

# Abigail S. Holbrook

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*Counseling and Consulting*



## Information About The Therapeutic Process And Practice Policies

### General Information

Welcome to my practice! I am happy to begin our work together. The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our work will be carried out and what each of us can expect. This information will provide a clear framework for therapy. Feel free to discuss any of this with me. **After you have reviewed this document and any questions have been answered, please sign under the appropriate section of the “Confidential Client Intake Information” form to acknowledge you have read, understand, and agree to these counseling policies and have read and understand the information about the therapeutic process and are consenting to counseling/psychotherapy.**

### About Abbie

I am a licensed clinical social worker (CSW003391) and counselor with extensive background in healthcare and the mental health setting providing psychotherapy to individuals (18+) and couples coping with a variety of emotional and relational concerns, including, but not limited to, depression, anxiety, chronic illness and caregiver concerns, grief and loss, life transitions/major life decisions, negative self-concept, family/marital stress, and other difficulties that can present throughout the life cycle. In therapy, I use an acceptance-based dialogic approach and support my work with evidence-based treatment models, including Humanistic or client-centered counseling techniques, Narrative Therapy, EMDR, CBT, and mindfulness-oriented cognitive and behavioral therapies, particularly Acceptance and Commitment Therapy (ACT).

I hope you will communicate openly with me about any questions or concerns you have about the counseling process. I want your sessions to be a safe place for you to feel heard and supported as you engage in the challenging and exciting work of enhanced understanding, personal growth, and acceptance of yourself.

### The Therapeutic Process

You have taken a very positive step in seeking counseling/psychotherapy. I am committed to providing you with the type(s) of therapy within my knowledge base that will be most helpful to you in addressing your personal needs and concerns. I ask that you make your own commitment to the work we will do together. The outcome of your therapy depends largely on your willingness to engage in the therapeutic process, which can be enlightening and rewarding as well as, at times, result in considerable discomfort or intensity of emotion for you at various points in the treatment process. Talking about current difficult life experiences or relational problems, remembering unpleasant past events, and becoming aware of emotions attached to those events can bring on strong feelings of sadness, guilt, anger, frustration, loneliness, helplessness, and anxiety, or other distressing emotions. These difficulties can be normal on the journey towards self-awareness and growth. If you should experience these types of feelings, it is important that you share this with me so we can help you cope with them most effectively.

Counseling/psychotherapy can often have many benefits. It can lead to better relationships, solutions to specific problems, greater self-understanding and acceptance, and significant reduction in feelings of distress

in the long term. While the outcome of counseling/psychotherapy is most often positive, the degree to which any particular individual will reach their goals or achieve their desired level of satisfaction is not predictable. It is also not predictable in many cases to determine how many sessions will be needed.

### **Treatment Agreement**

It's important that we develop a treatment plan together so we both know what we are working on. Usually the first session or two are assessment sessions during which we mutually decide how we will work together. We need to decide on the primary issue/concern and/or mental health diagnosis we are working with and the kind of interventions or treatment methods that will be best for you. Sometimes I will use questionnaires to help us in monitoring your progress/experience in various areas. At times, referrals for outside support such as to outside programs/support groups, referrals to physicians, or to a substance abuse recovery program may be suggested or required for continued treatment. Often you will be asked to complete assignments outside of the therapy hour. These might include journaling, practicing stress reduction techniques or other techniques learned in sessions, or attending support groups. The outside assignments are essential aspects of your treatment and support my ability to be helpful to you and can support your growth in therapy. I ask that you take an active role in your counseling/psychotherapy.

You should evaluate this information along with your own sense of whether or not you feel comfortable working with me. Counseling/psychotherapy involves a considerable commitment of time, money, and energy. If you have any questions about my process, I am happy to discuss this with you whenever they arise.

### **Ending Therapy**

Ending relationships can be difficult. Therefore, it is important to have an ending or 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. 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. If at any point you decide I am not the best therapist for you, I am happy to help you find another mental health professional.

### **Confidentiality**

Issues or topics discussed in counseling/psychotherapy are important and are generally legally protected as both confidential and "privileged." I can only release information about your therapy to others if you sign a written Authorization form that meets certain legal requirements allowing me to do so. However, there are limits to the privilege of confidentiality. These limitations include:

1. When I believe you are in danger of harming yourself or believe you are unable to care for yourself.
2. If I suspect you have perpetrated, witnessed, or are aware of the abuse, neglect, or exploitation of a child, elderly person, or a disabled person, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information. I will make every effort to discuss this with you before taking action.
3. If you are under 18 and I suspect you have been the victim of abuse or neglect, the law requires me to file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
4. If you report or I determine that you intend to physically injure or kill another person. Actions could include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization

for you. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

5. If I am ordered by a court of law (court order) to release information as part of any legal case you are involved in.
  - a. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose your information.
6. When your insurance company is involved in paying for all or a portion of your sessions, e.g., in filing a claim, insurance audits, case review, or appeals, etc.
7. In a natural disaster whereby protected records may become exposed.
8. When otherwise required by law.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed. **Please see the “Privacy Practices” document for additional information on confidentiality.**

### **Consultation With Other Professionals**

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 and your case may be shared in this context without using your name or other obviously identifying information. The other consulting professional is also legally bound to keep the information confidential. I will note all consultations in your clinical record.

### **Practice Policies:**

#### **Appointments/Hours**

Sessions are generally 45-55 minutes (generally 55 minutes) in length and are by appointment only. Clients are seen weekly or more/less frequently as therapeutic need dictates. Appointments are available Monday-Wednesday: Mondays (8 AM-3 PM); Tuesdays (9:00 AM-4:30 PM); and Wednesdays (8:30 AM-6PM). Please discuss your schedule with me, so we can find a time that will be the best fit for both of us.

