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***Policy Statement for Clients Receiving Clinical Treatment-***

**Options for Treatment Sessions and Fees –**

Session fees are due at the time of service. They may be paid in cash or by check.

Intake – 60 min $170

Individual – 45 min $135

Family- 45 min $135

Parent guidance- 45 min $135

Group- 45 min TBD

Group- 30 min TBD

Child in school Observation - 60 min $150

Attendance in collaborative meetings $150

Home visit 60 min $160 $70 for each additional 30 minutes

Fee to appear in court as witness $1,500

Copies of records .25 per, plus postal fees and preparation

My professional fee is based on a 45 minute in-person appointment. In addition, I charge my hourly fee for other professional services you may need, I will break down the hourly cost if I work for periods of less than an hour. Example of other services might include report writing, telephone conversations lasting longer than 10 minutes (after 10 minutes I charge on a prorated basis beginning at the start of the call), preparation of records or treatment summaries, and any other services you may request. If you become involved in legal proceedings that require my participation, you will be expected to cover the cost for my professional time, including phone contacts with other professionals (attorneys, law guardians, doctors, ect), transportation costs and preparation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, and the fact that I have to cancel all other appointments for that day to prepare, travel and testify, I will charge $1,500 per count appearance.

**Scheduling Treatment Sessions-**

All sessions are by appointment only. Appointments are made directly with the therapist. Clients are expected to be on time for their scheduled session. Your time will not be extended if you are late for a session so that the next person who is on time will not have to wait. There are times when an emergency arises and sessions may be running late. I will do my best to contact you ahead of time to let you know if possible. This may not always be possible and I apologize for any inconvenience that this may cause.

**It is always your responsibility to provide or arrange for your own transportation. At no time will transportation be provided for you. If you need assistance making a call, for example to hire a taxi, I will be glad to assist you.**

**Do not leave the premises when your child is in session. If I need you in session, or if there is an emergency, you must be available. Do not use your child’s session time to run errands. If you wish to wait in your auto, in the parking lot during your child’s session you may, however you must make sure that I have your cell phone number, have your cell phone turned on so that I can reach you if needed.**

**Please make sure that your child has had breakfast, lunch or dinner before or after session. Please do not send your child into session with food.**

**Payment is due at the BEGINNING of each session. If you are writing a check, please make sure you write it before session starts so that we can use the entire session time on you or your child, and not on making payment.**

**Missed Sessions/Cancellation-**

If you need to cancel a session, you must cancel at least **24 hours prior** to the scheduled appointment. Otherwise, you will be responsible for that session fee. Future sessions will not be scheduled until missed session fee is paid in full. I will charge for cancellations of less than 24 hours and no shows. If you are using insurance, it is important to note that insurance companies do not provide reimbursement for cancelled sessions, so you will be expected to pay the entire fee, not just the coinsurance amount you might normally pay.

Clients are not responsible for any session fees when the session is cancelled by the therapist.

**Children’s Treatment-**

Children’s treatment consists of Individual, Family, and Parent Guidance Sessions. Children may also participate in group therapy as appropriate. Only Parents/guardians may initiate therapy for a child and must sign consent to treat form. Children must be accompanied by a parent/guardian or another adult to and from scheduled in-office session appointments.

Parents/guardians must understand that they are responsible for their child’s attendance in treatment. The choice to engage in treatment is that of the parent/guardian, not the child. Please do not ask the child if he/she wants to engage in sessions. However, adolescents will need to have some control over their treatment, in this case it is important to engage them in this decision. Parents/guardians understand that they are a significant contributor to their child’s treatment and agree to attend parent guidance and family sessions. Siblings and other family members may be invited to contribute to the child’s treatment as well. Attendance in sessions will be planned and agreed upon by the therapist and parent/guardian.

Parent/guardians need to understand and accept that treatment is an ongoing process and that at first it may seem as though the child’s symptoms or behaviors seem to get worse. This is normal and you should anticipate this as we work to address the issues. Treatment takes time as the child needs to first develop a trusting relationship with therapist before treatment can be productive.

