

**Couples and Family Wellness Center**  
**1034 Beaumont Road**  
**Berwyn, PA 19312**  
**(610) 889-2089**  
**www.couplesandfamilywellnesscenter.com**

**Information for Clients and Consent to Treatment Form**

It is our goal to assist you with the problems you may be currently experiencing. Please read the following information carefully.

Linda Hershman is a Licensed Marriage and Family Therapist. She earned a Master of Science degree in Counseling Psychology/Human Services from Chestnut Hill College, and then completed the Intensive Program of the Child and Family Therapy Training Center. She is a Clinical Fellow and Approved Supervisor with the American Association of Marriage and Family Therapists.

All therapists with the Couples and Family Therapy Wellness Center are trained to provide individual, couple and family therapy; some have special training in trauma treatment.

**Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on both the therapist and the patients and the particular problems which the patient brings to therapy. There are a number of different approaches, which can be utilized to address the problems you hope to improve. It requires a very active effort on your part. In order to be most successful, you will have to work both during sessions and at home.

Psychotherapy and couples counseling have both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt and anxiety, anger and frustration, loneliness and helplessness. One or both partners involved in couple therapy may decide they wish to terminate the relationship. Psychotherapy and couples therapy also have been shown to have benefits for people who undertake it. They often lead to significant reduction in feelings of distress, better relationships and resolution of specific problems, but there is no guarantee that this will happen.

By the end of the initial session, your therapist will be able to offer you some initial impressions of what your treatment plan will include, and an initial treatment plan, if you decide to continue. In some cases, the initial evaluation will take several sessions. Psychiatric consultation for medication may be recommended.

If you have questions about your treatment, diagnosis, or sessions, please feel free to discuss them with your counselor as they arise.

**Contacting Your Therapist between Sessions**

Each therapist maintains a confidential voice mail system, which is available to take your messages 24 hours per day. In most cases, non-urgent messages will be picked up and returned before 9:30 PM on the day in which they are left. In case of emergency, you should go to the nearest emergency room or call 911 for assistance. If your therapist does not respond within 24 hours, please contact Linda Hershman, LMFT (owner) at 610 889-2089.

While we understand that you sometimes need phone support, calls lasting more than 10 minutes be considered a session and will be charged \$1.00 per minute.

If your therapist is scheduled to be out of the office and unavailable for any reason, you will be informed of the dates, and the name and contact information of the covering therapist.

### **Confidentiality**

What you discuss with your counselor is strictly confidential and is protected both by law and our professional code of ethics. We can only release information with your written consent. There are, however, certain limits to confidentiality. We are obliged to share information given in confidence if we have reason to believe that a client is (1) likely to inflict bodily harm on someone else; (2) likely to harm him or herself; (3) suspected of, or involved in child abuse, and; (4) suspected elder abuse. A court can demand that we testify when there is just cause as deemed by a judge. Other legal proceedings (such as worker's compensation claims, criminal proceedings, competency hearings, etc.) as well as your submission of a claim to an insurance company may require me to release information. We may release certain information (your name, address, date of birth, phone number, Social Security number, etc.) for purposes of debt collection.

All therapists at the Couples and Family Wellness Center participate in supervision to ensure the highest quality of care. Information about your therapy may be shared during supervision, but your identifying information can always be changed to ensure your privacy.

We will be happy to clarify any questions you have about confidentiality and its limits, including how it varies when the patient is a minor (under 18 years of age). For clients under the age of twelve, therapists are obligated to keep parents or guardians informed of progress in therapy, if they request. Before talking with your parents, we will inform you of the information we intend to discuss.

### **Use of electronic communication**

The Couples and Family Wellness Center, LLC will use reasonable means to maintain security and confidentiality of electronic communication sent and received. You must acknowledge and consent to the following conditions:

1. Electronic communication is not appropriate for urgent or emergency situations. We will respond within 24 hours. If you have not received a response after 48 hours, you are requested to contact Linda Hershman (owner) at 610 889-2089.
2. Electronic communication should not be used for communications regarding sensitive medical conditions such as sexually transmitted diseases, HIV/AIDS, spouse or child abuse, chemical dependency, mental health status, etc.
3. Electronic communications related to therapeutic issues will be recorded in your medical record, just as any other communications of this nature.

### **Risks of using electronic communication**

Transmitting information by electronic communication has risks that you should consider. These include, but are not limited to, the following:

1. Electronic communication can be intercepted, altered, forwarded or used without authorization or detection.
2. Electronic communication can be circulated, forwarded, and stored in paper and electronic files.
3. Electronic communication senders can type in the wrong email address.
4. Electronic communications may be lost due to technical failure during composition, transmission, and/or storage.

Our computers are equipped with a firewall, virus protection and passwords, and we also back up all confidential information from computers on to a confidential cloud on a regular basis. Please notify your therapist if you decide to avoid or limit, in any way, the use of emails, texts or faxes. If you communicate confidential or private information via email or text, we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate via email.

**Payment for Services**

Payment is expected at the time of service. We accept cash, check, and credit cards (including debit and HSA account cards). Credit cards are subject to a small fee of 3% of the cost of your session. Checks should be made out to: Couples and Family Wellness Center, LLC. Returned checks will be assessed a fee equal to the amount charged by our bank, not to exceed \$35.00.

Please have your check made out or other form of payment ready at the beginning of the session.

Fees are \$\_\_\_\_\_, based on 45-50 minute sessions. If you wish to schedule a longer session in advance or extend this time, you may do so at the discretion and availability of your therapist. You will be charged for extended sessions at the rate of \$\_\_\_\_\_ per \_\_\_\_\_.

Failure to pay fees in compliance with the aforementioned financial agreements may result in the termination of treatment. If an outstanding balance exists and good faith payment arrangements are not made within 60 days, your name and address, dates of professional services rendered, and the amount of the unpaid balance may be submitted to a collection agency.

We occasionally will increase fees to reflect the cost of living. In the event of an increase, you will be given 30 days-notice.

**Cancellation Policy**

We require 24 business-hours cancellation, except in the event of an emergency, such as: illness, family emergency, car breakdown, or dangerous weather conditions. In the event of a late, non-emergency cancellation, you will be charged the full session fee.

**I have read and agree to the above information, including information provided in all sections of this document (Psychological Services, Contacting Your Therapist between Sessions, Confidentiality, Payment for Services, and Cancellation Policy) and hereby give my consent to treatment. Additionally, I authorize the Couples and Family Wellness Center to contact me by mail, phone, and electronic means at the mailing address, phone numbers, and e-mail addresses provided on the client information form. Any exceptions to this authorization to contact are noted below:**

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Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____