#### **Telephone Availability**

Due to the nature of my work, I am often not immediately available by telephone. You may leave a voicemail for me 24 hours a day. I attempt to return all calls within 24 hours depending on the content of your message. I generally only return calls during regular business hours, Monday through Friday, 8 AM-5:00 PM and not on holidays. If you are difficult to reach, please inform me of times you will be available. In the event of urgent need (non-life-threatening emergency), you may leave a message and I will attempt to return your call as soon as I can, depending on the stated need/concern. **Please be aware, I am unable to have regular phone conversations between sessions. If you feel you will require frequent between-session contact, we need to discuss whether or not I will be the best therapist for you.**

Please note, if a telephone conversation extends beyond 10 minutes, you will be billed in 10-minute increments for the duration of the call for up to an hour-long session or for as long as I am able to speak with you at that time. At this time, I do not bill insurance for telephone sessions.

#### **Emergencies**

In the event of a life-threatening emergency, it is important that you do not leave a voicemail for me, text-message me, or send me e-mail **before** accessing in-person support for yourself. Please call 911 and, if at all possible, a friend or family member who can join you, or proceed to your local hospital emergency room. Once you are in a safe place, you may then contact me to let me know what is happening and how you can be

reached. A situation is an emergency when you believe you cannot keep yourself safe and healthy without outside support.

### **Social Media/Website**

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 or their family members 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.

I ask that you do not communicate with me through the comment sections of my business website. The website is public and anyone can see what has been written. Please contact me directly through phone or e-mail if you need to reach me. Especially, please do not communicate therapeutic content and/or emergency information via the website. Additionally, if you comment on anything that has been written on my website, it is best for you not to comment using your real name.

### **Electronic Communication**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. **Please note that I do not use an encrypted form of e-mail.** You may send these messages 24 hours a day, but normally I will only return these messages during regular business hours, Monday through Friday. While I will try to return messages in a timely manner during business hours, I cannot guarantee immediate response. Additionally, I ask that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. (Please see the additional electronic communication policy/agreement for additional information about the limitations of security when using electronic communication and to consent to using this form of communication and sign.)

### **Court/Legal Cases**

It is my preference that you do not ask me to give court testimony for you or request your records be released for a court case. Involving me as your counselor in legal proceedings may have unintended consequences for your case and create problems in the therapeutic relationship. I ask that you honor this request. If, however, I receive a court order to appear in court or provide records, I will discuss this with you and seek your written authorization and will do my best to protect your privileged information to the greatest extent possible, within the law. See "Fees" for how I charge for any legal involvement.

### **Record Keeping**

Clinical documentation is maintained in a HIPAA-compliant electronic medical record and includes your reason for seeking therapy, a description of ways in which your problem impacts your life, your diagnosis, the goals that we set for therapy, your progress towards those goals, your medical and social history, your treatment history, any present treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Please review the HIPAA Notice Privacy Practices for additional information about your record. Your records will not be released without your written consent, unless in those situations outlined in the Confidentiality section above and the Notice of Privacy Practices.

### **Fees**

The initial intake session is \$150. Each additional session is \$110. Clients are given 30 days notice of fee changes. All session fees are due at the time of your appointment unless otherwise arranged. I do not have a sliding fee scale but I am willing to negotiate a fee reduction in some circumstances. If you choose to have me

file insurance claims for your sessions, you are responsible for paying any copays, coinsurance amounts, and/or deductibles at each session, as applicable. See below for no-show and late cancel fees.

Legal services that include talking with an attorney, writing reports and/or court time will be billed at a rate of \$125 an hour, including preparation and driving time.

### **Use of Insurance**

If you have given permission for insurance to cover some/all of your sessions, I will file the insurance claims for your sessions and ask that you give permission for your benefits to be assigned to me. You are responsible for any payments your insurance company has designated as your portion of the session fee, including any deductibles, co-insurance amounts, and/or co-payments. If your insurance denies your claims due to lack of coverage, you are responsible for paying the full session fee.

**Before your first session, it is your responsibility to contact your insurance provider to familiarize yourself with your benefits and/or seek any authorizations required. The following questions can be helpful:**

- Do I have mental health insurance benefits as part of my plan coverage?
- What is my deductible and has it been met? Do mental health benefits fall under the deductible?
- How many sessions per year does my health insurance allow?
- What is the coverage amount per therapy session? What is my financial responsibility?

It is also important for you to know that if you choose to use your insurance to pay for all or a portion of your sessions, I am required to provide your insurance provider with information relevant to the counseling services I am providing you. I am required to provide a clinical diagnosis and sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release on the minimum information about you that is necessary to fulfill the request.

### **Cancellations and Missed Appointments**

Clients are charged the full \$110 fee for any missed appointments or cancellations that occur with less than 24 hours notice (unless both of us agree this was due to circumstances beyond your control). You may leave messages 24 hours per day and can cancel appointments via voicemail, text, or e-mail. If you are using your insurance to pay for a portion of your counseling sessions, you will still be charged the full fee as mentioned above for any late cancelled or missed appointments, as insurance companies do not reimburse for missed appointments. If you are able to schedule another appointment in the same week, I make a choice not to charge for the late cancellation or missed appointment.

### **Interruptions in Treatment**

When I must be out of town, I will inform you of this several weeks in advance. If I will be unavailable for an extended period of time, I will provide you with the name of another mental health professional to contact, if necessary.

### **Complaints**

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please let me know immediately so we can discuss the situation and attempt to reach a workable solution.

**I look forward to working with you!**  
**Abigail S. Holbrook, MSW, LCSW**