

Tory Joseph, M.Ed., LCPC

Policies for Parenting Consults

My Responsibilities to You

I. Confidentiality

Other than certain specific exceptions described below, you have the absolute right to confidentiality. I cannot and will not tell anyone else what you have told me, or even that you are consulting with me, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

II. Record-keeping

I keep very brief records, noting only that you have been here, what happened in the session, and the topics we discussed.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid.

Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. Fees

Parent consults are \$170 per 60-minute session. You will be asked to pay for each session at the time of the session. Payment can be by check or via PayPal. A statement of the month's sessions will be furnished to you on the first of each month for the previous month's sessions and payments. You can use the statement for tax purposes or for re-imbursement. There is no direct billing with any insurance company.

VI. Ending Our Work Together

I want to make your consults as successful as possible. For that reason, it works best to find a structure to the beginning stages with sessions that meet regularly. I request notice prior to your actual leaving to allow you to leave with a sense of completion. If I feel that I cannot help you, I will offer you referrals to other sources of care.

My Training and Approach

I have a M.Ed. in Counseling, earned in 1983 at Boston University, and have been a Certified Parent Educator at the Parent Encouragement Program (PEP) in Kensington, MD for 20 years. If you are interested in a topic for your school or community organization, you may schedule a presentation through PEP at www.PEPparent.org. I am a Licensed Clinical Professional Counselor in Maryland. In addition to parenting education, other areas of special training and expertise include: group therapy, individual counseling, and Imago Couples Therapy (www.imagocenterdc.com).

Your Responsibilities as a Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 60 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice within business hours (Monday-Friday), you will be charged for that session, unless I can reschedule with you within the same calendar week.

Client Consent

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my parent coach's responsibilities to me.

Signed: _____

Dated: _____

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Policies for individual and couples psychotherapy:

Psychotherapy sessions are scheduled on an ongoing weekly basis, bi-weekly or monthly basis and last sixty minutes. Payment is due at the time of the session by cash, check or credit card. There is no direct billing with any insurance plan.

All regularly scheduled sessions are your financial responsibility. I need 24 hrs. of notice during business hours in order to not charge you for your session. If you know that you must miss a session, I will make reasonable efforts to reschedule sessions when cancelled in a timely manner. While I know that at times 24 hrs advance notice is not possible, without this amount of notice you will be charged for the missed session.

Either of us may end the therapy relationship. I would like to offer emotional support to all the phases of your work in therapy, including when you decide to leave therapy. I can support your decision to leave best if you give a couple of weeks notice prior to actually leaving. The notice allows you to leave well, having an experience of completion.

If, at any time, you feel that your needs are not being met or you are not getting what you want out of our sessions, please tell me, so we can discuss your needs and adjust your therapy treatment plan.

As a licensed therapist, I protect the confidentiality of the communications with my clients. I will only release information about our work to others with your

written permission, or if I am required to do so by a court order. There are some situations in which I am legally obligated to breach your confidentiality in order to protect others from harm, including (1) if I have information that indicates that a child or elderly or disabled person is being abused, I must report that to the appropriate state agency and (2) if a client is an imminent risk to him/herself or makes threats of imminent violence against another person, I am required to take protective actions. These situations rarely occur, but if such a situation does occur, I will make every effort to discuss it with you before taking any action.

Cost

The cost for a sixty-minute individual therapy session is \$180, payable by check or credit card at the time of the session

The cost for a sixty-minute couples therapy session is \$180, payable by check or credit card at the time of the session.

I have a sliding fee scale for low-income clients based on salary as needed.

To set up a session with Tory, simply email:

Tory.joseph@gmail.com or call 301-758-2007