

Leslie Connolly, LCSW

DISCLOSURE STATEMENT/ TREATMENT CONTRACT

Welcome to my practice!

I am looking forward to working together. Before we begin this journey, it is important to me that you understand the nature of the therapeutic relationship. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

First Sessions: The first 2-4 sessions will be an opportunity for you to see if I am a good match in helping you and for me to gather information about what brings you into treatment. If you decide at any point during the course of treatment that working with me is not a good fit, please let me know and I will be happy to provide you with some referrals. In these initial sessions, we will go over an intake document together which will include obtaining family and personal history, and we will work together to formulate treatment goals. When working with insurance companies, the individual client or one family member is typically the 'identified client.' I will be asked by your insurance company (if applicable) to submit a mental health diagnosis. By the third session, we will develop a treatment plan so that we are clear about what our goals are, and will be able to measure the usefulness of our work together.

Course of Treatment: Your counseling will require a commitment from both of us. I view counseling as a collaborative process between the client(s) and the therapist. For the most part, the content of our sessions will be what you choose to bring up or discuss. At times, I may suggest specific activities for you to do during the week to supplement our work in session. Together we will decide the course of your therapy with the understanding that you may end at any time. My role as an individual and couples counselor is to observe behavioral and interactional patterns and beliefs that are affecting a client's current functioning. I will provide feedback, tools and information that may help in working toward goals and intentions. I will use curiosity about what resources have been helpful in the past. In our counseling sessions, I will use a variety of approaches that will draw on your strengths to implement changes in your relationship(s) and life. Psychotherapy is a collaborative process and the progress you

make will depend in large measure upon your investment in the process. The way in which I work is to help you challenge yourself to see maladaptive patterns of thinking and behaving that interfere with your goals. We grow and rewire our brains and bodies by moving out of our comfort zones. Therapy may invite you to get uncomfortable at times in order to make progress.

Risks and Benefits: One major benefit of counseling is the resolution of the concerns brought to therapy. Other benefits may include a better ability to cope with marital, family and other interpersonal relationships, and/or a greater understanding of personal goals and values. In fact, clients can grow in many unexpected ways. Therapy is both an art and a science. Therapeutic outcome depends upon many factors. In agreeing to work with you, I bring a commitment to work ethically within my areas of training. I also will present de-identified cases to my peer supervision group as needed, in order to maintain clarity in the treatment I am providing. The outcome of our work together also depends on your motivation, commitment, and readiness for change. While our goal in working together is improvement in and/or resolution of the concerns that led you into treatment, sometimes symptoms may temporarily worsen before they improve in the treatment process. This is not unusual as people move through periods of change. You may also experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. I will do my best to assess progress and provide referral to other sources if that is deemed necessary and appropriate.

Hours of business/ Emergencies: My usual hours of business are Tuesdays (7-7pm, Wednesdays 7-7, Thursdays 7-7pm and most Fridays 7-2. You can call me anytime to schedule an appointment and leave a message on my voicemail if I am unavailable to take your call. I check phone messages regularly and will return your call as soon as possible. I will notify you in advance of any holidays or vacations when I will not be available during my usual hours. I do not provide 24-hour crisis intervention services for mental health emergencies, such as when you are in danger of hurting yourself or someone else.

In the case of a mental health emergency, you can contact:

- 774-HELP or 774-4357
- Ingraham Crisis Response Center of Maine: 1-888-568-1112
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) • or call 911 or go to your nearest Emergency Department

Payment: Clients are expected to pay for services at the time they are rendered unless other arrangements have been made. Cash, check or Venmo are welcome. My hourly rate is \$150. If this is not affordable I do have a sliding self-pay rate which we can discuss. Sessions are generally 53-minutes in length although some insurance companies will only cover sessions lasting 45-50 minutes. Significantly longer or shorter sessions will be charged proportionately. If you have insurance with one of the insurance companies with whom I am credentialed, I will directly bill that company and you will be asked to pay the deductible and co-payment amounts, which are determined by your policy.

Cancellations: If you are unable to come to a scheduled appointment, I kindly request at least 24 hour notice for cancellations. You will be billed a \$100 fee for not showing up to an appointment or canceling within the 24-hour timeframe. If you do accrue a balance that is unpaid I will mail you a past due invoice. If this balance remains unpaid I may use a collections agency in order to collect the balance. If you are sick you will not be charged for your first sick cancellation. Insurance companies will not pay for missed appointments.

