Port Psychology

3 Market Street
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(978) 462-3033

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GENERAL POLICIES

Welcome to Port Psychology We are committed to providing quality service and adhering to recognized standards of professional ethics. If you have any questions regarding these policies please discuss them with your therapist.

If an **Emergency** occurs and it is urgent that you reach your therapist, please call 978-462-3033. If you cannot wait for a return call, you should call 911, your primary care physician or go to the nearest hospital emergency room for assistance. Also, please leave a voice mail.

Confidentiality is an essential part of the therapy relationship. To the extent permitted by law, any information revealed by you during therapy will be kept strictly confidential, and will not be revealed to any other person or agency without your written permission. There are certain situations in which psychologists may be required by law to reveal information obtained during therapy without your permission. These include but are not limited to:

* If you are threatening to harm yourself or another person
* If there is evidence or physical or emotional abuse or neglect involving a minor, an elder, or a disabled person.
* If a court orders the release of records.

For a more detailed list please refer to the Notice of Privacy Rights posted in the waiting room.
In the event that we are obligated to release information, we will make reasonable efforts to inform you. The rules of confidentiality are complicated and governed by numerous statutes and regulations. If you have any concerns regarding your rights it is best to seek legal counsel from an attorney in advance of undertaking the therapeutic process.

Also, please be aware that the standards of our profession require that we maintain appropriate records of treatment and obtain consultation where clinically appropriate, as well as usual administration of billing. Such discussions with consultants will be undertaken at the therapist's discretion without the necessity of obtaining the usual informed consent.

Our first few sessions will involve an evaluation of your needs. I can then offer some initial impressions regarding your treatment. Psychotherapy often requires discussing unpleasant aspects of your life and you may experience sadness, anxiety, guilt or anger. Therapy can be terminated at any time by either party. Therapy is a joint process between you and your therapist. Your opinions concerning this process are vital to its success. Please let me know if you have concerns about any aspect of treatment, or have any questions about it.

(Over)

I have received no guarantee as to the effectiveness of psychotherapy. I have reviewed this policy statement and have received a copy of it. I understand and give my consent to treatment.

_____ _____

Signature Date

_____ _____

Name of Primary Care Physician Date of Last Visit

I do ___, do not ____ agree to your contacting my primary care physician.

Please list your current prescriptions/medications

Insurance. Your health insurance may help cover the cost of your therapy. You should become familiar with your coverage for outpatient mental health service. Some companies require authorization prior to services being rendered and there may be a deductible and co-payment responsibility. For those covered by insurance, certain information including diagnosis and treatment reports may be required in order to process your claims. We cannot guarantee the confidentiality of information after it has been shared with your insurance company. Your insurance company will make the final determination as to whether and how long your treatment will be covered as medically necessary

Authorization to Release Information

I authorize payment of medical benefits to Port Psychology for all services provided:
I hereby grant permission to release any and all information without limitation concerning

_____ to _____

Your name Name of Insurance Co.

_____ _____

Signature Date