

Alyza Berman, LCSW
Treatment Contract
Parental Informed Consent and Administrative Policies

Welcome. The following information is meant to inform you about my policies and my understanding of our professional relationship. Therapy is a relationship that requires open communication. If you have any questions about these or any other aspects of your psychotherapy, please feel free to bring them up at any time.

Professional Background and Philosophy:

I am a Licensed Clinical Social Worker. I have a Master's degree in Social Work from the University of Pennsylvania. I believe that all individuals have the capacity to thrive. It is a privilege to work with you in helping you do so. It is impossible to guarantee specific results regarding therapy. However, we will work together to achieve the best possible results for you. It is essential that you are actively involved in setting your goals.

Fee:

My regular fee is \$175 per forty-fifty-minute psychotherapy session and \$225 per the initial assessment. My fees are the same for individuals, couples and families. I do not charge for brief phone calls, but do charge for longer calls (15 minutes or more.) Fees for these calls are due at the next appointment and are as follows: 15 minutes = \$30.00, 20 minutes = \$40.00, 30 minutes = \$60.00. If you are late for your appointment, that amount of time is deducted from our session. Payment is due in full at the time of service, unless prior arrangements have been made. At the end of each session, you will receive a receipt that you can submit to your insurance company for reimbursement. At this time, I am not associated with any insurance panels. I accept credit card (visa or mastercard), check, or cash. If you choose to pay by check, please note that there is a \$25 charge for any returned checks.

Fee Increase: You will be given 2 months advance notice if I increase my fees.

Cancellations:

If you cannot keep your appointment time, please give me **at least 24 hours notice** so that I can make the time available for others. **If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment.** I do not accept cancellations over the weekend for a Monday appointment. Cancellations must be made by 5pm on Friday. If you are going to be more than 15 minutes late for your appointment, please let me know by calling 404-694-0204. Please leave a message if you do not reach me directly. Otherwise, if you are more than 15 minutes late, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

Confidentiality & Exceptions:

It is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. As a general rule, I will keep the information your child shares with me in our sessions confidential, unless I have his/her written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your child's permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- Your child tells me he/she plans to cause serious harm or death to him/herself. In this situation, I will take steps to inform you of what your child has told me and how serious I believe this threat to be, and I must take the appropriate steps to protect your child from harming him/herself.
- Your child tells me he/she plans to cause serious harm or death to someone else. In this situation, I will inform you, and I must inform the person who your child intends to harm.
- Your child is doing things that could cause serious harm to him/herself or someone else, even if harm is not intended. In these situations, I will use my professional judgment to decide whether a parent or guardian should be informed.
- You or your child tells me he/she is being physically or sexually abused or that he/she has been abused in the past. In this situation, I am required by law to report the abuse to Child Protective Services.
- You or your child tells me of a situation involving the abuse of another minor or a senior adult, in which case I am required by law to report the abuse.
- Your child and I determine it is appropriate to involve a third party (e.g. a doctor) in her/his treatment and he/she provides me written permission to do so.
- I feel it is professionally appropriate, with your child's written permission, to discuss his/her care with another professional.
- Your child is involved in a court case and a request is made for information about his/her therapy. If this happens, I will not disclose information without your child's written agreement unless the court requires me to do so. I will do all I can within the law to protect your child's confidentiality, and if I am required to disclose information to the court, I will inform you and your child that this is happening.

Communication with a parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not share specific details about a child's therapy sessions with parents or guardians. This includes activities and behavior that you, as a parent/guardian may not approve of, but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether your child is in serious and immediate danger of being harmed. If I feel that he/she is in such danger, I will communicate this information to you.

It is my policy to provide you with ongoing general information about treatment status. I will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you.

Please review the Notice of Privacy Practices provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information. By signing this Administrative Policies sheet, you are acknowledging your receipt of the Notice of Privacy Practices.

Communication and Emergency Contact: I do my best to return phone calls within 24 hours; however, occasionally there are unavoidable delays. Also, routine calls received after 5pm on Thursday and on the weekends will be returned the next business day. If you need to speak with me immediately, please indicate so on my voice mail and I will make every effort to call you back as soon as I possibly can. In case of emergencies, dial 911.

Parent Signature:

Your signature indicates that you have reviewed and understand this document, have had all questions answered to your satisfaction, and agree to adhere to the policies. A copy for your records has also been received.

Parent Signature

Date