

# Robin Adler, MSW, LICSW

Psychotherapist

License #LW00008096

## **PRACTICES AND POLICIES-CLIENT SERVICES AGREEMENT**

It is my pleasure to welcome you to my psychotherapy practice. The goal of psychotherapy is to help relieve symptoms of distress, enhance coping and functioning, and to work toward greater satisfaction in your life. Psychotherapy is a collaborative process between the therapist and the client/s in which a therapeutic relationship is established based on mutual rights and responsibilities. Our work together involves building awareness and understanding of your thoughts, feelings, behaviors, and motivations in order to change those that are not serving you well. With this awareness, you can identify and work toward your personal goals and achieve a greater sense of well-being, balance and happiness.

### **PROFESSIONAL QUALIFICATIONS**

I earned my Master of Social Work degree from the University of Washington School of Social Work in 2000. I am a Licensed Independent Clinical Social Worker and my Washington State Department of Health license number is LW00008096. I have specialized training in the areas of mind body therapy, interpersonal neurobiology, attachment theory, stress physiology, cognitive behavioral therapy, and dialectical behavior therapy. I draw from each of these modalities to tailor therapy to the individual clients to help them meet their counseling goals. I have developed expertise in treating individuals with chronic and acute stress, loss and grief issues, chronic illness, trauma history, adjustment disorders, anxiety, and depression.

### **PART OF THE PROCESS**

Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. I encourage you to discuss these feelings with me as they come up in our sessions. Again, building awareness of these feelings and others in therapy often leads to better relationships, solutions to specific problems, and a significant reduction in feelings of distress.

### **SESSIONS**

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can each decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy sessions are 50 minutes for individuals and 50-80 minutes for couples (*first couples session is 80 minutes*). The frequency of sessions and the duration of treatment will be decided between us, however please know that you may refuse or end treatment at any time.

## **PROFESSIONAL FEES, SCHEDULING, & CANCELLATION**

My fee is \$125 for a 50-minute session and \$187.50 for an 80-minute session. My first session with a couple is 80 minutes and the length of follow-up sessions will be decided together. I will ask for payment of your fee or co-pay fee at each session and I will provide you with a monthly statement if requested. I raise my fee every two years and I will give you two months notice when I do so.

Whether you are present to begin your session on time, I will need to end at the scheduled time. If I am late in beginning the session, I will make up the time for you.

***Please Note: When we schedule an appointment, I am committing to holding that time for you. If you are unable to keep your appointment for any reason, please give me 48 hours advance notice or you will be charged the full amount of the time reserved for you.*** Exceptions to this are allowed only for circumstances beyond your control.

## **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you will be able to leave a voicemail for me at 206-794-9625, which I monitor frequently. I will make every effort to return your call the same day you make it, with the exception of weekends and holidays. If you are unable to reach me and need immediate help, please call the **Crisis Line** at **206-461-3222**. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Please talk to me if you have any concerns about being able to contact me.

## **BILLING AND PAYMENTS**

I will ask that you pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. **I file insurance claims electronically and your signature on the client services agreement indicates that you give me permission to do so.** In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Please ask me any questions you may have about billing and payments.

## **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. It is not as common for insurance policies to cover couples counseling however. If you choose to access your health insurance to cover my services, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly which mental health services your insurance policy covers.

While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me

to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that your contract with your health insurance company requires that I provide information relevant to the services I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plan summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. I will provide you with a copy of any report I submit, if you request it. By signing the ACKNOWLEDGEMENT OF RECEIPT OF LICSW-CLIENT SERVICES AGREEMENT, you agree that I can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.