

Nicole Saltzburg, Ph.D.

Licensed Psychologist

Independent Practitioner

WELCOME

This document contains important information about professional services and business policies related to the psychotherapy we deliver. Please read it carefully and note any questions you (the client/patient) might have. When you sign this document, it will represent an agreement between you and your clinician Nicole Saltzburg, Ph.D.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, as well as the particular problems brought forward. There may be different methods that are used to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will be asked to work on issues both during sessions and while at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits: it often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your clinician will be able to offer you some first impressions of what your work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with your clinician. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, you should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another clinician within our organization, or elsewhere in the community, in order to receive a second opinion.

MEETINGS

An initial evaluation may last from 2 to 4 sessions. During this time, you and your clinician can both decide if (s)he is the best person to provide the services you desire. If psychotherapy is begun, one appointment (of either 45 or 55 minute duration) per week is usually scheduled at a time on which you and your clinician both agree. Once an appointment is scheduled (i.e., reserved), you will be expected to pay for it unless you

Client(s) Name: _____ Initials _____ Initials _____
(Please Print) (Client 1) (Client 2)

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provide at least 24 hours advance notice of cancellation. This fee may be charged to your credit card that is kept on file for payment of services. This fee may also be waived or reduced if you provide less than 24 hours notice and you and your clinician both agree that you were unable to attend due to circumstances beyond your control (e.g., illness, flight delay, family emergency, car accident, etc.). Notification requirement and fee will both be waived in extenuating circumstances (e.g., debilitating illness, hospitalization, death of loved one, etc.). Fees will not be waived for oversleeping or forgetting scheduled appointments, and insurance policies cannot be billed for missed or cancelled appointments.

RECOMMENDATIONS AND REFERRALS

At various times your clinician may, based on clinical judgment, provide you with recommendations or referrals (either verbally or in writing), which are designed to be beneficial to your mental and/or physical health. These may include but are not limited to activities (e.g. journaling or relaxation techniques) or referrals to physicians, other mental health providers, or treatment facilities/hospitals. Failure to follow prescribed recommendations or referrals in a timely fashion may result in impaired treatment progress, suicidal thoughts or actions, deteriorating medical condition, termination of treatment with this clinician, or even death. In signing this agreement you are indicating a willingness to follow all recommendations or referrals or discuss with your clinician if for any reason you disagree or are unable to do such.

CONTACTING YOUR CLINICIAN

Clinicians are often not immediately available by telephone. Our voicemail system provides a direct and confidential (yet delayed) means of communication. Please call during normal business hours whenever possible and your call will typically be returned as soon as possible. Some clinicians allow for communication via texting for the coordination of appointments; e-mail is also acceptable to transfer documents when mutually agreed upon; however, client communication regarding clinical issues or concerns via texting or e-mail should be avoided as the delivery of any electronic communication can be intercepted, misdirected, or delayed. Your clinician will make every effort to return messages on the same day they are received; however, at times, a reply may be delayed until the following business day. Requests for “friendship” on social networking sites will not be accepted if your clinician has a personal account; however, if they have a professional account, requests may or may not be accepted as your privacy is of primary importance. If you are ever experiencing a life-threatening or harm-producing emergency please call “911” or go to your nearest emergency room.

CONFIDENTIALITY

Confidentiality is the cornerstone of psychotherapy and psychological services. Your verbal and written communication with your clinician is held in the strictest confidence and will only be disclosed to other parties with your written authorization. Exceptions to this include your presentation of imminent danger to self or

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others; knowledge of suspected child abuse, neglect, or abandonment; knowledge of suspected elder/vulnerable adult abuse, neglect, or exploitation; naming your clinician, Nicole Saltzburg, Ph.D. in a law suit; claiming emotional harm or damages in a law suit with another entity; or by a court order signed by a judge (a subpoena alone will not result in disclosure). Additionally, communication with your clinician via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. In the event of an injury, illness, or other unexpected emergency situation that results in your clinician becoming unavailable, your basic contact information (name and contact numbers) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

PROFESSIONAL FEES

Unless your clinician has contractually agreed to other fees with you or your insurance company, fees are as follows for individual, couples, and family psychotherapy: (a) \$250.00 for the initial 90-minute intake session, (b) \$200.00 per 55-minute follow-up treatment session, (c) \$160.00 per 45-minute follow-up treatment session, and (d) \$120.00 per 30-minute follow-up treatment session. Group psychotherapy is \$50.00 per session. The session charge of \$200.00 will be used to calculate other professional services you may need, and will be broken down into 15 minutes increments when services are provided for periods of less than a 30-minute session or greater than 1 hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require your clinician’s participation, you will be expected to pay for all professional time even if your clinician is to testify for another party. Because of the labor intensity of legal involvement, we charge \$250.00 per hour, per person, for preparation, driving time, and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay-in-full for each session at the time it is held. Exceptions to this will apply if you have government issued Medicare Part B, or your clinician is otherwise contractually obligated. In these two instances only the co-payment for which you are responsible will be expected to be paid-in-full at each session. Payment schedules for other professional services will be agreed upon when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or a payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included

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in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature and dates of services provided, and the amount due.

DISCHARGED FROM CARE

Psychotherapy is best ended with a process of termination and a scheduled final appointment. This will allow you to review therapeutic gains achieved during treatment; develop a plan of action to maintain those gains; identify what other services or activities may still be needed; and to process any emotions that may exist regarding the ending of the therapeutic relationship. If you decide to end therapy without engaging in a process of termination by not scheduling appointments, or by not returning at least two telephone calls, it will be assumed by all parties that you are no longer a client/patient of your clinician and you are, therefore, discharged from care.

MINORS

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is our policy that your parents agree to give up access to your records. Your clinician will provide them only with general information about your therapeutic work, unless it is believed that there exists a high risk that you will seriously harm yourself or someone else. In this case, your clinician will notify your parents of his/her concern. They will also be provided with a verbal summary of your treatment when it is complete. Before giving them any information, your clinician will discuss the matter with you, if possible, and do his/her best to handle any objections you may have with what the clinician may discuss.

AGREEMENT

Your signature indicates that you have read this four-page contract; that you understand all that it contains; that you agree to abide by its terms; and that you voluntarily consent to treatment.

_____	_____
Signature (Adult or Minor aged 16 or older)	Date
_____	_____
Signature (Adult in Couple's Therapy or Parent/Legal Guardian)	Date
_____	_____
Signature (Clinician)	Date

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