

Susan Simonds, PhD
Licensed Psychologist
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208.892.1336

Office Policies Agreement

Welcome to my practice. This document is designed to provide clarity about my policies and the laws that govern my psychology practice. We can discuss any questions you have about the following information when we meet. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. I appreciate the time you take reading this.

HOW WE BEGIN COUPLES COUNSELING

Our first few sessions will involve an evaluation of your needs. An evaluation consists of 3 sessions total:

Session 1: I will meet jointly with you and your partner.

Session 2 and 3: I will schedule individual meetings for each of you, so that I can understand how you have gotten to this point as an individual.

After our assessment meetings, I will offer you my recommendations as to whether I can be helpful and, if so, I will provide some first impressions of what our work will include if we decide to continue with counseling. If after our evaluation sessions, I conclude that I cannot be helpful to you, I will provide you with my recommendations for how you may be able to address your problems elsewhere. The fees for the 3 sessions are not refundable.

The approach I use in counseling is called Emotionally Focused Therapy (EFT). In order to be able to provide effective therapy, there are some limitations on the type of problems that I am able to treat. Please note that this form of therapy is NOT appropriate for couples who are struggling due to pornography issues, drug or alcohol use, and partner emotional or physical abuse. If these issues are at the core of your relationship struggles, I recommend that you seek therapy elsewhere and I will do my best to suggest other practitioners. Please also note that if there are significant psychological symptoms present, I may recommend that you seek individual counseling in addition to couples counseling. If you are currently seeing an individual counselor, I will ask you to sign a release so that we can coordinate therapies.

More information about EFT is available on my website and at www.iceeft.com. If you have questions about my procedures, I urge you to bring them up with me whenever they arise.

PROFESSIONAL FEES

My fee is \$150.00 for 60 minute counseling sessions.

Other services are billed at the pro-rated fee of \$150 per 60 minutes. Such services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

PAYMENT

I do not accept insurance. Payment may be made by cash, check, or credit card at the time of service.

Insurance companies only cover therapy that would be considered medically necessary for treatment of a specific psychiatric diagnosis for an individual. Therefore, I am unable to provide you with documentation that would meet the criteria of insurance companies for you to be reimbursed for your payment to me. It is terribly unfortunate that couples counseling is not a covered service because it addresses the well-being and health of individuals.

If requested, I will be glad to provide you with a receipt of payment with the dates, amount, and type of service provided for your records or for tax purposes.

MISSED APPOINTMENTS

Once an appointment hour is scheduled, you are requested to provide 24 hours advance notice of cancellation. Unless such cancellation is due to illness or emergency, you

will be billed for the entire cost of your scheduled appointment since I will be unable to use this time for another client. I appreciate your help in keeping the office schedule running efficiently. The exception to this policy is cancellation due to extreme weather conditions. I will not charge for cancellations due to inclement weather when the Moscow and Pullman school districts cancel school. Please call me (208) 892-1336 and leave a voicemail or text me if you will not be able to attend your scheduled appointment.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization Form. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

If a government agency is requesting the information for health oversight activities, I may be required to provide it.

If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

If a client files a worker's compensation claim, I must, upon appropriate request, furnish all treatment reports to the client's employer and to the client or his/her attorney.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

If I have reason to suspect or believe that a child, disabled adult or elderly person has been abused or neglected, then I must make a report to the proper authorities. Once such a report is filed, I may be required to provide additional information.

If I believe that a client presents an imminent risk of personal injury to another identifiable individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. I may also have to take protective action if another's property is endangered.

If a client presents an imminent risk of personal injury to him/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

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.

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 now or in the future. 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.

CONFIDENTIALITY AND YOUR RECORDS

When I agree to treat a couple, I consider that couple to be the client. For instance, if there is a request for the treatment records of the couple, I will seek the authorization of all members of the couple before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-client privilege on behalf of the client (couple). During the course of my work with a couple, I may see one partner for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the couple, unless otherwise indicated.

DIVORCE LITIGATION

Should either you or your partner decide to end Couples Counseling and file for divorce, all materials, including all content (both written and oral) from Couples Counseling will remain confidential and may not be used in any court proceedings. By signing this agreement, you agree not to take Dr. Simonds to court, not to subpoena her, and not to depose her. All content from meetings is confidential and will not be shared in court.

NO SECRETS POLICY

I may need to share information learned in an individual session with your partner, if I am to effectively serve the couple being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to your partner, and will also, if appropriate, first give the individual being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually. Please do not email, phone, or text me and ask me to keep information private from your partner.

This “no secrets” policy is intended to allow me to prevent a conflict of interest from arising where an individual’s interests may not be consistent with the interests of the couple being treated. If I am not free to exercise my clinical judgment regarding the need to bring information to the couple during their counseling, I might be placed in a situation where I will have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination.

RECORDINGS

I am a Certified Emotionally Focused Therapist and Certified Supervisor. I often find it helpful to video-record counseling sessions so that I can provide you with the highest quality of care by reviewing my work and also by consulting with expert EFT therapists. It is typical practice for EFT therapists, regardless of level of training, to record their sessions. I may ask your written permission to audio or video-record your counseling sessions. It is completely your choice whether to give me such permission and if you do provide me with permission, you may revoke it at any time. Recordings will not be part of your Clinical Record, I will not release recordings to you, and recordings will be destroyed as soon as I am no longer in need of them for my education and training.

EMERGENCIES

In case of emergency, please call 911 or go to your local hospital emergency room.

CONTACTING ME

You may contact me by email at susan@couplesmoscow.com and by phone or text at 208-892-1223. If you text me, please write your first name in the text as I do not store client names and phone numbers in my contacts on my phone to protect your confidentiality.

COMPLAINTS

If for any reason you have a concern or complaint, please let me know. You also have the right to contact the Board of Psychology Examiners, 1109 Main Street, Suite 220, Boise, ID 83702-5642; (208) 334-3233.

PLEASE COMPLETE THE SIGNATURE PAGE ACKNOWLEDGING THAT YOU HAVE READ THIS FORM. WHEN YOU SIGN THE SIGNATURE PAGE, THIS WILL BECOME AN AGREEMENT BETWEEN US. THANK YOU.

Updated June 2018

Susan Simonds, Ph.D.

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Moscow, ID 83843
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SIGNATURE PAGE

Your name: _____

(please print)

Please initial and then sign below.

_____ I have read and agree to the Office Policies.

_____ I am aware that I will be charged the full fee for missed appointments when I do not give 24 hours notice.

_____ I understand and agree to the no secrets policy.

Signature

Date