

# KATE THOMAS, LMFT

## OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

### THE PROCESS OF THERAPY/EVALUATION

A typical therapy session lasts 55-60 minutes, unless planned otherwise. If a client is a minor, the parents/guardians are expected to be onsite while children are within the counseling session and to appropriately supervise any children within the waiting area, so as to not disturb others. Please be considerate that other therapists will be in counseling sessions while you are in the waiting room. I will always be available to discuss with you, your thoughts or feelings regarding therapy and its progress. Therapeutic approaches that may be used are trauma informed modalities, EMDR therapy (Eye Movement Desensitization Reprocessing), play therapy and sand tray therapy. If Ms. Thomas is unable to provide an appropriate treatment that you would benefit from, she has an ethical obligation to assist you in obtaining those treatments from an appropriate provider.

Ms. Thomas will do her best to connect you with a professional that can assist you with your needs.

### CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential between the client and the therapist. All information revealed within a session may not be further revealed to anyone without your written permission, except where disclosure is required by law as described in the notice of privacy practices that you received with this form. If the client is a minor, I understand that I have the right to general information on issues and progress, however; the Treatment Provider and the minor child will hold some information shared in this professional relationship in confidence. To safeguard confidentiality and preserve the integrity of the therapeutic relationship, Kate Thomas, LMFT does NOT voluntarily become involved in client legal matters (e.g., custody, visitation, litigation against another, etc.).

### WHEN DISCLOSURE IS REQUIRED BY LAW

Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also notice of privacy practices form).

### EMERGENCIES

If there is an emergency during our work together, or in the future following termination, where Kate Thomas, LMFT becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, she may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/ MCO/EAP in order to process the claims. Kate Thomas, LMFT has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

### **CONFIDENTIALITY OF EMAIL, CELL PHONES, AND TEXT COMMUNICATION**

It is very important to be aware that email, cell phone communication, including text messaging, have potential risks for being accessed by unauthorized persons, hence, the privacy and confidentiality of such communication can be easily compromised. Please notify Kate Thomas, LMFT at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above- mentioned communication devices. Kate Thomas, LMFT advises that any information that you consider privileged and do not want to risk a compromise of confidentiality should not be transmitted using any of the above-mentioned forms of communication.

Due to concerns with maintaining confidentiality, Kate Thomas, LMFT will only use email to confirm scheduled appointments. Kate Thomas, LMFT will not discuss any information shared in session or pertaining to treatment through email or text messaging. Please do not use emails or text messaging in emergency situations. Kate Thomas, LMFT will only read and respond to communications during office hours.

### **CONSULTATION**

Regarding consultation procedures, there may be occasions when Kate Thomas, LMFT may need to consult with clinical colleagues and/or other necessary professionals regarding treatment and/or in the interest of protecting the safety of the client or another who may be at risk. In these situations, she will make every effort to maintain confidentiality, however, in a situation of mandatory reporting she will be required by law to disclose certain identifying and situational information.

### **TELEPHONE AND EMERGENCY PROCEDURES**

You can contact Kate Thomas, LMFT between sessions at (732) 216-1395. Ms. Thomas will return phone calls during office hours. If an emergency situation arises and you need immediate assistance, please be advised that you can call the Riverview Medical Center hotline, which is a 24-hour crisis line (732) 530-2438, the Police (911), or the 24-hour psychiatric emergency number at Jersey Shore Hospital, (732) 776-2325.

### **MEDIATION AND ARBITRATION**

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Kate Thomas, LMFT and you, the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Monmouth County, New Jersey in accordance with the rules of the American Arbitration Association, that are in effect at the time the demand for arbitration is filled.

**TERMINATION**

**You have the right to terminate therapy at any time. If you choose to do so, Ms. Thomas will be more than willing to provide you with the names and numbers of other qualified professionals whose services you might prefer.**

*I have read and understand the above agreement and office policies, and by my signature below acknowledge my willingness to comply with them:*

\_\_\_\_\_  
*Client name (print)*                      *Client Signature*                      *Date*

**IF CLIENT IS A MINOR**

\_\_\_\_\_  
*Client name (print)*                      *Client Signature*                      *Date*

*Parent/Guardian (print) Parent/Guardian Signature*

\_\_\_\_\_  
*Client name (print)*                      *Client Signature*                      *Date*