

LAURIE KIMMEL, LMSW, ACSW, PLLC

(248) 660-4637 E: Laurieklmsw@gmail.com W: Lauriekimmel.com F: (248) 581-8701

Office Policies & Informed Consent for Psychotherapy

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Laurie Kimmel, LMSW (referred to as LK) that the client presents a danger to others. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. LK will use her clinical judgment when revealing such information. LK will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where LK becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to

process the claims. If you so instruct LK, only the minimum necessary information will be communicated to the carrier. LK has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information.

LITIGATION LIMITATION: Due to the nature of the therapeutic process, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on LK to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. It is also important that you be aware that e-mails, faxes, and important texts are part of the medical records. Additionally, LK's e-mails are not encrypted. LK's computers are equipped with a firewall, a virus protection, and a password and she also backs up all confidential information

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from her computers on a regular basis. If you communicate confidential or private information via e-mail, LK will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: If you have concerns regarding your treatment records, please discuss them with LK. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when LK assesses that releasing such information might be harmful in any way. In such a case, LK will provide the records to an appropriate and legitimate mental health professional of your choice.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave an e-mail message at Laurieklmsw@gmail.com and I will return your message as soon as possible. If an emergency arises, call Common Ground in Oakland County (800) 231-1127 or the Police: 911. Please do not use e-mail or faxes for emergencies.

PAYMENTS & INSURANCE REIMBURSEMENT: If Clients are paying the (out of pocket) fee, they are expected to pay \$____.00 per _____ minutes at the end of each session. If insurance will be utilized, LK will submit the visits to insurance via TherapyNotes, a third party electronic medical biller. All co-pays and deductibles are to be paid at the time of service. Site visits, writing and reading of reports, consultation with other professionals, release of information, longer sessions, travel time, etc. may be charged at the same rate. Please notify LK if any problems arise during the course of therapy regarding your ability to make timely payments. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, LK can use legal or other means (courts, collection agencies, etc.) to obtain payment.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. LK will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. LK provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. LK may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee

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that psychotherapy will yield positive or intended results. During the course of therapy, LK is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her

assessment of what will best benefit you. These approaches include, but are not limited to, cognitive-behavioral, psychodynamic,, EMDR, or psycho-educational. LK **provides neither custody evaluation recommendation** nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, LK will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, LK's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits, possible risks, LK's expertise in employing them, or about the treatment plan. Please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, LK will assess if she can be of benefit to you. LK does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals whom you can contact. If at any point during psychotherapy, LK assesses that she is not effective in helping you reach the therapeutic goals or that you are non-compliant, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. You have the right to terminate therapy at any time. If you choose to do so, and if appropriate, LK will offer to provide you with names of other qualified professionals.

SOCIAL NETWORKING AND INTERNET SEARCHES: I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the amount paid by your insurance company will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

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By typing my signature below, I agree that I have read the above office policies (a total of 4 pages) for psychotherapy, and agreed to comply with them.

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____