



Dear New Client,

Welcome to Bright Light Counseling Center. We appreciate the opportunity to be of help to you. In order to focus on you and your present concerns, this handout answers questions that clients often ask about therapy. Also included is information about the practice, our professional services, and business policies for you to review.

This handout is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting.

All if this information is available at www.brightlightcounselingcenter.com and you can review it at any time.

Sincerely,

Bright Light Counseling Center

Client Information Handout

About Therapy

We strongly believe that you should feel comfortable and develop a therapeutic relationship with your clinician. We view therapy as a collaborative relationship, wherein you provide the problems or areas of concern that you would like to address and your clinician will use their expertise to assist you in making changes.

Counseling and psychotherapy is not like visiting a medical doctor. Participation in therapy requires you and your best efforts. For example, sharing with your clinician important experiences, what they mean to you, and what strong feelings are involved is essential. This is one of the ways you are an active partner in therapy.

An important part of your therapy will be practicing new skills that you will learn in our sessions. Your clinician may ask you to practice outside your sessions, and will work with you to set up homework assignments. Your clinician might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Our First Sessions

Your first few sessions will involve an evaluation of your needs that will last between 1 and 3 sessions. By the end of the evaluation, your clinician will be able to offer you some impressions of what your work will include and you both will decide if he/she is the best person to provide the services you need in order to meet your treatment goals. You should evaluate this information along with your own opinions of whether you feel comfortable working with your clinician. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions, discuss them whenever they arise with your clinician. You and your clinician will plan your work together. In your treatment plan the areas to work on and goals will be listed. From time to time, you and your clinician will look at your progress and goals. If needed, your treatment plan can be changed.

Length of Sessions

Initial sessions are 50-55 minutes. Proceeding sessions vary in length according to individual need and available payment options. Please discuss session length with your therapist.

Frequency of Therapy

Most clients attend therapy on a weekly basis. Some issues can be improved in 3 to 4 months of therapy. In other cases, long-term treatment is beneficial, based on individual needs and assessment.

Lateness

Please be on time. Your clinician may have another appointment right after you and will likely be unable to extend past your usual end time. Your full fee will be due even if you are late. If you are a self-pay client and your clinician is significantly late for your appointment you will be billed according to the time spent in session, your session time may be extended, or rescheduled, at your discretion. This does not apply to co-payments or co-insurance for clients using insurance benefits nor does it apply to reduced rate or graduate student clients.

Also, do not bring children with you if they need babysitting or supervision. Older children can wait in the waiting room, but please bring items to keep them occupied during your session.

Ending Therapy

The process of ending therapy, called “termination,” can be a very valuable part of our work. If you wish to stop therapy at any time, we ask that you agree now to meet then for at least one more session to review our work together. If you would like to take a “time out” from therapy to try it on your own, discuss this with your clinician. This may make a “time out” be more helpful.

The Benefits and Risks of Therapy

As with any treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Additional and Alternative Treatments

If you could benefit from a treatment that Bright Light Counseling Center cannot provide, your clinician will help you access this. You have a right to ask your clinician about other treatments, their risks, and their benefits. Based on what your clinician learns about your problems, he/she may recommend a medical exam or use of medication. If he/she does this, they will fully discuss their reasons with you, so that you can

decide what is best. If you are treated by another mental health professional and/or psychiatrist, your clinician will request a release of information in order to coordinate services. If you would like your clinician to coordinate with your medical doctor, you may sign a release and request of information for communication to occur. If you wish for another professional's opinion at any time, or wish to talk with another therapist, your clinician may be able to provide you possible referrals for a qualified person and provide him or her with the information needed.

If for some reason treatment is not going well, your clinician might suggest you see another therapist or another professional for an evaluation. As responsible and ethical therapists, Bright Light Counseling Center cannot continue to treat you if the treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, your clinician will help you find a qualified person or provide you with the necessary information.

Rates and Insurance

Insurance

Bright Light Counseling Center only accepts select insurance providers. For some insurance providers, we would be considered an "out-of-network" provider. We check your benefits and eligibility and provide this information to you, but ultimately it is your responsibility to ensure that you are covered and any co-payments/co-insurance/deductibles that are due at the time services are rendered. We can discuss how to ensure this if it would be helpful during your initial session. You will be charged if your insurance does not pay your bill as you expected. Fees may vary as determined by your health insurance.

In order for your insurance to authorize payment for your services you must meet what is called "Medical Necessity." This means you meet criteria for a covered mental health or behavioral health diagnosis. Following an initial assessment, your clinician could determine that you may not meet criteria for medical necessity, but have identified beneficial treatment goals, nonetheless. In this instance, you will be charged your clinician's out-of-pocket/self-pay rate for services. Moreover, after attending treatment for a period of time you may no longer meet medical necessity. If you and your clinician determine that there are additional treatment goals to address, you will be switched to your clinician's out-of-pocket/self-pay rate for services.

