

# Sarah Stewart, Psy.D., PLLC

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*Licensed Psychologist*

## **INFORMATION TO CLIENTS**

I hope that the following information clarifies a number of important issues related to our work together and that it will help us to identify and discuss potential problems before they arise. Although some of these issues deal with potentially anxiety-provoking subjects, it is important that you consider them carefully and if any questions or concerns arise, please do not hesitate to bring them to my attention.

### **OFFICE HOURS AND AVAILABILITY:**

Therapy sessions are scheduled Mondays through Fridays. Individual and couple's therapy hours are 50 minutes in length, unless otherwise arranged in advance. EMDR (Eye Movement Desensitization and Reprocessing) sessions are 75 minutes in length.

Scheduled or unscheduled telephone calls of a therapeutic nature, report or letter preparation and writing, and attendance at meetings will be prorated and billed at the agreed upon hourly rate. Incidental phone contact is, of course, at no charge.

Under usual circumstances I will return phone calls within business hours. I check my answering machine on a daily basis. In the event that you experience what you consider to be an emergency, I will make every effort to return your call in a timely fashion. However, please note that I **do not check my answering machine after 6 p.m. Monday through Friday evenings and after 5 p.m. on weekends and holidays**. Since I may not receive your call until the next day, we may need to make specific plans for the possibility of an emergency. In general, you should contact the nearest hospital emergency room if necessary. During my vacations I will leave the name and telephone number of a covering therapist to contact in an emergency.

### **BILLING PROCEDURES:**

It is customary practice among psychologists to require a **48 hour notice of cancellation** to avoid your being billed in full for the session. The exceptions to this policy are situations involving natural disasters such as major snowstorms, a death in the family, or a serious illness. Any other exceptions would best be discussed and anticipated as much as possible beforehand to avoid any misunderstanding.

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I do not bill insurance companies or accept assignment on indemnity policies. I ask that you pay me in full and I will then fill out whatever paperwork is required for you to receive reimbursement from your insurance company on an out-of-network basis. If you plan to have me fill out insurance forms, please read the separate information I will give you on the recent legislation called HIPAA.

I prefer to be paid on a per session basis unless other arrangements are made at the outset of our work together. In the rare case when a bill remains outstanding, I will make every effort to arrive at a reasonable payment plan. If the commitment to such a plan is not followed through, I will use a collection agency or other legal measures available to collect all outstanding fees. It is my hope that this course of action will never be necessary. Prior to the end of each calendar year I will review your fee and possibly make an adjustment.

## CONFIDENTIALITY:

In general, the confidentiality of all communications between a licensed psychologist and a client is protected by law and I can release information about our work to others **only** with your written permission. However, there are a number of exceptions to this rule about which you should be informed.

1. Professional consultations: As is the general practice in my profession, I consult with professional colleagues to enhance the clinical services I provide. In these consultations I make every effort to ensure your confidentiality by presenting material in such a way that will not reveal your identity. Consultants are also legally bound to maintain confidentiality. Such confidentiality also pertains to therapists who provide office coverage during my vacations.
2. Collection of overdue accounts: The use of collection agencies or the court system would require that I disclose some information about my professional services. The information released in such a case would involve the client's name, dates and types of services rendered, amounts due and other relevant financial data.
3. Insurance reimbursement: You may be aware that insurance companies have the right to require a clinical diagnosis and occasionally a treatment plan or summary. In rare cases the company may require the entire record. This information thus becomes part of the insurance company records. If you are concerned about the policies of your insurance carrier, please check with them before authorizing me to complete their claim forms.
4. Situations involving potential harm to self or others: I am legally and ethically required to take action to protect specifically named others from threatened harm. However, should such a rare situation occur, I would make every effort to discuss fully such matters with you first, before taking any action.

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Similarly, if you threaten harm to yourself and we are unable to make a reasonable contract for safety, I am also legally and ethically required to take action to protect you and ensure your safety. Again, it always will be my intent to work with you to find agreed-upon solutions.

If I have reason to believe that a child under the age of 18 is suffering serious physical and/or emotional injury as a result of abuse or neglect, I must file a report with the appropriate state agency. The same is true if I learn that an elderly or disabled person under your care is suffering or dies as a result of abuse or neglect.

5. Legal proceedings: Although communications between a psychologist and a client are treated as confidential, there are times when a judge can order me to testify or reveal information. Examples include child custody and adoption cases, court ordered evaluations, malpractice and disciplinary proceedings, and cases in which the client has raised the issue of her or his mental health as part of a legal defense. Unless you grant written permission, I will refuse to provide any information unless required to do so by court order.

The laws of confidentiality are complex and are not exhaustively treated in this overview. Therefore, if your individual circumstances dictate a need to understand these laws more fully, I suggest you consult with an attorney.

## RECORDS:

You have a right to know what has been written about you and a right to a copy of any material in a formal record or report. I will share with you my thoughts regarding any aspect of our work together. In a case where the termination of our work together has already occurred, I might ask that you come in to discuss the content of written material requested. If I believe that the written material will have a serious negative impact if revealed, I might ask to forward the material to an appropriate person whom you designate.

## **Your Responsibilities**

If we contract to work together, I expect that you will attend sessions on a regular basis. Another essential piece of our working relationship is that we have an open and honest communication about all aspects of our work together. I understand that it often takes time for trust to develop in order to discuss certain concerns freely. I expect and welcome your

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feedback about what is useful and helpful and what you think might be changed for the better. You have the right to question any aspect of your experience with me and to obtain a consultation or second opinion at any time. The success of this process depends on it being a collaborative endeavor. Finally, I hope that you will end your psychotherapy at a time that we have agreed in advance with at least one termination session.

Goodbyes are an important part of this process.

Thank you for taking the time to read this important information and for considering the issues raised in a thoughtful fashion. Please sign and return the following page to me indicating that you have read and understand this material.

Dr. Sarah B. Stewart, PLLC

December 2004, revised

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## CLIENT SIGNATURE PAGE

**Please sign, date, and detach this page and return to me.**

I acknowledge the receipt of information describing the professional psychology practice of Dr. Sarah B. Stewart. I have read this material which includes specific information about the following topics: office hours, length of sessions, availability, emergency procedures, vacation coverage, cancellations, billing procedures and collection of fees, insurance reimbursement and HIPAA, confidentiality and its legal and professional exceptions, records, and other rights and expectations. I understand that this material offers an overview of information pertinent to my treatment but is not meant to be an exhaustive document and is not a substitute for legal consultation on specific matters summarized within.

Client Signature:

Date: