

Robin Adler, MSW, LCSW-R

Psychotherapist
NY License 079003

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 Clinical Social Worker and my New York State license number is 079003. My background is in mind body therapy, and couples therapy, including interpersonal neurobiology, attachment theory, and the psychobiological approach to couple therapy (PACT®), and I am a certified EFT (emotionally focused therapy) therapist. I have extensive training in eye movement desensitization and reprocessing (EMDR). I draw from each of these modalities to tailor therapy to the individual clients or couples to help them meet their therapy goals. I have developed expertise in treating individuals with relationship issues, loss and grief, chronic illness, trauma history, anxiety, depression and various life transitions.

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, however sometimes it is helpful to meet for a longer period of time. 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.

257 15th Street, Suite 203, Brooklyn, NY 11215 • 206.794.9625

PROFESSIONAL FEES, SCHEDULING, & CANCELLATION

My fee for individuals is \$200 for a 50-minute session. The fee for couples is \$250 for a 50-minute session. Longer sessions are prorated. I will ask for payment of my fee at each session and I will provide you with a monthly statement if requested. I raise my fee once per year 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.

I will ask for a credit card to be kept on file to charge for missed or cancelled sessions, as well as for any account balance due for a period longer than 4 weeks, unless prior written arrangements have been made.

To cancel your appointment, please call me at 206-794-9625 or email me at robin@robinadlertherapy.com. If you do not reach me, please leave a detailed message.

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 **1-800-LIFENET**. 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.

ELECTRONIC COMMUNICATION POLICY

I want to clarify my policy regarding electronic communication as these are common modes of communication in our society today. Many individuals prefer email and text rather than telephone communication, whether the relationship is social or professional. Many of these common modes of communication put your privacy at risk however and can be inconsistent with the law and with the standards of my profession. This policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. Please feel free to discuss this policy with me if you have questions or concerns.

- ***Email and Text Communications***

I use email and text messaging only with your permission and only for administrative purposes. That means that email exchanges and text messages with me should be limited to things like setting up appointments, billing matters and related issues. Please do not email or text me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone, or if it can wait, bring it up with me at our next session. Telephone and face-to-face communication is simply a much more secure form of communication.

Email and text messaging should not be used to communicate with me in an emergency situation. I make every effort to respond to emails, texts and phone calls within 24 hours, except on weekends, holidays or vacations. In an emergency, please call my phone line at **206-794-9625**. If I am not immediately available by phone, please call 911, contact the **Crisis Line** at **1-800-LIFENET**, or go to your nearest emergency room.

- ***Social Media***

I do not communicate with, or contact, any of my clients through social media platforms like Twitter, Instagram, LinkedIn, and Facebook. In addition, if I discover I have accidentally established an online relationship with you, I will cancel that online relationship. This is because these types of casual social contacts can create significant privacy risks for you.

I participate on various social networks and have an online presence so there is a possibility that you may encounter me by accident. If that occurs, please feel free to discuss it with me during our therapy session. I believe that any communications with clients online have a high potential to compromise the professional relationship. Please contact me instead via my email or phone.

BILLING AND PAYMENTS

I will ask you to pay the fee at each session, unless you make other arrangements with me. Fee payments not made for 2 sessions in a row will necessitate a pause in future sessions until such payment is made. 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.

OUT OF NETWORK 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 **may** provide you with some coverage for mental health treatment. It is not common for insurance policies to cover couples counseling however. If you choose to access your health insurance to cover my services, as an out of network provider, I will provide you with a monthly billing statement so you can 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 if you have out of network coverage and, if so, exactly which mental health services your insurance policy covers.

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.

You should also be aware that using your insurance benefits to cover therapy requires that I provide a clinical diagnosis on your monthly billing statement. In some situations, an insurance company may ask you for information from your clinical record in order to decide whether they will continue to cover treatment. In such situations, I will release only the minimum information about you that is necessary for the purpose requested. I feel it is important to inform you that I have no control over or knowledge of what insurance companies do with the information from your clinical record or who has access to this information. You must be aware that submitting mental health information for reimbursement from your insurance company carries a certain amount of risk to confidentiality, privacy or the future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computer systems and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to be legally accessed by enforcement and other agencies.

By signing the ACKNOWLEDGEMENT OF RECEIPT OF LCSW-CLIENT SERVICES AGREEMENT, you agree to the terms of this contract.

ACKNOWLEDGMENT OF RECEIPT OF
LCSW-CLIENT SERVICES AGREEMENT

Your signature below indicates that you have read the LCSW-Client Services Agreement, you have asked any questions you might have, you understand it, you have a copy of the agreement, and that you agree to its terms.

Client's Signature

Date

Client's Signature

Date

Robin C. Adler, MSW, LCSW-R

Date