

**Julie Wehrwein
Holistic Family Practice
65 Newburyport Turnpike
Newbury, MA 01951
978-465-9770 x 339**

PLEASE FILL OUT AND BRING TO YOUR FIRST APPOINTMENT

Name _____ Child's name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____
(Please indicate if we should not leave a message to person responding or in voice mail at above #'s)

SS# _____ D.O.B. _____
(If couple, list both) (If couple, list both)

Marital Status: Single Married Divorced Separated Widowed

Referred by: _____

Primary Physician _____ Phone # _____

Person to Notify in Case of Emergencies: _____

Relationship _____ Phone # _____

Please list other family members and ages: _____

Employer _____ Address _____

Policy Holder's name _____ Health Insurance Name _____

Policy Holder's date of birth _____ Name of Employment Company _____

Insurer Phone # _____ Insurance ID# _____ Grp # _____

PLEASE CHECK ONE:

1. I plan to pay out of pocket. 2. I plan to pay and submit to insurance for reimbursement. 3.
I plan to use my insurance with out-of-network benefits. 4. I plan to use insurance and pay co-pay.

I hereby authorize Julie Wehrwein, LMFT, LMHC to release any relevant information necessary to process insurance claims made to my insurer listed above:

(Signature of Patient) _____ Date: _____

Julie Wehrwein, LMFT, LMHC
Holisitic Family Practice
65 Newburyport Turnpike
Newbury, MA 01951
978-465-9770 x 339

TREATMENT AGREEMENT

Welcome to my clinical practice. This document contains important information about my clinical services, confidentiality, and business policies, and constitutes a treatment agreement between you and me for the course of our work. Please read it carefully and we can discuss any questions you may have in our next meeting.

PSYCHOLOGICAL SERVICES

My clinical practice offers evaluation and psychotherapy services on an outpatient basis to individuals, couples, families, and to individuals in a group psychotherapy setting. I am a private practitioner and solely responsible for my clinical work. We are not a group practice or a clinic. I may, from time to time, consult clinically with a provider or doctor in order to maintain perspective, get additional expertise, or otherwise enhance the clinical service I am providing, as is expected of people in my professional discipline. If this occurs I will ask you to sign a release form giving your consent for me to speak to this person.

The process of psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings or recalling unpleasant aspects of your history. However, psychotherapy has been shown to have benefits for people who invest in the process with commitment and realistic expectations. It often leads to a significant reduction in feelings of distress, better relationships, and resolution of problems. However, I cannot guarantee any particular resolution to problems or particular response to treatment.

Therapy involves a commitment of time, money, and energy, so you should remain informed about the therapeutic process. If you have questions or doubts about anything that is going on in the treatment, it is important to discuss them whenever they arise. If your doubts persist, an appropriate consultation with another mental health professional may be beneficial. If you want to do so, please bring it up so we might plan that together.

SESSIONS

Sessions are normally 50 minutes and end at about 10 minutes before the next hour. The first session is considered an evaluation session. During this time, I will gather pertinent information and history, clarify your reasons for seeking treatment, and speak with you about my thoughts about the best course of treatment to help you meet your objectives.

GENERAL CONTACTS AND EMERGENCIES

Please be aware that I do not have office staff or emergency services. I have a voice messaging service with a confidential voice mailbox. For routine messages, scheduling, questions, or to let me know that you need to speak with me about some routine matter, you can leave a message on my voice mail. During the weekdays, I monitor the voice mail through the day.

On the weekends, I monitor it only once in the evening. I usually return calls within 24 hours. Because I am often in session during the weekdays, I return calls at the end of my clinical day. Please indicate on

your phone message how late I can call your house.

In cases of a clinical emergency, please contact your nearest emergency room and seek services if needed. I also ask that you call back my office line and leave a message on my voice mail as well, indicating who you are and the nature of the emergency.\

PROFESSIONAL FEES

My initial fee for the first session is \$150.00. My session fee thereafter is the same for families, couples, and individuals, currently \$125.00/session. My consultation fee out of the office is \$150.00. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation. If you were unable to attend due to circumstances that were beyond your control, we will need to discuss it.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless it is agreed otherwise. In circumstances of unusual financial hardship, it may be possible to negotiate a payment plan with me. All balances over 60 days will be charged interest of 1-1/2% per month. There will be a \$25.00 charge for returned checks. In the event of any concerns or questions about your bill, please talk to me about it, and I will do whatever I can to address them. In the event that difficulties surface in paying your outstanding balance, it is important to discuss the possibility of implementing a payment plan with me. If your account is more than 120 days in arrears and suitable arrangements for payment have not been agreed to, you need to be aware that the option of using legal means to secure payment, including collection agencies or small claims court, may be initiated. If I am forced to pursue collection, you will be responsible for all costs of collection, including reasonable attorney's fees.

