



POSITIVE SELF  
CENTER

**WELCOME INFO**

**This document is yours to keep** for future reference. It is designed to acquaint you with the services we provide and procedures we follow. If you have any questions after reading this information, please don't hesitate to ask.

**ANSWERING MACHINE**

I have an answering machine, which I access several times a day, when I am in the office Monday through Thursday. If you have an emergency and need to speak with me, you can contact me at my home in Royal Oak. If you cannot get through to me, go directly to the nearest emergency room.

**CONFIDENTIALITY**

By law, you have the right of confidentiality. This means that no information about your therapy will be discussed with anyone without your written consent. I do reserve the right to consult anonymously with professional colleagues about my work with you. It is important for you also to understand that the following legal exceptions to confidentiality exist:

- ◆ If you threaten grave bodily harm to another person or yourself, I am required by law to notify the intended victim and an appropriate law enforcement agency.
- ◆ In the case of child abuse or neglect, I am required to notify the Children's Protective Service of the county. (I also must report any abuse of persons over 65 years of age.)
- ◆ Any information you publicly and voluntarily share outside therapy is not considered protected or confidential.
- ◆ Other exceptions exist if you make your mental status a legal issue.
- ◆ Information that must be provided to third party payers and to a collection agency if your account is delinquent.

If you want information shared with another person or health care provider, you must sign a "Release of Information" form. Please be advised that your insurance company will require diagnostic information before it will pay your claim. There will be a code number on your receipt to indicate your diagnosis. Some insurance companies require further information to be submitted by the therapist in order to pay a claim. If you sign the "Authorization to Release Information" on your insurance claim form, you are giving permission to the therapist to supply all required information. This is part of your contract with your insurance company.

**INFORMED CONSENT FOR TREATMENT**

Psychological services received at this facility are voluntary and can be terminated by the patient at any time. You have the right to be told what treatment involves, weekly

costs, duration, and likely outcome. I expect our work together to be helpful to you, but ethically I cannot guarantee a favorable outcome. I encourage you to ask questions about the process used during your therapy. We share responsibility for evaluating progress. Please be frank and open about your assessments of your changes. If you think that medication may be helpful, I will refer you to a physician.

You have the right to end therapy or consultation at any time. I request that you discuss this important issue with me beforehand. Under ordinary circumstances, it is wise to plan your final session.