**Adult Treatment-**

Adult treatment consist of individual sessions, often family sessions may be conducted. In the event that a family member is involved in sessions this will be discussed with the individual the session prior to the family session and will be planned accordingly. You are then responsible for inviting that person to join you in a planned, scheduled session. Also, it is important to let me know ahead of time if you wish to bring a family member to a session if it has not been discussed ahead of time. There must be therapeutic benefit to having an additional person join in the therapy process; this will be discussed ahead of time.

It is important to understand that you may feel more distressed in the initial stages of treatment. This is often expected since therapy often brings up past issues. This will be discussed on an on going basis.

**It is always your responsibility to provide or arrange for your own transportation. At no time will transportation be provided for you. If you need assistance making a call, for example to hire a taxi, I will be glad to assist you.**

**Do not leave the premises when your child is in session. If I need you in session, or if there is an emergency, you must be available. Do not use your child’s session time to run errands. If you wish to wait in your auto, in the parking lot during your child’s session you may, however you must make sure that I have your cell phone number, have your cell phone and that I can reach you if needed.**

**In-School/Child Care Facility Individual Sessions and Observations-**

An in-school session is an individual session that is conducted in the child’s classroom setting. In-school sessions will be evaluated for effectiveness and appropriateness. Some issues in therapy are not appropriate to be addressed in the classroom setting or in the presence of other children and adults. In school sessions are considered a part of the treatment and do not replace in-office individual sessions with the child. The parent/guardian must inform and get written permission from the school /facility to conduct the child’s individual session(s) or Observation at that facility. The therapist will contact the administrator to arrange a mutually agreed upon time(s) and date(s) for the session(s) or observation(s) to occur.

In School Sessions and Observations Fees are the responsibility of the parent/guardian and must be paid prior to the scheduled session.

**Medication Management-**

Medications, including psychotropics, are prescribed **only** by licensed medical doctors (MD). I highly recommend that any psychotropic medication be prescribed and monitored by a licensed psychiatrist rather than a pediatrician or family doctor. Psychiatrists typically monitor their patients monthly to bi-monthly and are familiar with the subtleties and side effects of these medications. Additionally, a psychiatrist is more informed about DSM IV diagnoses and how symptoms manifest in children. When a client is taking a psychotropic medication, treatment will include assessment of the effectiveness of utilizing medication to address symptom management. Additionally the client’s feelings, worries, concerns, and fears about utilizing medication will be explored.

**Recommendations for Evaluations-**

In order to obtain the most accurate information about a client’s current functioning; the therapist may refer the client for evaluations by other professionals. These may include, but are not limited to, Medical, Psychiatric, Psychological, Neurological, Speech and Language, Occupational Therapy, and Physical Therapy. This recommendation will be discussed with the client in order for the client to understand the benefits of such an evaluation.

**Other Referrals-**

At times it may be necessary to make a referral to a more appropriate provider if I am not able to meet a specific need. I will not attempt to treat a disorder that I am not familiar with as this would not be beneficial to the client and may even be harmful. Also, there are times when a client may wish to change to another provider for various reasons. A client has the right to do this and a right to an appropriate referral. I will make referrals only after thorough consideration of professionals who I feel may be able to assist you. At times I may refer you back to your insurance company if I feel that the insurance company may be more suited to make the referral and may have more knowledge of a particular provider that may meet your needs. Of course you are always welcome to do your own research and seek out someone on your own. You are also entitled to a second opinion, in which case I will also assist you.

**Returned Checks-**

There is a $30.00 fee for any returned check. This fee, along with the session fee, is due in cash at the next scheduled session. If another session is not scheduled, you are still responsible for the balance due. If a client has more than one returned check, all future sessions fees must be paid in cash. Future sessions will not be scheduled until any returned check fee and session fee is paid in full.

**Utilizing Insurance Benefits-**

If I am not in contract with your insurance company, you still may be covered by out of network benefits. In the event that you are using out of network benefits, you are responsible for the full fee, I will provide a superbill for you to submit to your insurance company for reimbursement. Any reimbursement will be between you and your insurance company. Payment, whether it be full fee or co-pay, is due at the time of session. Payment is due at time of session.