Fees for Additional Professional Services

In addition to your appointments, we charge for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your clinician. Our fee for these services is \$200 per hour and is billed in 15 minute increments. These services and fees are not covered by your insurance company.

Means of Payment

Bright Light Counseling Center accepts cash, check, credit card, or HSA cards. We require that a credit card be kept on file for billing purposes. You may pay for your sessions including co-payments, co-insurance, deductibles, or any amount that is not covered by your insurance, with whichever method you

choose. Your credit card will be charged automatically for sessions that are cancelled with less than 24-hour notice, missed sessions, and any amount that is not paid at the time services are rendered.

Time of Payment

Session fees, co-payments/co-insurance/deductible payments are due the day of each session. We expect all payment at the time services are rendered and do not send bills.

Receipts

If you utilize a credit card for payment, you will be provided an electronic receipt. For other payment methods, if you would like a receipt, please let your clinician know. With your authorization, your clinician may e-mail you a receipt, unless you prefer a hard copy.

Cancellation Policy and Fee

If you cancel a session with less than 24-hour advance notice, you will be charged a standard no-show rate for the missed appointment. Your insurance will not cover this charge. You may cancel your appointments through responding to the appointment reminder as well as via e-mail, phone, or text message. If you have a crisis or illness and can't attend your appointment, call your clinician and discuss this.

No-show Fee

If you do not show up for your appointment and do not call, you will be charged a standard no-show rate to your credit card on file. Your insurance will not cover this charge.

Non-payment of Fee

If you are delinquent in payment of services rendered for any length of time beyond a single session, your clinician reserves the right to conclude treatment prematurely, offering alternative referrals for continuation of care. If you have not paid outstanding fees and do not respond to attempts to create a payment plan, we reserve the right to utilize legal means to secure the payment. This may involve a collection agency or adjudication via small claims court. In most legal circumstances, private health information will be released including but not limited to, the client's name, the services provided, and the amount due. By receiving services at Bright Light Counseling Center, you agree to this policy.

Contacting Your Clinician

Your clinician will not be available at all times, including by phone, email, and text messaging. You may leave a message using your preferred communication method and your clinician will make every effort to return your message within 24 hours, with the exception of weekends and holidays. If you leave a message on a Saturday or a Sunday, your clinician may not be able to return your call until Monday. If you are unable to reach your clinician and feel that you cannot wait for a return call, contact your family physician or the nearest emergency room and ask for the mental health provider or psychiatrist on call. If your clinician will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary. Please feel free to discuss with your clinician his/her availability and if you think this will be a problem, you will be provided referrals for other clinicians who may better meet your needs.

Client Portal

Communication via our TheraNest client portal is confidential and secure, meeting the HIPPA requirements for transmission of private health information of all kinds. We ask that you send any emails, including the attachment of any documents, through your client portal.

Email and Text

Should you prefer to communicate using non-HIPPA compliant/non-secure email communication and text messaging, please review, sign, and submit the Electronic Communications Consent Form that follows.

Emergencies

If you have a behavioral or emotional crisis and cannot reach your clinician immediately by telephone, you should go to your local hospital emergency room. If you are experiencing what may be a life-threatening emergency, feeling suicidal, or homicidal, do not call your clinician first, instead call 9-1-1 or go to your nearest hospital emergency room. If there is an emergency and your clinician becomes concerned about your personal safety, he/she may need to contact someone close to you—perhaps a relative, spouse, or close friend. He/she may also need to contact this person, or the authorities, if he/she becomes concerned about you harming someone else, especially children or elderly.

What to Expect from Our Relationship

As a professional, your clinician will use their best knowledge and skills to help you. This includes following the standards of your clinician's professional organization. This puts limits on the relationship between a therapist and a client, and your clinician will abide by these.

First, your clinician is licensed and trained to practice psychology—not law, medicine, finance, or any other profession. Your clinician is unable to give you good advice from these other professional viewpoints.

Second, state laws and the rules of your clinician's professional organization require that your clinician keep what you discuss in session confidential (that is, just between you and your therapist). You can trust your clinician not to tell anyone else what you say, except in certain limited situations. This is explained in the "About Confidentiality" section of this handout.

Third, in an effort to maintain your privacy, if you meet on the street or socially, your clinician may not say hello or talk to you unless you initiate contact; this is not a negative personal reaction to you; instead, your clinician is trying to maintain your confidentiality. If you choose to say hello or greet your clinician that is your choice and he/she will let you make the first move towards acknowledging him/her outside of your therapy sessions. Also, your clinician can only be your therapist. He/she cannot have any other role in your life. He/she cannot, now or ever, be a close friend to or socialize. Your clinician cannot be a therapist to someone who is already a friend. Your clinician cannot have business relationships with any clients, other than the therapy relationship. Even if you might invite your clinician, he/she will not attend your family gatherings, such as parties or weddings. In order to preserve the nature of the therapeutic relationship between you and your clinician, your clinician will not seek out clients on social media sites, nor accept requests on their own personal social media pages.

No Court Testimony

If you ever become involved in a divorce or custody dispute, or any other legal matter, Bright Light Counseling Center will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

Confidentiality and Privacy

About Confidentiality

Bright Light Counseling Center treats with great care all the information you share. It is your legal right that your sessions and records about you are kept private. That is why your clinician asks you to sign a “release-of-records” form before he/she can talk about you or send records about you to anyone else. In general, your clinician will tell no one what you share. Your clinician will not even reveal that you are receiving treatment. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by federal and state laws and by the rules of your clinician’s profession.

Insurance and Your Information

If you use your health insurance to pay a part of your clinician’s fees, insurance companies require some information about your therapy. Bright Light Counseling Center must provide to your insurance company demographic information, dates of service, services provided, and diagnostic information. Insurers may ask for information about you and your symptoms, as well as a detailed treatment plan periodically throughout the treatment to continue coverage of services. Please understand that Bright Light Counseling Center has no control over how these records are handled once shared with the insurance company.

Legal Limitations to Confidentiality

You have the right to ask that your information not be shared with family members or others, and your clinician can agree to that limitation. If you are a minor, there may be some information your clinician needs to share with your parents or guardians but he/she will discuss those matters with you before he/she talks with your parents or guardians. You can also tell your clinician if you want him/her 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 inform your clinician so that arrangements can be made. You have the right to keep what you tell your clinician private. Generally, no one will learn of our work without your written permission. There are some situations in which your clinician is required by law to reveal some of the things you disclose, even without your permission. Here are some of these situations:

1. If you seriously threaten or act in a way that is very likely to harm yourself, your clinician may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, your clinician will fully discuss the situation with you before he/she does anything, unless there is a very strong reason not to.
2. If your clinician comes to believe that you are threatening serious harm to another person, he/she is required to try to protect that person. He/she may have to tell the person and the police, or perhaps try to have you put in a hospital.

3. If your clinician believes or suspects that you are abusing a child or an elderly person, he/she must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. Bright Light Counseling Center does not have any legal power to investigate the situation to find out all the facts. The state agency will investigate.
4. In an emergency where your life or health is in danger, and your clinician cannot get your consent, he/she may give another professional some information to protect your life. He/she will try to get your permission first, and she/she will discuss this with you as soon as possible afterwards.
5. If a court orders/subpoenas me to testify about you, I must do so.
6. If I am testing or treating you under a court order, I must report my findings to the court.

Professional Consultation

There are two situations in which your clinician might talk about part of your case with another therapist. Bright Light Counseling Center asks now for your understanding and agreement to let your therapist do so in these two situations.

First, when your clinician is away from the office for a few days, he/she has a trusted fellow therapist “cover” for him/her. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as your clinician is in order to protect your confidentiality.

Second, your clinician sometimes consults other therapists or other professionals about clients. This helps to provide high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some identifying information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

For the purposes consultation or supervision, your clinician may want to make audio or video recordings of sessions. These recordings may be reviewed with consultants to assist with your treatment. Your clinician will ask your permission to make any recording. Your clinician promises to destroy each recording as soon as he/she no longer needs it, or, at the latest, when your case records are destroyed. You can refuse to allow this recording, or can insist that the recording be edited.

Except for situations like those described above, Bright Light Counseling Center staff will always maintain your privacy. Bright Light Counseling Center asks you not to disclose the name or identity of any other client being seen in this office.

Bright Light Counseling Center staff makes every effort to keep the names and records of clients private. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, your clinician will discuss it with you. If you agree to share these records, you will need to sign the Release and Request for Information form. This form states exactly what information is to be shared, with whom, and why, and it also sets time

limits. You may find this form on our website to review at any time. If you have questions, please ask your clinician.

Our Agreement

Please read all of the following information and check the appropriate boxes before going forward. Checking these boxes indicates that you acknowledge and consent to all statements therein.

I, the client (or his or her parent or 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 of the subjects discussed in this handout, I can talk with my Bright Light Counseling Center clinician about them, and they will do their best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my clinician before ending therapy.

I understand that no specific promises have been made to me by Bright Light Counseling Center 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 handout. 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 handout. I hereby agree to enter into therapy with this clinician (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
- Other person authorized to act on behalf of the client: specify _____