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This document is a summary of my working arrangements with clients. It is intended to assist in clarifying the questions that commonly arise in a therapeutic situation. Please ask any questions that you may still have.

- **Length of Sessions:** Sessions are 45-50 minutes long, unless otherwise specified.
- **Cancellations:** excepting emergencies, sessions must be cancelled **24 hours in advance**, or the full fee for the session will be charged. The minimum charge is \$95.00. I cannot bill insurance for a missed session.
- **Confidentiality:** The normal confidential relationship between client and therapist does not cover disclosures of child or elder abuse or neglect, or intent to harm another or oneself. You may give me written permission to speak to significant others and/or other professionals involved in your care. I may consult with other professionals about you without your explicit permission so long as I do not give details that would reveal your identity. I may contact your designated emergency contact person in case of emergency, including situations in which I am unable to reach you and have justifiable concerns about your wellbeing.
- **Phone calls:** The telephone number above is for voicemail and text. I check my voicemail regularly, and will return any messages as soon as possible, however in some cases may not be before 48 hours. Any telephone conversations and/or voice mail messages exceeding 10 minutes will be considered a full session and charged as such.
- **Insurance/Copay:** Fee for service and copay is expected before or at the time of the session in cash or check. If for any reason your insurance company fails to pay me for my service, and I have filed claims accurately and appropriately, you are responsible for payment.
- **Email:** I cannot guarantee that email correspondence will be confidential even though my office has a HIPAA approved server. The nature of the Internet makes it impossible for me to control what happens to information as it flows between computers. Any email correspondence requiring more than 10 minutes of my time will be charged as a session.
- **Video:** I videotape sessions for the purposes of learning from our work, tracking and offering you an improved therapeutic experience. This is standard for AEDP clinicians and tape is kept confidential unless you have given permission to share.

Please print and sign below that you have read and understand and acknowledge the above:

Printed name: _____

Signature: _____ Date: _____