**Confidentiality-**

Information shared by clients in session is considered confidential. Information can only be shared with other persons for whom the client has indicated on a signed consent to exchange information. If the client is a child, the parent/guardian will sign the consent form. You MUST sign a release to exchange or I will not exchange information. The consent must be in writing, I will not consider verbal consent. The only time I will consider verbal consent is in the event of an emergency and only if the consent is witnessed and a written consent signed as soon as possible thereafter. I will only exchange information that is of your or your child’s best interest, on a need to know basis and that is useful for treatment, no other information will be shared.

*Limits to Confidentiality include:*

When a person discloses the desire or intent to harm him/herself or someone else.

When a person discloses that someone else is causing harm to them. This includes verbal, physical, and sexual threats or actions, or neglect of basic survival needs.

Parents must understand that their child’s sessions will be discussed with them; however, children are entitled to basic confidentiality as well. All NYS laws regarding minors and confidentiality will be followed.

3) Clients must understand that individuals who work with children are considered *NYS Mandated Reports for the Identification of Child Abuse and Neglect*. This includes professionals such as medical personnel, teachers and school staff, childcare providers, therapists, psychologists, and anyone else who works with children. In accordance with NYS law, I am required to report any disclosure or witnessing of neglect or abuse to a child to NYS Child Protective Services and/or law enforcement officials.

In the event that a client discloses a desire or intent to harm someone else, I have a *Duty to Warn* by informing that individual and/or law enforcement officials so that protection may be provided to the threatened individual.

If a client discloses a desire or intent to harm him/herself, I will follow the following protocol:

-develop a safety plan with the client that he/she agrees to follow to remain safe

-refer the client for immediate psychiatric evaluation for hospitalization

If the client is an adult, I can;

-contact a family member or friend to assist you with transportation to a local emergency room.

-call Dutchess County Mobile crisis to come to the office to do an immediate evaluation

-call local law enforcement to assist in transporting to local emergency room.

If the client is a child;

-I will refer the parent/guardian to seek immediate psychiatric evaluation for hospitalization for the child

-If the parent declines this referral, I will have them sign a statement of declining this referral and hold the adult responsible for keeping the child supervised at all times to ensure the child’s safety.

**4) Mandated Clients-**

If a client has been mandated to seek mental health treatment, I will be required to report the client’s attendance in treatment to the mandating court officials. The client is responsible for payment of fees at the time of service.

5) Please note that I do participate in professional supervision and consultation with colleagues. This is so that I may continue to develop professionally and to provide you with the best treatment possible. At times I will be discussing your treatment with my supervisor, or through consultation. I will not provide any identifying information. The only time I may provide identifying information is when it is critical to your care and in your/or your child’s best interest.

**What to do in an Emergency-**

If you are experiencing a clinical emergency:

You can call the Stabilization Center ***(845) 485-9700*** for immediate assistance or go directly to the Stabilization Center.

Call 911

Go to your local emergency room.

Additional options for a **child** in clinical emergency are;

1- Four Winds Hospital in Katonah, NY 1-800-528-6624, 1-914-736-8151

2- The Behavioral Center at Westchester Medical Center in Valhalla, NY

 914-493-7282

 (24 hr. crisis intervention team) 914-493-7075

Or you may contact your local emergency department.

**Termination-**

Termination of treatment occurs for many reasons and is a natural part of the therapy process. I support the client’s right to terminate treatment at any time. In order to leave treatment in the best possible way, termination should be planned in advance. Several weeks are best; however, if you are unable to give me advance notice, I will do my best to help you leave well. I also make appropriate recommendations for future treatment.

A proper termination is essential for child clients in order to prevent misperceptions about the termination that may result in feelings of rejection or abandonment in the child.

**Each client/family receives a copy of this policy statement during the intake/initial session to review and discuss with the therapist.**

**The client’s bill of rights and responsibilities have been reviewed with me.**

**I have read, understand, agree to, and have received a copy of the policy statement. I have had an opportunity to ask questions.**

**Signature Date**