

MARYLAND PSYCHOTHERAPY CENTER

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www.mdtherapycenter.com

OFFICE POLICIES AND PROCEDURES

Listed below are the administrative policies that this office will be following in regard to your treatment. Should you have questions or concerns about these policies, please make a point to discuss them with your therapist. Otherwise it will be assumed that you understand and agree to these procedures when you sign this form.

1. Each session has designated time limits. Individual or family sessions last 45 minutes. If you are late for a session, the time is lost from your sessions. If your therapist is late for a session, the session either will be extended or other arrangements will be made by mutual agreement.
2. Telephone calls to your therapist, other than calls to change or cancel an appointment time, should be limited to emergencies. If you must speak to your therapist on the phone, these calls will be billed at the hourly rate. The therapist will attempt to return all calls as promptly as possible but after hours availability is not guaranteed.
3. Payment is due at each session. Since a regular time is reserved for your appointments, and this time cannot be offered to anyone else, you will be charged for all missed appointments not canceled at least 24 hours in advance. This policy holds for individual, family, or group sessions. All claims to insurance companies must be done by the client. The therapist can provide any necessary information to facilitate this at the client's request. Written reports that have been requested regarding assessment, diagnosis, and/or treatment will be billed to you at the usual hourly fee. Final payment for a written report must be made prior to delivery of the report.
4. During the course of treatment it may become necessary to increase fees to compensate for increased costs and inflation. You will receive at least one month's prior notice regarding an increase in fees.
5. The information that you share with your therapist is privileged and confidential. Any information concerning your treatment will be released only with your specific written consent. The following exceptions to your confidentiality should be noted:
 - If you pose, in your therapist's opinion, a clear and imminent danger to yourself or to another person.

- If, in your therapist’s opinion, a child has been or is danger of being abused or neglected. (Maryland law currently stipulates that even if the abuse occurred some time ago and the child is now an adult, the abuse must still be reported.)
- If you are court-ordered into treatment.
- In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.
- In addition, the therapist may occasionally consult with other therapists regarding your treatment. This consultation is used to aid the therapist in providing the best treatment possible and all attempts will be made to any identifying information confidential during such consultation.

6. As with any treatment, there are both benefits and risks associated with psychotherapy. Please consider both the benefits and risks when making any treatment decisions. The benefits of therapy have been repeatedly and scientifically demonstrated for most people in most situations. Possible benefits include a reduction in symptoms, obtaining solutions to specific problems, increased self-understanding and acceptance, the attainment of more meaningful relationships, and deeper life satisfaction. Clients may grow in many directions – as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Since therapy often involves discussing unpleasant aspects of your life, you may experience an increase in uncomfortable feelings, including sadness, anger, fear, guilt, shame, or anxiety. As you begin the healing process and face difficult thoughts and feelings, you may experience an exacerbation of symptoms, the questioning of beliefs and values, the recollection of unpleasant life events, and possible changes in lifestyle, relationships, or employment. Of note, these feelings may be natural, normal, and important parts of your therapy. During our work together, I hope to discuss any of your reactions or adverse side effects to your therapy.

7. Terminating therapy usually involves a mutual decision between client and therapist. As a client, you have the right to end therapy at any time without moral, legal, or financial obligation beyond payment due for completed and/or scheduled sessions that were not canceled. Should you decide between sessions, or at the end of a session, to withdraw from therapy, you are asked to attend at least one additional session to discuss this decision. Therapy termination can sometimes be the result of misinterpretation, miscommunication, or simply the difficulty of therapy, and a final appointment will help to ensure that the termination is completed constructively and appropriately.

Please sign below to indicate that you understand and agree with these policies and procedures.

Signature: _____ Date: _____