

# Consent to Treatment

## Psychotherapy Information Disclosure Statement

This document contains important information about the professional services and financial and business policies of Women's Health and Family Therapy, PLLC. It is required to review this document before services begin. Please read it carefully and ask for clarification as needed. When you sign this document, it will represent an agreement between you and Women's Health and Family Therapy, PLLC (WHFT). It will reflect your consent to participate in an evaluation and to allow appropriate treatment to be provided by WHFT. You may withdraw your consent at any time by telephone, in person, or in writing.

## My Responsibilities to You as Your Therapist

### 1. Confidentiality

With the exception of certain specific conditions described below, you have the right to confidential therapy. WHFT will not tell anyone else what you have said in session, or even that you are in therapy without your prior written permission (except for limited exceptions described below). By law, WHFT may speak to another health care provider or a member of your family about you without your prior consent in certain circumstances. WHFT will act to protect your privacy even if you do complete a release in writing to share information about you. You may direct me to share information with whomever you choose, and any authorizations to share such information will be agreed to by signing the Authorization of Release of Behavioral Health and / or Medical Information Form. You may also change your mind and revoke that permission at any time by providing written notice.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA), which ensures the confidentiality of all transmission of medical information about you. Whenever WHFT transmits information about you (for example, mailing bills or faxing information), WHFT will take necessary steps to ensure that such information is communicated with confidentiality safeguards in place.

If you elect to communicate with WHFT by email during our work together, please beware that email is not completely confidential. All emails are retained in the logs of our internet providers and could potentially be accessed by third parties. While under normal circumstances no one looks at these logs, they are available to be read by the system administrator(s) of the internet service provider. Any email received from you, and any response sent, will be printed out and kept in your treatment record.

#### **The following are legal exceptions to your right to confidentiality:**

- A. If WHFT has good reason to believe that you will harm another person, WHFT must attempt to inform that person and warn them of your intentions. WHFT must also contact the police and ask them to protect your intended victim.
- B. If WHFT has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you provide information about someone else who is doing this, WHFT must inform Child Protective Services within 48 hours and Adult Protective Services immediately. WHFT is a mandated reporter by professional license.
- C. If WHFT believe that you are in imminent danger of harming yourself, WHFT may break confidentiality and call the police or the county crisis team, Lifeline, to intervene.
- D. In most legal proceedings, you have the right to prevent WHFT from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important concern, a judge may order testimony and / or written records if he / she determines that the issues require it.

#### **It is the practice policy of WHFT that you should be aware of the following if you elect to participate in family therapy or couples therapy:**

If you or any family member decides to have an individual session with WHFT as part of the family or couples therapy, what you say in those individual sessions will be considered to be a part of the family / couples therapy and may be discussed in that format. WHFT will not engage in secret-keeping from other family members, so please avoid disclosing anything during individual sessions that you wish to keep secret from another individual who is also involved in that therapy. WHFT will remind you of this policy before scheduling such individual sessions.

### 2. Recordkeeping and Collaboration

WHFT keeps very brief records, noting only that you have been here, what interventions happened in session, your mental status and the topics we discussed. By law, you have the right to a copy of your file at any time. You have the right to request that WHFT make a copy of your file available to any other health care provider at your written request. WHFT maintains your records in a secure location that cannot be accessed by anyone else.

When collaborating with other health professionals, WHFT makes judicious decisions about what information is important to share with respect to the purpose of the collaboration. WHFT will err on the conservative side when disclosing information, since your maintaining your privacy is key. Prior to collaborating, WHFT will consult you to discuss the purpose of the collaboration and the details of which you are authorizing me to share. At times, WHFT may give you feedback encouraging you to share more or less

with another provider if it is important to your overall health and wellbeing. You will make the final decision about what is shared, however (except in the event of an emergency, as described above in *legal exceptions to your rights to confidentiality*).

