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Practice Information and Disclosures

This Statement answers many questions commonly asked by persons who receive services in this office. In order to maximize the success of your psychotherapy, as well as minimize the possibility of any misunderstanding, there are a few policies and procedures which are best considered before beginning treatment. Please take the time to read this material. First of all let me thank you for choosing me as your or your family's psychotherapist.

BENEFITS: The benefits from psychotherapy may be symptomatic relief and solutions to presenting concerns. You also may learn to better cope with your family or other relationships, thus experiencing more satisfaction from those relationships. Another possible benefit may be a better understanding of your personal goals and values towards making life decisions.

CONFIDENTIALITY: One of your most important rights involves confidentiality. Within certain limits, 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. Recognizing the benefit of second opinions, I may occasionally share information with a colleague for purposes of consultation, always preserving your privacy and shielding your identity.

You should also know that there are certain situations in which, as a licensed clinical social worker, I am legally required to reveal information obtained during therapy to other persons and/ or agencies, without your permission. Further, I am not required to inform you of my actions.

LPT LCSW Information and disclosures cont'd (2)

These situations are as follows:

- 1) If you threaten grave bodily harm or death to another person, I am required to inform the intended victim(s) and appropriate law enforcement agencies.
- 2) If you indicate a clear and present danger to hurt yourself and refuse to accept further appropriate treatment, I am required to inform your family, agencies or other individuals who, in my opinion, would assist in protecting your safety.
- 3) If a court of law issues a subpoena, I am required to provide the information specifically requested in the subpoena.
- 4) If you are in therapy or being tested by court order, that information may be revealed to the court.
- 5) Any form of abuse of children or the elderly must be reported to the proper authorities.

In order to process the claims, disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP. Only the minimum necessary information will be communicated to the carrier. I have no control or knowledge over what insurance companies do with the information submitted. Involving and informing your carrier is completely up to you. I will accommodate by providing paid receipts and required documentation to submit to your carrier. Please note that this pertains to your health insurance carrier only. Other reports to Disability Insurance, Workman's Compensation, Employers, Attorneys, or any other third party will be billed at the usual hourly rate of \$125.00 per hour.

Although, it is within your rights to release and review clinical records, due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters of a personal and confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client/s) nor your attorney/s, nor anyone acting on your behalf will call on me (Leo P. Taillon) to testify in court or at any other proceedings. Considering the above cautions and limits, upon your request, I will release a summary of your sessions to any agency/ person you specify, unless releasing the information might, in my opinion, be harmful in any way. Treatment Summaries requested and permitted by you, other than to your physician, or other health care providers, will be billed at the usual hourly rate of \$125.00 per hour.

LPT LCSW Information and disclosures cont'd (3)

OFFICE HOURS: Generally I will be in my office Mondays through Thursdays, 9 AM – 6 PM – except for scheduled time off.

50 , 75 and 110 MINUTE SESSIONS: Individuals, Family & Couples Sessions are intended to last approximately 50 minutes at a fee of \$125. Extended Individual, Couples, Family and Group Sessions last for 75 minutes and will be charged at the rate of \$150. Double session when needed or requested will be billed at \$250 for 110 minutes. Although occasionally I may “run over”, I will make every effort to be on time to avoid your unnecessary waiting.

MESSAGE POLICY: I plan to be reasonably available to you at most times while you receive services from me. During office hours, you may reach me by leaving a message on my telephone answering machine (207-351-1538 - I will return your call as soon as possible during the day or early evening .This is a general confidential mailbox.

EMERGENCY COVERAGE POLICY: Unlike some agencies offering comprehensive “ emergency services “ , I do not wear a “ beeper” and am not instantly available after hours. I go about normal routines on weekends and I am periodically unavailable for more extended periods. At those times the greeting message on my answering machine will instruct emergency calls to either (1) another phone number where I might be reachable (207-229-6896), or the phone number of a colleague covering for me. Naturally, if you or a member of your family feels that there is an actual emergency or impending crisis and I cannot be reached, contact or go to your nearest hospital’s emergency room for assistance.

PAYMENT POLICY: Clients are responsible for payment each session.
Standard fees : Individual Therapy : \$125 (50 Minutes), \$150 (75 minutes), Group Therapy ..\$40 (80 minutes) , Couples or Family Therapy...\$100 (50 minutes) , \$150 (75 minutes), or double sessions \$250 (110 Minutes) unless other arrangements are made. Most clients find it less cumbersome and time consuming to *have payments prepared before the session.*

The issue of insurance coverage has become quite complicated in these days of change in health care. If you choose to seek reimbursement for services from your insurance carrier, I will assist in providing receipts of service to you and treatment review paperwork to them, if you wish me to. I will not be able to submit appeals if reimbursement for services are limited or denied, as they are usually fruitless in the current insurance climate. The responsibility is yours to be sure that the coverage is in effect and that the proper procedures (i.e. preapproval, limits, etc.) are followed for services to be covered. Please notify me of any changes in coverage or insurance carrier. Likewise, I will notify you in advance of any changes in policies and fees. Checks and cash and credit cards are all acceptable means of payment.

LPT LCSW Information and disclosures cont'd (4)

CANCELLATIONS AND MISSED APPOINTMENTS: One important element for an effective therapeutic outcome is for us both to set our appointment times as a priority. Cancellations are discouraged for both therapeutic and scheduling reasons. Further, considering the value of continuity, multiple or frequent cancellations will impede progress. Since the scheduling of an appointment involves the reservation of time specifically for you, at least a 48-hour notice is required for a canceled session. Otherwise you, not your insurance carrier (insurance companies do not reimburse for missed appointments), will be fully charged for the unused appointment time. Missed appointments will likewise be charged at the full rate. *Exceptions:* When an illness leads to a visit to a physician's office/ hospital, or when the weather is severe enough to close the public schools, I will not charge for a missed appointment. Unfortunately, I cannot excuse other illnesses or car problems.

EXPECTATIONS IN PSYCHOTHERAPY: I view the first three interviews to be introductory and evaluative, intended to establish: (1) if we can work together, and if we can; (2) how best to achieve a favorable outcome in treatment. Provided that during the initial interview(s) we agree to mutual goals intended to improve your situation an/ or sense of well-being, the following commitment best exist: I shall exercise my learned judgment about what will be the preferred treatment for your best interest; and you shall make a good-faith effort to fulfill the treatment recommendations and to make payment for services in a timely fashion. I do not accept clients who, in my opinion, I cannot help. Also, psychotherapy never involves business. Social, sexual or any other dual relationship that impairs clinical objectivity, effectiveness or client's welfare is strictly forbidden . When the above commitment does not exist or some other obstacle to continuing therapy does exist, and there is no apparent resolution possible; treatment may be terminated and/ or a referral plan discussed to facilitate your receiving services from other sources.

Psychotherapy is a blend of science and art. There is no guarantee claimed that it will always be effective. However, if expectations and goals are clearly discussed, a favorable outcome will likely result.

PLEASE DISCUSS WITH ME ANY QUESTIONS OR CONCERNS, IN AND WHEN YOU HAVE THEM, ABOUT THESE POLICIES. IF THE ABOVE INFORMATION IS CLEAR AND ACCEPTABLE TO YOU, PLEASE SIGN AND RETURN TO ME.

Date: _____ Signed : _____
Client Client