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Policies and Procedures and Consent for Treatment

Welcome to my practice. During our work together, my goal is that your counseling experience provides you with the self-awareness and skills to create a satisfying, successful, life. I strive to provide a personal, confidential environment to facilitate the changes you hope to make in your life. It is important that you are knowledgeable about how our relationship will work most effectively. Please take a few minutes to review the following information. If you have any questions, or are unclear on any point, please discuss it with me.

I am a Florida State Licensed Psychotherapist (SW4214), with a Masters in Clinical Social Work. I have over twenty years of experience conducting psychotherapy, and counseling for individuals, couples, and groups. In addition, I am certified in EMDR (Eye Movement Desensitization & Reprocessing), and trained in Emotionally Focused Couples Therapy, Clinical Hypnosis, Personal Coaching, Body-Centered Psychotherapy, and Conscious Relationship Training. I am a member of EMDRIA (EMDR International Association, ICEEFT (International Center for Excellence in Emotionally Focused Therapy), and The National Association of Social Workers (NASW). I abide by the NASW code of ethics, and will provide a copy of these ethical guidelines upon request. Initial sessions are for the purpose of assessment and evaluation.

My belief is that psychotherapy is a partnership, a cooperative effort between you the client, and myself.. Your ability to benefit from treatment is dependent upon your willingness to honestly discuss your thoughts, feelings, and behaviors, to examine how these may be contributing to your difficulties, and your motivation to make necessary changes. At times, this may be an uncomfortable process that will need to proceed at a pace that is comfortable and safe for you. Approaching thoughts and feelings that you have tried not to think about may be painful. Making changes in your beliefs and behaviors can feel confusing, and may be frightening. It could effect or disrupt some relationships with significant others in your life. It is important that you give careful consideration whether these risks are worth the benefits to you. Most people, who decide to proceed, find that this work is helpful. However, *a personal commitment to this process is essential.* I will do what I can to help minimize the risks and maximize the positive outcomes for you. This may entail asking you to carry out assignments or specific activities between sessions, bringing in other family members, or seeing your physician for a physical. You have the right to refuse anything that I suggest without being penalized in any way.

If a medical concern is part of the reason for seeking psychotherapy, please be aware that I am not a medical doctor. Although we may discuss your condition and your use of medical interventions, my comments are not intended to replace the recommendations of your physician. To clarify any potential misunderstandings, please review with me anything that seems contradictory. Please know that you are always advised to follow your physician's instructions until you discuss possible revisions with him or her.

Therapy is a relationship between people which works in part because of clearly defined boundaries, rights, and responsibilities held by each person. This helps to create the safety to take risks and the support to become empowered to change. As a client you have certain rights that are important for you to

know because this is your therapy. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I have the responsibility to inform you of these rights.

Confidentiality and Privacy Practices: The content of your sessions with me is confidential. I will not release any information about you without your written consent, unless otherwise required by law. State law mandates that confidentiality be broken in specific situations. I will normally inform you of my intent to do so. These include:

1. If you indicate that there is abuse or neglect of children or elderly relatives.
2. If you threaten, or pose a danger, to yourself or others.The courts can overrule your right to confidentiality and require me to submit records of your treatment with a court order.
3. Insurance carriers may require oral or written information as a condition of your reimbursement. Choosing to pay privately greatly increases the confidentiality of your counseling experience.
4. If you were referred to me by another health professional, I will notify that individual of your contact with me, unless you instruct me to do otherwise.
5. On occasion, I also consult with other treatment providers when necessary in order to provide you with optimal services. If this occurs, I will do so without identifying you personally. If you have any objections about me doing so, please notify me about your concerns.

Records and Release of Records:
I will keep a written record of your therapy for seven years in my office. Your entire file is confidential and will be maintained for seven years following termination of therapy as required by law. If requested in writing, information in any part of your record can be released to you, or to a person or agency you designate. I will tell you at the time whether or not in my professional judgment disclosing the records could be harmful to you. Florida law does allow me to send a report of therapy in lieu of the full record if I believe that is necessary and beneficial to you. I cannot release records to a third party unless every person that has taken part in the session(s) agrees to sign the release. It is helpful for you to understand how your records and privacy is maintained.