### 3. Diagnosis

Since WHFT does not accept insurance, diagnoses are not mandatory for your treatment. However, at times it is useful to use diagnoses as a short hand description of a particular set of symptoms. Diagnoses are also used to inform treatment interventions, when collaborating with other health care providers and when considering psychotropic medications. All diagnoses are made according to the Diagnostic and Statistical Manual for Mental Disorders, fourth edition, revised (DSM-IVR). You have a right to know your diagnosis. A copy of the DSM-IVR is available for review on site and WHFT will discuss your diagnosis with you upon request.

### 4. Other Rights and Therapy Logistics

You have the right to ask questions about your therapy. WHFT is willing to discuss how and why treatment decisions are made and WHFT is available to consider alternatives in treatment that might work better for you if you request this. You can feel free to ask WHFT to try something that you think will be helpful. You can ask WHFT about previous experience and/or training for working with your concerns. You can request a referral to another mental health professional if you decide I'm not the therapist for you. You are free to leave therapy at any time by notifying WHFT of your intent.

#### **Professional Background and Approach to Therapy**

Kristie Jewitt, MS, LMFT holds a Master's degree in Marriage and Family Therapy earned in 2003 at the University of Rochester School of Medicine and Dentistry. With this degree, Ms. Jewitt's scope of competence includes treating individuals, couples and families presenting with a wide range of mental health concerns including depression, anxiety, post traumatic stress disorder, bipolar disorder, panic disorder and grief. Ms. Jewitt has specific training and experience in treating couples and families for a wide range of relational concerns. She has post degree training and supervision in Dialectical Behavioral Therapy, a treatment protocol designed specifically for Borderline Personality Disorder. Kristie Jewitt, MS, LMFT has extensive post degree training and supervision in women's health topics (infertility, postpartum depression, pregnancy loss, terminations, chronic pelvic pain, polycystic ovarian syndrome, enuresis, premenstrual dysphoric disorder, fetal anomalies, assisted reproductive techniques used with single woman and gay or lesbian couples).

With a background in marriage and family therapy, Ms. Jewitt tends to use family of origin assessment interventions, family systems techniques, insight-oriented therapy and narrative therapy methods the most. She also frequently employ the methods of dialectical behavioral therapy, cognitive-behavioral therapy, interpersonal therapy, and motivational interviewing techniques.

Therapy can have risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Although the aim of therapy is to ultimately feel good and function better than the state that led you to seek services, you may experience an initial decline from current functioning levels. Change may be difficult and uncomfortable at times. On the the other hand, psychotherapy has been shown to have benefits for people who go through it. Therapy often leads to solutions to specific problems, better relationships, better understanding of self, and significant reduction of feelings of distress. Therapy involves a commitment of time, money, and energy and calls for an active effort on your part. In order for therapy to be successful, you will need to work on things in both our sessions and at home. Although there is no guarantee that treatment goals will be met, WHFT will apply professional resources and good faith to help you reach them.

Our first few psychotherapy sessions, typically 1-3, will consist of the assessment phase of therapy. Once the assessment is complete, WHFT will provide you with feedback and share my impressions, making recommendations for the treatment. WHFT will give you a general idea of what our work would include. If you have any questions about these recommendations, please do not hesitate to ask me. Assuming that you consent to continued treatment, we will then move into the active or mid phase of treatment in which WHFT will employ a variety of the treatment approaches and interventions alluded to in the aforementioned paragraph to meet your treatment goals. Once treatment goals are met, functioning improves, symptoms decrease and / or you decide to discontinue treatment, a termination session is planned. A termination session is useful to review the progress made in treatment, discuss strategies to avoid relapse and provide formal closure on our professional relationship. At times, however, clients prefer to leave the therapy open-ended, should they need more support in the future. This is also an acceptable course of treatment.

#### **Clinical Coverage**

WHFT may be closed at times during the year for professional conferences or vacation. WHFT will inform you in advance of these anticipated circumstances. If WHFT is not taking and responding to phone calls and messages during that time, WHFT will have another clinician cover the practice and provide you with his or her name and phone number. They will be available for clinical emergencies, but not routine therapy.

