

## **Welcome**

I am appreciating the opportunity to get to work with you. This policy statement will give you some basic information about what to expect from our professional relationship. Please read thoroughly and remember that you have the right to terminate therapy at any time, seek a second opinion, receive information about my methods of therapy, techniques I use, fee structure, and duration if I can determine it. It is often a mutually transformative opportunity to share and discuss when and how our work together is not meeting your wants/needs so I invite you to address them with me if and when they arise.

## **Degrees and Credentials**

I received my Master's Degree in Counseling Psychology from the University of Colorado at Denver in 2002 and my Bachelor of Arts degree in Cultural Anthropology from Humboldt State University. I am a Licensed Professional Counselor, License number: 4863. I am trained in the Hakomi Body-Centered Method of Therapy, EMDR, Internal attachment and somatic resolution and various body-centered and mindfulness practices to support healing and thriving in all areas of life. I am also committed to the continued learning in general and of the Enneagram specifically through course-work and self-study. I am happy to share the full list of my advanced and continued training at your request.

## **Confidentiality**

I understand and respect your need for privacy. To prevent any unauthorized disclosure of any kind, all private communications in therapy will remain private except as required by law and discussed more fully in my disclosure statement. Some exceptions to confidentiality include when one is considered a danger to self or another; if there is a suspicion of child physical, sexual, emotional abuse or neglect, or elder abuse or neglect; if you are considered to be a danger to yourself or anyone else; If you provide a written consent to release information; If a court of law issues an order for a disclosure of information. I will identify these exceptions should the situation arise during treatment or in our professional relationship.

When treating couples, confidentiality among members is not a guarantee. Please know I will not appear in court for divorce proceedings or child custody cases.

Should you choose to submit your own **claims to insurance for therapy**, a diagnosis is required which I am happy to discuss with you and provide you with –this precludes confidentiality and does not guarantee reimbursement.

## **Emergencies**

Jamie Brennan Therapy Services does not work with individuals in need of urgent support between sessions and is not equipped to provide 24 hour emergency service. In a mental health emergency dial 911, or report to your nearest emergency center or urgent care.

I do offer short check-in or clarification support calls between sessions when possible and charge for these phone conversations prorated by 15 minute intervals based on my hourly fee.

Client acknowledges that the client takes full responsibility for the client's life and well-being, as well as the lives and well-being of the client's family and children (where applicable), and all decisions made during and after our work together. Jamie Brennan Therapy services is responsible To the client, not For the client.

**Fees, Late or Cancelled Appointments, Insurance**

My fee is \$125 for a 50 minute individual session, \$150 for a 50 minute couple session, and payment is due at the time of or before each session. I offer online payment through PayPal on my website for an additional \$5.00 to cover the cost of the PayPal fee. You can save your session time for focusing on you by paying or writing your check prior to the session.

Except in cases of rare emergencies, since my time has been scheduled specifically for you, if there is a cancellation without at least a 48 hour notice, you will be charged for the full fee of the visit. If you are more than 20 minutes late, I may leave unless you call to tell me you are on your way. In that case we will have the remainder of the hour that was originally scheduled for our session.

While I do not accept insurance, I can provide you with a receipt of payment each month after services are rendered and payment is made, for you to submit to your insurance company **in the case that your plan covers out-of-network providers.**

**Termination**

Should you discontinue Therapy for more than 60 days, our work will be considered “terminated”, unless other arrangements have been made in writing. You may resume Therapy with me at any time if you and I both consider it in your best interest to do so. However, you may be required to sign another disclosure statement and policy statement and/or provide additional information to update your client records.

**Homework**

I will often offer homework and reading assignments as a part of your therapy. Together we can create a meaningful homework experience. I often give out handouts and/or write out information about our session. Please keep a file for these and bring it to each of our sessions so that we can refer to them.

**Philosophy of Therapy**

Working to recover your wholeness and overall well-being may be the most important undertaking you can take toward creating the life you want. My experience shows that it takes time, focus, and a commitment to get the most out of the opportunity. Although Therapy can be challenging at times, its rewards are great and are well worth the time, energy, and money that you expend.

Please understand that Therapy is a voluntary process and can produce changes in your life, some unexpected. However, no guarantee of results is possible, since you, the client, are in charge of your wellbeing and choices in your life. My goal is to support you in your process. I am willing to work as quickly or slowly as you like. Please let me know if you want/require a change of pace. I welcome any questions you have at any time regarding me, our process or anything else related to our work together. We are a team and I look forward to working together.

**Signature of Understanding and Agreement**

I have read and understand this statement of policy and agree to all contents. My signature below verifies my understanding and agreement, and as well authorizes Jamie Brennan Counseling to release the information necessary to submit to collections should there be unpaid outstanding balances.

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_