

Ishwari Sollohub, LPCC

PSYCHOTHERAPY INFORMATION AND POLICIES

This statement answers many of the questions frequently asked by people seeking psychotherapy services. To maximize the success of your work with me, and to prevent misunderstandings, please review the following policies and procedures before we begin working together.

Benefits: The benefits of psychotherapy can include personal and spiritual healing and growth; increased satisfaction in family, work, and other relationships; relief from uncomfortable symptoms; and solutions to current concerns. At all stages along the way, you are invited to consider what your priorities are and where you want to focus. In order to be successful, therapy requires a personal commitment. Generally, weekly sessions are recommended, allowing optimal time between sessions to practice new insights and activities. In certain cases, more or less frequent visits may be considered.

Expectations: I view the client/therapist relationship as one of collaboration. Together, we will explore issues and work toward improving your sense of well-being and your overall mental health. I will do my best to guide and assist you, and I expect that you will participate to the fullest extent of your ability. It is imperative that you come to sessions with a clear mind. If you are under the influence of any mind-altering substance, you will be asked to reschedule for another time, and the full fee will be charged. In the event that either of us determines that our collaboration is not being effective, we may decide to terminate therapy, with at least one week's notice in order to come to a healthy stopping point with any work underway.

Confidentiality: Information disclosed by you during therapy is held in strict confidence, with several notable exceptions. 1) State and Federal laws require me to suspend confidentiality if there is: a) an expressed intent to harm oneself or another; or b) significant suspicion of child or elder abuse. 2) Recognizing the benefit of second opinions, I may, at times, need to consult with a colleague or clinical supervisor. If this happens, your privacy and identity will be carefully protected. 3) If you request a release of information and sign a Release of Information form, I may release information to the party specified on the form, for a specified purpose (for example, a doctor's office, for purposes of consulting re medications).

Initials: _____ Date: _____

Communication, Texting, Email and Social Media: If you need to contact me in between sessions, please do so via phone (505) 231-1697. Email (ishwari@ishwari.org) or text may be used for limited administrative purposes, such as scheduling or sending invoices. Please do not email or text me content related to your therapy. I do not accept "friend" or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc). Communicating via electronic means may compromise your confidentiality and our therapeutic relationship.

Legal Proceedings: Due to the confidential nature of the therapeutic process, it is agreed that, in the event of legal proceedings (such as but not limited to divorce, custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone acting on your behalf, will call on me to testify in court or at any other proceedings, nor will a disclosure of psychotherapy records be requested. Upon your request, I will release a brief summary of your sessions, in the form of a treatment summary, to any agency or person you specify, unless releasing the information may be harmful in any way. Treatment summaries of couple or family therapy will require consent by all parties. You will be billed at the rate of \$90 per hour for my services in the preparation of a treatment summary, which may include telephone time.

Payment Policy: My fee for a one-hour psychotherapy session is \$90, plus gross receipts taxes. For sessions longer than one hour, additional time is prorated at the hourly rate. If you are unable to afford my fee, I offer a sliding scale, with the rate to be agreed upon in our initial session, as well as a “monthly plan.” Payment is expected at each session. I do not bill insurance companies, but am happy to provide you with invoices you can submit to your insurance company for possible reimbursement. I encourage you to check into insurance benefits to determine what reimbursement may be available.

Cancellations and Missed Appointments: An important element of therapy is continuity. It is therefore important to view our appointment times as a priority. Cancellations are discouraged for both therapeutic and scheduling reasons. Please note that late cancellations (less than 24 hours notice) and missed appointments will be charged in full.

Initials: _____ **Date:** _____

Questions and Concerns: If you have any questions or concerns, either about my credentials or my therapeutic practices, please feel free to discuss them with me at any time.

PLEASE READ THIS TWO-PAGE PSYCHOTHERAPY INFORMATION AND POLICIES STATEMENT THOROUGHLY. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS INFORMATION, PLEASE DISCUSS THEM WITH ME.

Thank you,

Ishwari Sollohub, LPCC

If the above information is clear and acceptable to you, please sign below.

Name: _____

Signature: _____ Date: _____