#### **Phone Contact and Email Contact**

Often, WHFT is not immediately available by phone and you may be required to leave a voicemail message of which will be returned at the earliest opportunity, but no later than the end of the business day. WHFT does not typically interrupt therapy sessions to take phone calls. Please note, that business days currently include Wednesday, Thursday, and Saturday. If you have an urgent concern on a day other than those when WHFT is closed, you will be directed to use the answering service. The answering service will contact WHFT directly and relay your message. You can reach the answering service by calling the office phone number. There, the answering service phone number is provided for you.

WHFT welcomes email contact and the best email address to use is [info@kristiejewitt.com](mailto:info@kristiejewitt.com). Please be aware that email is not the most confidential method of communication, as it cannot be guaranteed that your communication is secure in transit especially if sending it from a non-secure server or a public or shared computer. Email communication has been likened to sending a postcard through the mail. Please note, if you choose to use email, WHFT may consider your email clinically relevant and print it out to add to your chart. Email is checked at least once daily, except on major holidays. **Email is not an effective way to communicate an emergency or request urgent assistance, since it may be hours before the email is read.** Please contact 911, Lifeline, or the Answering Service instead.

**In an Emergency**

If you believe that you cannot maintain your safety for any reason, please call 911 or go to the nearest hospital or an emergency room for assistance. Lifeline is also available to Monroe County residents in the event of psychiatric emergency. Lifeline can be accessed by calling 275-5151.

## Your Responsibilities as a Therapy Client

**Cancellation of Sessions**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45-50 minutes. If you are late, you are welcome to use the remainder of the session, however we will end on time and not run into the session of the next client. If you miss a session without canceling, or if you cancel with less than 24 hours notice, you will be charged for that session. The only exception to this cancellation policy is if you would endanger yourself by attempting to come (e.g. if the roads are too icy to drive) or if you or someone you are a caregiver for has fallen ill.

**Payment for Services**

You are responsible for paying for your therapy session at the end of each visit when the service has been rendered. The fee for the initial session (55-60 minutes) is \$175. The fee for subsequent therapy sessions (45-50 minutes) is \$110. If we decide to meet for a longer session, WHFT will charge you a prorated price based on the hourly fee. Phone calls of less than 15 minutes are complimentary. However, if more than 15 minutes is spent during the week on the phone, if you leave more than 15 minutes of phone messages per week, and / or if WHFT spends more than 15 minutes reading and responding to emails from you during the week, WHFT will bill you \$30 for each 15 minute increment that is spent corresponding.

If you plan to use a flexible spending account, health care savings savings account, or other tax advantage program to reimburse your costs for therapy be sure to inform WHFT at our initial session. WHFT will be sure to provide you with documentation of the services you received for submission to your insurance carrier.

**Concurrent Treatment**

Many times clients prefer concurrent therapy and psychopharmacological (medication) services because of noticeable improvement in mood and / or functioning in a timely manner. If WHFT is treating you for therapy and you also choose to see another provider whom prescribes you psychotropic medication (any medication that aids your mood or sleep) you will be asked to complete a release of information so WHFT can collaborate with that provider. It is inadvisable to see two different practitioners at the same time for mental health concerns without ongoing collaboration.

**Complaints**

If you are unhappy with progress in therapy, WHFT requests that you talk about it. WHFT can respond to your concerns. WHFT takes such criticism seriously, and with care and respect. If after discussing your concerns, you are still dissatisfied WHFT would be happy to utilize professional resources and refer you to another therapist if you so desired. If you believe that WHFT has behaved unethically, you can contact the licensing board of the New York State Department of Education or the American Association of Marriage and Family Therapists.

## Client Consent to Treatment

I have read this Psychotherapy Information Disclosure Statement, have had sufficient time to consider it carefully, asked any questions that I needed to, and have had my questions answered. I understand the information contained in this Disclosure Statement and agree to its terms, including the limits to confidentiality. I consent to be treated by Women's Health and Family Therapy, PLLC. I agree to pay a fee of \$175 for the initial session, and \$110 for each subsequent session. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Women's Health and Family Therapy, PLLC.

**Signature of Client or Guardian (if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_