CONFIDENTIALITY

A. In order for therapy to be successful, it is often necessary to safely reveal private, sensitive information about yourself in the course of treatment. Ethically and legally, I am bound to keep all of this information strictly confidential and not release it to any party without your written permission. However, there are certain exceptions to this rule of which you should be aware.

1. There are certain situations in which a therapist is legally bound to act even if doing so should breach therapeutic confidentiality. These are as follows:

First, if a clinician believes that a child under the age of 18 has suffered, is suffering or is in danger of suffering serious physical or emotional abuse, or has been or is being sexually abused, a report must be made to the proper social service or legal authority. The same holds true for elderly persons who are suffering or have died due to abuse or neglect.

Secondly, if a clinician believes that you are threatening immediate harm to yourself, through a plan of action or inaction, he/she is required to contact a family member or other person who can help protect you, or have you evaluated for hospital admission.

Finally, if you were to threaten physical violence against another person, the therapist has a legal obligation to take some action to protect that person by notifying him/her and the police, and seek to have you hospitalized to prevent harm from coming to them and to you.

It is my practice, whenever possible, to discuss this with the patient before taking any action.

2. In legal proceedings, the courts usually respect your rights to confidentiality in the treatment relationship, and we are ethically bound to protect that right when testifying in legal or administrative procedures, even when a lawyer issues a subpoena. However, there are some

circumstances where some judges overrule the privilege and issue a court order requiring the therapist to testify. A typical situation where confidentiality privileges are overruled is in a contested custody procedure in a divorce.

**** It is important to note** that I do not voluntarily testify on behalf of parents/and or children going through divorce proceedings. My goal in these circumstances is remain neutral and therapeutic. If a parent wishes to have a specific opinion about a child's well-being or living arrangements, I am happy to make a referral to a guardian ad litem.

B. CONFIDENTIALITY WITH MINORS

In cases of therapy with minors, parents or legal guardians have rights to information regarding treatment. However, in order for therapy to be effective, the child must have an assurance of confidentiality. Because of this, it is my policy when doing therapy with minors, to ask parents to waive their rights to the confidential information. Information will be shared only with the child's permission, except in situations where the child's welfare is being compromised by maintaining the confidentiality. By signing this agreement, the parent agrees to the above.

C. CONFIDENTIALITY WITH COUPLES AND FAMILIES

When there is more than one person involved in treatment, such as in couples and family therapy, confidentiality is more complicated. In these cases, the unit is defined as the couple, or the family. Usually, and unless otherwise specified, information that is shared by a member of the unit within the context of that therapy cannot be considered confidential from the other parties involved in the therapy. For example, this means that if one member of the couple I am seeing in couples therapy calls me in between sessions, I will have to let the other member of the couple know about it.

****To ask the therapist to keep inappropriate secrets from other members of the therapy can disrupt the trust necessary for an effective treatment.**

D. CONFIDENTIALITY IN GROUP THERAPY

In group therapy, any and all information shared within the group sessions by any group member, must be kept confidential by all group members.

E. OFFICE POLICIES

If I were to hire someone to help me in the office all administrative and office staff would be bound to confidentiality and could not disclose any information to anyone.

All requests for records must be accompanied by a signed release of information.

It is my policy to keep records for 10 years from the date the record becomes inactive.

IN CLOSING...

It is important that you fully understand and are comfortable with the issues outlined above. Please bring up, in therapy, any questions or concerns you might have.

PLEASE SIGN

I have read, understood and received a copy of the above information. (If a couples therapy, both must sign. If family therapy, both parents or guardians must sign)

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

PLEASE SIGN

I have read, understood and received a copy of the above information. (If a couples therapy, both must sign. If family therapy, both parents or guardians must sign)

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____