

OFFICE POLICIES AND AGREEMENTS

WELCOME TO MY PRACTICE

Please read and sign this office policy and agreement statement. It intended to support our work together and minimize interruptions in your therapy as well as describe the commitment we both make to your process. For a more complete description of the methods and theoretical approaches I employ, please refer to the "Information Brochure" on my website: www.nancydagenhart.com Please let me know if you have any questions regarding the information so that we may discuss it.

BENEFITS, RISKS AND ALTERNATIVES TO TREATMENT

Most people benefit from psychotherapy. Success can vary depending on particular problems and the uniqueness of each person. Self-exploration, gaining understanding, finding ways of working with your inner life, dealing with challenges, and learning new skills are helpful and contribute to change.

During the course of therapy, you may experience uncomfortable feelings such as sadness, guilt, anxiety, frustration, or helplessness. Learning to stay with these feeling and find a healthier relationship to them can lead to change and growth.

Many people make important decisions in the course of therapy. Although these decisions may be beneficial to you, they may create difficulty for someone with whom you have a close relationship.

Although there is no guarantee of a specific outcome to your therapy, your commitment to a weekly session will help deepen and optimize the benefits of our work together.

CONFIDENTIALITY

All information you discuss about yourself during the course of therapy is kept strictly confidential. I will not release any information without your specific consent, except where I am legally or ethically bound:

- If you express homicidal threats which I believe could be acted upon
- If you disclose abusive or neglectful actions you have taken towards a minor under 18 years of age or an elderly person over 65 years old.
- If you lead me to believe you are actively suicidal, at which time I would intervene by contacting family or support persons, or the necessary protective services personnel.

On occasion, I may find it helpful or necessary to consult with other professionals regarding the work we are doing together. In these circumstances, laws of confidentiality also legally bind such consultations.

PHONE CONTACT

During times when I am in session, out of the office, or on the phone, my voice mail will take your message. I check for messages at least 3 times a day on weekdays and twice a day on weekends. This means I may not get back to you for a number of hours after you have left a message. If there should be a time when you are in crises and unable to wait for my return call, please call the crisis line (499-1100).

I generally make myself available between regular sessions for very brief phone contact. However, longer phone calls (over 10 minutes) will be charged on a pro-rated basis.

SESSIONS AND FEES

I generally schedule weekly 50 minute sessions. If you prefer a longer session or are scheduling a couples session, I offer a 1.5 session (which is 75 minutes) or a 2.0 session (100 minutes).

You and I have agreed to your fee of \$___ for each **50** minute session. You will arrange your own insurance reimbursement, if appropriate. You will be responsible for paying bank charges for any returned checks.

I generally raise fees by \$5 at the beginning of the year. If you request an adjusted fee, please be prepared to discuss your financial situation with me.

I am not to be called into court to testify. If I am summoned, my fee is \$1800.00 per day.

CANCELLATIONS

You and I have agreed to a particular appointment time, which I hold for you whether you come or not. It is your responsibility to keep this appointment. If you must change or cancel an appointment, 48 hours advance notice is required in order to not be charged.. In the event of an emergency cancellation, I will attempt to reschedule you if possible. Missed appointments will be charged at your regular fee for the times reserved for your session.

I have read and agreed to these office policies:

Signature: _____ Date:

Printed Name: _____ Date of Birth:

Address: _____

Phones: Home _____ Cell: _____ Work:

Please give me your email address if you are comfortable with email contact:

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

Phones: Home _____ Cell: _____ Work: _____

Please give me your email address if you are comfortable with email contact:
