



3618 Silverside Rd ~ Wilmington, DE 19810
(888) 440-2712 ~ www.goodfruitexpressivearts.com

Policies and Payment Agreement for Expressive Arts and Psychotherapy Services

Expressive Arts and Psychotherapy

Psychotherapy can lead to a number of benefits to you, including improving social relationships and resolving specific concerns that led you to therapy. Working toward these benefits, however, requires effort on your part: your active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. Remembering or talking about unpleasant events, feelings, or thoughts can lead to your experiencing discomfort or strong feelings of anger, sadness, worry, anxiety, etc. The therapist 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 upset, angry, depressed, challenged, or disappointed. You may be asked to embody experiences through movement, utilize art media, or implement writing and storytelling. Attempting to resolve issues that brought you into therapy in the first place, such as personal or social relationships, may require changes that were not originally contemplated. Therapy may lead to decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member may be viewed quite differently by another family member. Change is sometimes easy and swift, and other times slower or frustrating. There is no guarantee that psychotherapy will yield positive or intended results. The therapist will ask for your feedback and views on your treatment, its progress, and other aspects of the therapy and will expect you to answer honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During the treatment, the therapist is likely to draw on various psychological approaches such as humanistic, existential, transpersonal, cognitive, psychodynamic, psychoeducational or creative arts therapy (dance/movement, art, music, expressive writing).

Discussion of Treatment Plan

Within a reasonable period of time after initiation of treatment, the therapist will discuss with you the working understanding of the problem, treatment plan, therapeutic objectives, and views of possible outcomes of treatment. If you have any unanswered questions about the approaches or techniques used, please ask and your questions will be answered.

Emergencies

If there is an emergency during your therapy, if there is a concern about your personal safety, the possibility of your injuring someone else, or about your receiving proper psychiatric care, the therapist will do whatever necessary within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, the person whose name you have provided on the Client Information sheet may be contacted.

Telephone and Emergency Procedures

If you need to contact the therapist between sessions, please leave a message on the voicemail (888/440-2712). If the therapist is out of town, alternative arrangements will be made. If an emergency arises, please indicate it clearly on your message. If you need to talk to someone right away, you may call the 24-hour mental health crisis line at 302/577-2484 or call the police at 911.

Length of Treatment

Counseling and psychotherapy may be conducted for short-term and medium-term courses of treatment. If it becomes apparent that your needs extend beyond this time frame, this matter will be discussed and an appropriate solution will be sought.

Termination

It is the intention to respond to your request for treatment and help you progress toward the goals that were agreed on at the initiation of treatment. When these goals have been met, some clients make the decision to terminate the psychotherapy. Your readiness for this step will be discussed, and a request that at least one full session be held after you state your desire to terminate therapy. The longer the therapy has continued, the longer the termination phase is usually expected to be and may amount to several sessions, or more. Other clients, having met their initial goals, find that the therapy has been useful and wish to reexamine their goals, possibly extending therapy to encompass issues that may not have been the initial focus. This re-contracting process will be discussed and, if there are mutually agreed upon new goals, therapy can continue.

There are other occasions when a client wishes to transfer to a different therapist before goals have been met. Any dissatisfaction with treatment will be discussed with you and if it is requested, you will be assisted in locating another therapist. You or your therapist have the right to terminate therapy at any time. If it is determined that termination is appropriate, sufficient notice will be given and assistance provided in locating a qualified professional. Two no-show/unexcused appointments may result in termination.

Your Right to Review Records

You have the right to review or receive a summary of the records that are kept on you at any time, except in limited legal or emergency circumstances or if it is assessed that releasing such information might be harmful in any way. In such a case, the records will be provided to an appropriate legitimate health professional of your choice. Considering the above exclusions, if it is still appropriate, on your request information will be released to any agency or person that you specify.

Consultation with Other Professionals

Therapists may consult regularly with other professionals regarding clients for their own supervision and accountability. The client's name and identifying information are never mentioned. Confidentiality is fully maintained.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without the client's written permission, except when disclosure is required by law.

When Disclosure is Required by Law

When there is a reasonable suspicion of child, dependent, or elder abuse or neglect, or when a client presents a danger to self, others, property, or is gravely disabled, psychotherapists are required to notify authorities.

When Disclosure May Be Required

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of the therapist. In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family members. The therapist will use clinical judgment when revealing such information. The therapist will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment. You may request that the therapist consult with another health care professional about your treatment, such as a psychiatrist, by giving written permission.

Health Insurance and Confidentiality of Records

If you decide to make use of medical insurance coverage that you may have, disclosure of confidential information may be required in order to process the claims. If your insurance is not accepted, payment is expected upfront and making such claims for reimbursement is your responsibility. Upon request, you will be provided with an invoice which you may use to submit claims. The therapist has no knowledge or control over what insurance companies do with the information or who has access to that information. You should be aware that submitting a mental health claim carries certain amount of risk to confidentiality, privacy, or future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into big insurance companies' computers and may also be entered in the National Medical Data Bank. Accessibility to insurance companies' computers or to the National Medical Data Bank is always in question as computers are inherently vulnerable to break-in and unauthorized access.

Payment

Your fee will be set on or before your first session. You are required to have a credit card on file as a backup form of payment for incidentals. If you are in therapy for more than one year, there may be a small annual increase. If you receive a discount based on your income, you are expected to renegotiate it when your circumstances change. Clients are expected to pay the agreed fee at the beginning of each session. Telephone, video or e-mail sessions, report writing and reading, or other services requested will be billed at the same rate, unless agreed otherwise. Clients who make use of insurance or other benefits should remember that submitting claims for reimbursement carries a risk that confidentiality may not be fully protected. Not all issues that may become the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Please notify the office if a problem arises during the course of treatment regarding your ability to make timely payment. If a check of yours bounces, the returned check fee of the bank plus \$5 will be charged to the credit card that you have on file. If you fall behind in payment and it has not been arranged in advance, a late fee of 10% per month will be assessed. Delinquent accounts are subject to be sent to collections.

Cancellations

When an appointment time is agreed on, that time will be reserved for you. If you need to cancel or change the appointment time, a minimum of 24 hours notice is required. Sessions missed without such notification are charged at full fee to the credit card that you have on file. Note that most insurance companies do not reimburse for missed sessions so this will be your responsibility.

I HAVE READ THE ABOVE POLICIES AND PAYMENT AGREEMENT CAREFULLY. I UNDERSTAND THEM AND AGREE TO COMPLY WITH THEM.

Client name (print)

Date

Signature



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Billing and Payment Agreement

Client Name _____ DOB _____

Address _____

City/State/Zip _____

Home phone _____ Mobile phone _____

Email _____

Employer _____

Address _____

City/State/Zip _____

Work phone _____

Person responsible for payment _____

Address _____

Insurance Carrier & Member # _____

Credit/Debit Card # _____ Exp. _____ CVV _____

Terms of Payment

Payment is expected at the time of each visit, unless otherwise arranged in advance. **24-hour notice** is required for cancellation or change of hour; otherwise the session will be billed at the regular fee. The listed credit card will be billed for missed appointments, bounced checks, and insurance claim denials. Two no-show/unexcused appointments may result in termination. No exceptions are made.

Client Signature _____

Date _____