Inclement Weather Policy: In the event of inclement weather, you can ascertain the safety of driving and walking. If you or I determine it would not be safe for the therapist and client to travel to the office, all in-person appointments will be canceled.

Telehealth: I provide Telehealth sessions as long as you are located in Maine. Typically I use Sessions or Zoom for videoconferencing as these platforms are encrypted to ensure privacy.

Termination of Therapeutic Relationship: Upon reaching your therapeutic goals, non-communication, general agreement, or for other reasons that indicate that we are not working together consistently or do not need to continue working together, termination may be indicated.

I may resume our therapeutic relationship at another time and/or I will offer you referral sources to continue treatment with someone else.

Vacation, Weekends, and Time Away: I will sometimes take vacation or be absent due to training, family emergencies, etc. If, during my absence, or in case you can't get a hold of me for any other reason such as it is a weekend, evening hours, or I am in session, and you experience an emergency, proceed to the nearest emergency room or call 911. I am not always available to answer calls or emails during evening hours or on weekends, or during work hours and while in session. I will do my best to return calls within 48 hours.

Dual Relationships: This is a therapeutic relationship. As much as possible, counselors do not engage in dual relationships with clients. This includes business relationships and social relationships--in person or online. This general guideline is in accordance with confidentiality standards and helps avoid unwanted social introductions and/or breaches of privacy.

Social Networking: I will not solicit or accept friendship or other requests via Facebook, Instagram, Linked In, Pinterest, other social media platforms. I take this measure to safeguard your confidentiality.

Communication and Privacy: Please note that I reserve electronic communication (email and/or texting) for logistics and scheduling, given that such communication is not HIPAA compliant, nor is confidentiality guaranteed. While I do my best to keep your information private, I cannot guarantee the security of emails, text messages, and voice communications. Many clients choose to use these electronic methods to communicate with me. While they are convenient forms of communication, they are not error proof. Please know that technology failures could prevent messages from being delivered; That I don't check messages throughout the day, and sometimes not at all on days that I am not working and on vacation; That messages may not be secure in transmission; That text messages are easily viewed by other people; There are multiple points of potential breaches of electronic information transmission; My email is not encrypted. I assume that if you text or email me, then I can text or email you back at the same number/address. When working with couples, I have a NO SECRETS policy (i.e.: if one spouse discloses to me something private, I would not keep such information from the other spouse).

Confidentiality: Confidentiality is a central feature of the counseling relationship. All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. I determine there is threat of serious harm to yourself or others
2. I have reasonable suspicion of abuse of a child, elder, or incapacitated person

3. If a court of law issues a legitimate subpoena for information stated on the subpoena.
4. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
4. It is necessary to defend myself against a legal action or formal complaint you make before a court or regulatory board
5. I may share unidentified information about you during supervisory consultations
6. Diagnosis and dates of service will be shared with your insurance company for the purpose of billing for services
7. Should you have an unpaid balance I will attempt to arrange a payment plan however I may utilize a collection agency should I be unable to collect payment in a timely fashion.
8. Please also note that when working with couples, I have a 'No Secrets' policy. Specifically, because both partners are my client, I will not withhold information that is shared from one partner from the other.
Supervision: Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. In keeping with professional requirements as well as my own professional development and commitment to my effectiveness as a counselor, I will participate in clinical consultation or supervision. Should I discuss your case, you will be identified only by first name. My consultants and supervisor will also be under the same limits as confidentiality as I am.

Contact outside sessions: If we see each other outside of the therapy office, it is my practice to not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Electronic device usage: To protect your privacy and respect that of others, please do not have cell phone conversations in the waiting area.

Accountability: If you have questions or concerns about treatment, or become dissatisfied in any way, please let me know. If you have any questions concerning this statement or about the counseling process, please feel free to raise them at any time.

I have read and agree to the terms and conditions of this contract. My signature is free from pressure or influence from any person or entity.

_____ Client Signature Date

_____ Client Signature Date

_____ Client Signature Date

_____ Leslie Connolly, LCSW Date