission to contact them in case of emergency.

Efficacy: There is a substantial empirical evidence base for the efficacy of Telepsychology. The vast majority of comparative research studies suggest that Telepsychology is as effective as traditional, in-person psychotherapy. However, there are no guarantees of outcome, regardless of venue. If, at any point, we determine that you would be better served by in-person psychotherapy or other services, I will assist you with a referral to a provider in your area.

DURATION OF PSYCHOTHERAPY AND TREATMENT TERMINATION

Some psychological problems can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the duration of therapy or how many sessions will be required to achieve your goals, as this depends upon many complex variables.

If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that work. Likewise, if we have contracted for a specific number of sessions, therapy will end when those sessions have been completed. Otherwise, we will be checking in at periodic intervals to discuss how your therapy is progressing in order to make informed, collaborative decisions about continuing or ending treatment. I believe in accountability for the success of our work and that the therapeutic process should be subject to scrutiny and review. Hence, it is not my practice to allow psychotherapy to ramble on interminably without regularly assessing where we are and where we're going. It is my habit, near the outset of therapy, to ask my patients to consider the question of how we will know when we're done, and what that will look like.

Your participation in therapy is voluntary and you have the right to end therapy at any time. If, at any time during your course of treatment, I determine that I cannot continue, I will terminate treatment, explain why this is necessary, and make a referral, if indicated. Ideally, though, therapy ends when we both agree that your treatment goals have been achieved.

Professional ethics mandate that treatment continue only if it is reasonably clear that you are receiving benefit. If you are in a treatment relationship with another therapist, you must first formally terminate treatment with that therapist before I can begin providing services to you to avoid duplicate or potentially conflicting relationships. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment. Other legal or ethical circumstances may arise that compel me to terminate treatment. Situations that may warrant termination include: failure to participate in therapy, conflicts of interest, refusing to seek recommended consultation (e.g., medical or psychiatric) or adjunctive support services (e.g., Alcoholics Anonymous), untimely payment of fees, repeated no-shows or cancellations, regularly becoming enraged or threatening during sessions, bringing a weapon onto the premises, persistent drug abuse, arriving under the influence of drugs or alcohol, disclosing illegal intentions or actions. If you do violence to, threaten (verbally or physically), or harass the office, my family, or me, I reserve the right to terminate you unilaterally and immediately from treatment. In any of these cases in which termination becomes necessary, I will offer you suggestions for alternative sources of care, but cannot guarantee that they will accept you for therapy.

Furthermore, I do not diagnose, treat, or advise regarding problems outside the recognized boundaries of my competencies. If I am not able to help you, because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.

Regardless of which of us ends the therapeutic relationship, sufficient notice of intent to terminate allows you to leave well, having a sense of completion. The usual minimum termination period for an ongoing treatment process is four to ten sessions, but a satisfying termination to long-term work may take a matter of months. In the event that such a protracted termination period is not possible or warranted, at least one final “Termination Session” is advisable. This gives us both the opportunity to achieve closure by reviewing the work that we’ve done and by exchanging feedback.

FEEDBACK AND COMPLAINTS

You have the right to ask questions about any aspects of therapy and about my specific training and experience to conduct the therapy I have chosen for you. I'm always willing to discuss how and why I've decided to do what I'm doing, and to try any approaches within the bounds of my expertise and ethical standards that you think might be helpful.

If you are unhappy with what is happening in therapy, I hope that you will talk directly with me so that I can respond to your concerns. Such concerns will be taken seriously and handled with care and respect. If, at any time, you are not getting what you need out of our sessions, please tell me so that we can discuss your needs and, if indicated, adjust your treatment plan. You may request that I refer you to another therapist if you decide I’m not the right therapist for you, and you are free to end therapy at any time and for any reason.

You have the right to considerate, safe, and respectful care. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Massachusetts Board of Registration of Psychologists, which oversees licensing, and they will review the services I have provided.

You are also free to discuss your complaints about me with anyone you wish. You do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the holder of privilege and have the right to decide what you want kept confidential.

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Thank you for reading this document and for signing the corresponding consent forms. Please do not hesitate to discuss with me any questions or concerns you might have. I look forward to our therapeutic journey together!