

INFORMATION FOR CLIENTS

Welcome to New Reflections Therapeutic Services, LLC. We appreciate the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well. A copy can be made upon request.

This brochure addresses some of the following:

- Options to the Proposed Treatment
- Potential Reactions to the Proposed Treatment
- The Estimated Cost of Treatment
- Client's Rights to decline or withdraw from treatment
- Possible risks involved in early withdrawal from treatment

Our theoretical approach is based on Cognitive Behavioral Therapy. Research has shown it to be effective in treating several psychological disorders. Treatment is approached uniquely for each client's need. Clients have the option to the proposed treatment. Therefore, clients' participation is required in the treatment planning process. The overall goal of our treatment is to empower and inspire clients to reach their personal goals.

Psychotherapy is a partnership that requires your best efforts to change thoughts, feelings, and behaviors. Therapists and client collaborate on therapeutic goals, intervention methods, ways to evaluate progress, and time commitments of therapy. The typical duration of therapy is 3 to 4 months. Clients have a right to decline treatment or withdraw from therapy at any time. If clients plan to withdraw from therapy, we do ask for one more session to review progress. We do caution there are possible risks associated with premature termination such as little or no progress, relapse of symptoms, worsening of daily functioning, missed work or school, poorer quality of interpersonal relationships, and possible death for extreme cases.

There are potential reactions to the proposed treatment. Sometimes, a client's problems may temporarily worsen after beginning treatment. Clients may experience an uncomfortable level of sadness, guilt, anxiety, anger, frustration, helplessness, and other negative feelings as one is discussing painful events. With the progression of therapy, however, clients typically receive its benefits which may include elevated mood, resolved problems, less anxiety, improved coping skills, greater satisfaction in relationships, and clearer goals or values. Nonetheless, even with our best efforts, there is a risk that therapy may not work. If you could benefit from another treatment we cannot provide, we will make the referral to better assist you.

Most people utilize their health insurance benefits, the company will sometimes ask for more information on symptoms, diagnosis, and treatment methods. It is our

policy to provide only as much information as the insurance company will need to pay your benefits. For plans that include a copayment, the copayment is required at each session. For individuals who choose to pay out of pocket, the cost of therapy services are listed below:

\$150 Intake Evaluation

\$90 Individual Session

\$110 Family/Couple Session

We follow the standards of the American Counseling Association (ACA). In your best interests, the ACA puts limits on the relationship between a therapist and a client, and we will abide by these. First, we are licensed and trained counseling. Second, state laws and the rules of the ACA require that the information provided will be kept in confidence. This is your legal right that our sessions and my records about you will be kept in private. That is why I ask you to sign a “ release-of-records” form before I can talk about you or send my records about you to anyone else. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rule of my profession. Third, in your best interest, and following the ACA’s standards, I can only be your therapist.

You can review your own records in my files. You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

All appointments are held in the office. The first appointment is approximately 75 minutes. The following sessions are 60- minutes. Unless it is an emergency, please give at least 24 hour notice before cancelling. Otherwise a cancellation charge may apply, except for **Medicaid** clients who never have a monetary penalty.

Generally, I return messages daily except on Sundays and holidays. In case of emergencies and we cannot be reached by telephone, please call the following community emergency agencies: the Family Crisis Center at 301-894-9101 or the Prince George's Hospital emergency room 301-322-3606.

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law to contact someone close to you. Please submit person of contact.

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

If you are not satisfied with any area of work, please raise your concerns. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. You may also contact the Maryland board of counselors and therapists examiners.

We do not discriminate against any clients and serve clients of different ages, sexes, marital/ family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

I, the client (or his or her parent/guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here:

Signature of client (or person acting for client) Date

Printed name

Relationship to client:

- Self
- Parent
- Legal Guardian

- Health care custodial parent of a minor (less than 14 years of age)
- Other person authorized to act on behalf of the client - specify

I, the therapist, have met with this client (and/or his or her parent/guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent treatment. I agree to enter into therapy with the client, as shown by my signature here:

Signature of Therapist Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my service as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

- Copy accepted by client
- Copy kept by therapist