



Treatment Procedures and Policies

Patrick Ward, PhD, LMFT, LPC is a licensed therapist trained in marriage and family therapy. Therapy will be focused on setting meaningful goals and developing strategies to help you meet your goals. Your progress, and the effectiveness of therapy, should be measurable and observable. Periodically, Patrick will review your goals of therapy with you in order to monitor your progress and to identify new directions you may want to take in therapy.

As a clinical member of the American Association for Marriage and Family Therapy (AAMFT), Patrick follows the AAMFT code of ethics. This code of ethics can be accessed via the Web (www.aamft.org/Resources/lrmpplan/Ethics/ethicscode2001.asp) or a hard copy will be provided at your request. As a Licensed Professional Counselor (LPC) in West Virginia, Patrick is legally required to follow the code of ethics laid out by the West Virginia Board of Examiners in Counseling. The LMFT and LPC codes of ethics can be access via the Web (www.wvbec.org) or a hard copy will be provided at your request.

Therapy sessions are approximately 50 minutes long and typically are scheduled weekly. If you need to CANCEL your appointment, please give 24 hour notice prior to your appointment time. A fee of \$25.00 will be charged to YOU for appointments cancelled or missed with less than 24 hours notice. This charge cannot be billed to insurance companies, and it is the responsibility of the client to pay this fee.

In cases of emergency, please call the office number (865-0272). If Patrick is unavailable, please call 911 or go to the emergency room.

In divorce cases, either pending or settled, both parents are expected to be involved in treatment and at the very least they are entitled to basic information regarding their child's treatment as per their shared custody stipulations. **The following information must be provided to your therapist: custody orders, parenting plans, and any other legal documents pertinent to treatment.**

In cases involving children, the first session must include at least one parent. Parents are encouraged to understand that therapy is most effective when the child's privacy is respected. When children are involved in individual therapy, confidentiality will be upheld. Parents are entitled to a progress update at each session. Information will be divulged to parents with the child present in a manner that is deemed acceptable by the child. The exception to this policy is when the child discloses information deemed as a threat of harm to self or others.

Confidentiality

Confidentiality is very important to effective psychotherapy, and is a legally protected right of the client. Any information about you as the client will be kept strictly confidential and will not be revealed to anyone outside of treatment without your expressed and written consent. The exception to this is information deemed as a threat of grave bodily harm to yourself or others. Patrick is not liable for any breach of confidentiality made by others who are permitted access to

your confidential information. If you are under 16, you should know that your parents, in most cases, can examine your records without your permission. However, such an examination can be refused without a court order.

Your therapy record will be kept seven years following your last appointment. After this time your record will be destroyed. If your health insurance company is involved in providing payment for services, they will often require certain information including clinical diagnosis and sometimes a treatment plan and treatment progress report. By utilizing your insurance company for payment of services, you are allowing them limited access to your records and to creating a record outside of this office.

Payment Policies

All payment is ultimately the responsibility of the client or legal guardian of the client. Payment of deductibles, co-payments, co-insurance, and self-pay amounts are due at the time of service. As a courtesy to you we will file your primary and secondary insurance. In divorce situations, the parent bringing the child to therapy will be responsible for all charges during treatment.

HIPAA Privacy Rule

To save paper, please go to the following link for the HIPAA rules this office is required to follow:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

“No Secrets” Policy for Couple and Family Treatment

When I agree to treat a couple or a family, that couple or family is the “client unit.” For instance, if there is a request for the treatment records of anyone in the couple or family, I will seek the authorization of all members of the client unit before I release confidential information to a third party. During the course of therapy with a couple or a family I may work with a smaller part of the client unit (i.e., an individual, siblings, parents) for one or more sessions. These sessions should be seen by you as part of the work that I am doing with the family or the couple, unless otherwise specified. Please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required to by law, or unless I have your authorization. This would include the authorization of the persons in treatment to disclose session information to the others in the client unit that were not present in session. However, I may need to share information learned in an individual session with the entire client unit in order to effectively serve the couple or family being treated.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult an individual therapist who can treat you individually. This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated.

Client Bill of Rights

To the extent provided by law your therapist’s capacity, every client has the right to:

- ✓ Receive respectful treatment.
- ✓ Refuse treatment or a particular intervention strategy.
- ✓ Ask questions at any time.
- ✓ Know how available the counselor is to see you or what the waiting period is.
- ✓ Have full information about fees, method of payment, insurance reimbursement.

- ✓ Have full information regarding the counselor's qualifications to practice, including licensure or registration, training, experience.
- ✓ Have full information regarding the counselor's areas of specialization and limitations.
- ✓ Have full information about the counselor's therapeutic orientation and any technique which is routinely used.
- ✓ Have full information regarding your diagnosis, if your counselor uses one.
- ✓ Consult as many counselors as you choose until you find someone with whom you feel you can work.
- ✓ Experience a safe setting, free from physical, sexual or emotional abuse.
- ✓ Agree to a written contract of counseling goals and treatment plan.
- ✓ Talk about any part of your counseling with anyone you choose, including another counselor.
- ✓ Ask questions about the counselor's values, background, attitudes that are relevant to your counseling and to be provided with respectful answers.
- ✓ Request that the therapist evaluate the progress of counseling.
- ✓ Have full information regarding the limits of confidentiality and with whom and under what circumstances the counselor may discuss your case.
- ✓ Have full information regarding the extent of written or taped records of your counseling sessions and whether you will have access to them.
- ✓ Terminate therapy at any time.
- ✓ Disclose only that personal information which you choose and to refuse to answer any question if you choose.
- ✓ Require the therapist to send a report regarding your therapy with your written authorization. There may be a charge for this service.
- ✓ Have access to summaries of written files about you at your request, when legally possible.

Client Responsibilities

It is the responsibility of each client to:

- provide, to the best of the individual's knowledge, accurate information relating to his/her health and personal situation.
- accept personal responsibility to follow a treatment plan.
- accept personal responsibility if I refuse treatment.
- assume financial obligations for services rendered.
- respect the rights of other patients, clients, and Emerson Square personnel with whom he/she may come in contact.
- keep scheduled appointments or give 24 hour notice of cancellation.

I have read and understand the policies, procedures, and responsibilities described above. I agree to the client responsibilities listed above.

Signature

Date

Signature

Date

Signature of Minor Child (12 or older)

Date