

Karen A. Kreitz, M.Ed., MSW, LCSW

526 South Avenue
Cranford, NJ 07016
Phone: 908-524-1660
Fax: 908-272-2374

Practice Policies and Informed Consent

Introduction

Welcome to my practice. Engaging in the therapeutic process can be a personal process and it is also a contractual agreement. It is important for you to have a clear understanding of how our relationship will work and what you can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me if you have any questions.

Therapeutic Benefits and Assumption of Risks

You have taken a very positive step by deciding to seek therapy. The process of psychotherapy can vary in its look and may feel different depending on a client's issues as well as the preferred practice style of the therapist. Therapy has led people to have better relationships and significant reductions in symptoms but this process can be difficult and result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no guarantees that your circumstances will change. I will make every effort to go through this process with you at a pace at which you are comfortable to address your reasons for seeking therapy at this time.

Appointments

All appointments are scheduled for a 55 minute session and will be at an agreed upon time between both parties. Regular attendance is recommended to ensure continuity and to enhance the effectiveness of the therapy. Once an appointment is scheduled, you will need to give at least 48 hours notice of cancellation or a cancellation fee will be charged to your credit card. This is necessary because a time commitment is made by you and is held exclusively for you. If you are late for a session, you may lose some of that session.

Telephone Accessibility and Emergency Contact

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours with the exception of weekends and holidays. Please note that face-to-face sessions are highly preferable to video sessions. However, in the event that you are out of town, sick or need additional support, video sessions are available. Please note that they may not be covered by your insurance. If a true emergency situation arises, please call 911 or contact the nearest psychiatric emergency room.

Electronic Communication and Social Media

I cannot ensure the confidentiality of any electronic communications such as voicemails, e-mails, texts, or faxes. If you request that I communicate via one of these methods, please limit communications to scheduling and cancelling appointments and do not use these methods of communication for detailed clinical purposes, content, or emergencies. Please note that response times may vary.

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Client Records

The laws of my profession require me to keep records. You may request a copy of my records in writing or may request a summary and I can prepare one for you. Because these are professional records, they can be misinterpreted and/or upsetting. In the event you wish to see your records, it is recommended that you review them in my presence so we can discuss the contents.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of a dependent adult or elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Professional Fees and Payments

Professional fees will be discussed and established at the onset of treatment and prior to the initial session.

The initial assessment and evaluation is \$250 for a 60 minute session. All subsequent fees are \$200 for a 55 minute session and payment or approved insurance copayment or coinsurance is expected at the time of service unless otherwise discussed. In addition, if you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time. Fees for this participation are \$200 per hour. Participation also includes letter writing and travel time. Please note that legal services will not be covered by insurance.

- **Forms of payment-** The following forms of payment are accepted through this practice: cash, check, and the following credit cards- Visa, Mastercard, American Express, Discover, or Health Savings Accounts (HSA's). If a check is returned, a charge of \$35 will be assessed as a return check fee.
- **Sliding scale-** Dependent upon your current financial circumstances, fees may be negotiated on a sliding scale basis.
- **Health insurance claims-** For your convenience, the office of Karen A. Kreitz, M.Ed., MSW, LCSW will submit all claims to your insurance company for reimbursement. By signing this agreement, you are authorizing the office of Karen A. Kreitz M.Ed., MSW, LCSW to use and disclose your personal health information so that we can conduct health care and payment operations for all treatment services provided to you and associated with your care (i.e. confirming coverage of insurance benefits, processing insurance claims, reviewing services provided to determine medical necessity, undertaking

utilization review activities.) Your copay is expected at the time of the session unless otherwise discussed. If your insurance company directly provides you with payment for services, you will need to bring payment to the office within 14 days. The office of Karen A. Kreitz M.Ed., MSW, LCSW reserves the right to charge the client's credit card for outstanding fees if payment is not received.

- **Cancellation Policy-** If you need to cancel for any reason, unless due to illness or an emergency, please provide the office 48 hours in advance or a \$50 cancellation fee will be charged to your credit card. The office of Karen A. Kreitz, M.Ed., MSW, LCSW reserves the right to charge the client's credit card for cancellation fees.
- **Good Faith Estimates-** If you are uninsured or are choosing to pay for your healthcare bills yourself and not having claims submitted to your health plan, the office of Karen A. Kreitz, M.Ed., MSW, LCSW will provide you with a good faith estimate of services if you request one, or after you've scheduled an appointment.

Emotional Support Animals and Letters

The office of Karen A. Kreitz M.Ed., MSW, LCSW does not write emotional support letters for animals under any circumstances.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Termination and Freedom to Withdraw from Services

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Informed Consent: I have read, had the opportunity to ask questions, understand and agree to the items contained in this document.

Client Signature: _____

Name Printed: _____

Date: _____