Financial Arrangements and Insurance:
Payments for services are due at the time of service. My fee for a 50 minute session ("clinical hour") is as follows: individual sessions: $125; couple sessions $150; individual assessment for couples therapy, $150.
Sometimes, the client or I may find it helpful to plan for a longer session; fees are adjusted accordingly. Every year, I re-evaluate my budget and fee structure. Factors such as overhead expenses and continuing education expenses may necessitate a change in my fee structure. You will be notified in writing and in session 4 weeks in advance of any change to my fees. Fees are payable at the beginning of each session. Cash, check or credit cards are accepted. Please make checks out to **Marina Lombardo, LCSW.**

If you choose to use insurance, please realize that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. I must emphasize that your mental health provider, my relationship is with you, not your insurance company.
3. My sessions are fee-for-service, and I do not accept insurance reimbursement. If your insurance provides coverage for psychotherapy, I can provide documentation so that your insurance carrier can reimburse you. I will provide you, the client, with a "Superbill: which includes dates of service, mental health diagnosis, CPT code (type of service) and my credentials. This form is then submitted by you to the insurance company when seeking reimbursement. The insurance company will make the final decision as to what services are to be reimbursed.

4. If you insurance carrier contact me for any reason, I may need to provide them with identifying information or records in order for you to secure payment. Be aware that any diagnosis given to you insurance company will become part of your permanent medical records, which could influence your future insurability, or pose risks to you confidentiality and privacy. You are able to avoid this exposure by paying privately as no diagnosis is forwarded to anyone without your written permission.

Collections: If you incur a debit and refuse to pay, I reserve the right to give your name and the amount owed to a collection agency. This is generally initiated if no payment has been made on your account after 90 days.

You are responsible for any costs incurred should collection proceedings be required. Returned checks will be subject to a $10. service charge.

Appointments and Cancellations: My services are by appointment only, and as much as possible, are set at a convenient time for you. The length of the appointment is 50 minutes, allowing 10 minutes for the hourly charges for preparation and record keeping. Because the appointment is reserved for you, **no shows and non-emergency cancellations will be charged the full fee if 24 hours notice is not given.** If your appointment is on a Monday, please leave a message on my answering machine as late as 7 p.m. Sunday evening if you need to cancel. A missed session must be paid for prior to rescheduling.
Please be aware that insurance carriers do not reimburse charges for missed appointments. If you know in advance that you will be away, please reschedule your session as soon as possible.
I have read the cancellation policy notice.
Client Signature(s) _____ Date _____

_____

Messages and Emergency Situations: You will notice that I do not accept calls while in session. During those times, or when I am out of the office, messages can be left on my confidential voice mail. I will make every effort to return your call later that day. If your call is urgent, please make note of that in your message. If you are calling on an evening, or over the weekend, and you need to speak to someone immediately, and cannot wait for a return phone call, please leave me a message and then dial **211 or (407) 425 2624** to reach a crisis and emergency hotline. You can also go to the nearest emergency room, contact your insurance carrier for further information, or call the police at 911 for immediate assistance.

Out of Sessions Communication: You may find it necessary to occasionally ask for a consult on the phone. I reserve the right to bill for these services if it is a lengthy call or occurs frequently. From time to time, I may need to call or post mail you information. I would like your written permission to receive these forms of communication from me. Please **initial the methods of communication** you authorize. In an effort to maintain your privacy, e-mail contact between therapist and client is discouraged by HIPPA rules.

Please initial: Phone _____ _____ Postal _____ _____ Email _____

In addition, your permission is required to leave a message at your home/work with someone other than yourself.
Marina Lombardo has permission to leave a message with my:

Please circle: spouse relative friend answering machine work/voice mail email

His/Her Name and telephone number _____

His/Her Name and telephone number _____
Your signature _____

According to ethical guidelines, all social medial exchanges between Marina Lombardo and clients(s) are prohibited.

Changes during therapy:
After therapy begins and I have completed compiling your history, it is important to share with me changes in any of the following areas:

Medications your are prescribed or herbal remedies you choose to take
Your physical health, such as significant weight changes or serious illness
Address, phone, employment

Please feel free to discuss any questions or concerns with me.

Your signature(s) indicates that you have read and agree to the above policies and give your consent for me to do counseling/psychotherapy with you/you and your spouse. It is necessary that each adult requesting treatment sign below indicating an understanding and agreement.

Authorization for Treatment: This is to certify that I have read the above information, and that I consent to psychotherapy/counseling treatment.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
(Minor) age 15 and over Date

Please bring this entire form to your first session to be included in your chart. Marina will be happy to make a copy for you to keep if you desire. HIPPA requires that a completed copy be maintained in your chart acknowledging that you are giving your consent to participate in therapy and that you have seen my office policies.

Would you like to receive my quarterly newsletter? _____Yes _____No
Email Address(s):_____
_____