Marti F-Mowers,Ed.D.,LCSW,LMFT,E.T.(P/A/M),E.I.S.>S 15 Fishers Road, Suite 214 Pittsford, NY, 14534 (585) 330-0472 PATIENT CONTRACT

MY PRACTICE

My practice includes psychotherapy for children, youth, adults, and families. I have a doctorate in Counselling and Human Development from the University of Rochester. I am licensed in New York State as a Clinical Social Worker (my focus is anxiety and depression related challenges, and inflexible thinking styles), and Marriage and Family Therapy (primarily families with children). I am also a Registered Play Therapist and an Early Intervention Specialist. My post graduate training in Early Intervention Specialization from the Department of Pediatrics, University of Rochester Medical Center, and Supervision of Supervision through the American Association for Marriage and Family Therapy. I provide consultation, as well as supervision

I typically begin the therapeutic process by gathering background information, having a series of sessions for assessment, intervention, and relationship building. This is followed by the development of a mutually agreed upon plan for addressing identified needs. A medical mental diagnosis is part of this process.

PROFESSIONAL FEES

My fee for a typical session (53+ to 60 minutes) is \$195. The Diagnostic session is \$225. Based on your insurance plan, the contractual fee may be less. If your insurance plan is one in which you have a co-pay, YOU ARE ONLY RESPONSIBLE FOR THAT CO-PAY. If your insurance plan is a high deductible plan, then YOU ARE RESPONSIBLE FOR THE CONTRACT RATE AS DETERMINED BY YOUR PLAN. The fee for missed sessions-without 24-hour notice and meetings/sessions outside of the typical session at my office is the hourly rate of \$195. Exceptions for illness, and other mutually agreed exceptions are allowed. Your honesty is appreciated. In addition to regular appointments. Other professional services that exceed 15 minutes will be billed in 15-minute increments of \$50 each. Other services include report writing, telephone conversations lasting longer than 15 minutes on behalf of the patient (potentially initiated by myself to other third parties), attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries at you request, and the time spent performing any other service you request of me. These additional Other Professional Services are not reimbursed by insurance and will be directly billed to you.

For the good of the therapeutic relationship, I do not conduct written or in-person participation in legal matters. If you become involved in legal proceedings and such participation is court-mandated (again, against my therapeutic advice), you will be expected to pay for my professional time even if I am called to testify by another party.

Because of the difficulty of legal involvement, I charge \$200 per hour for written correspondence or preparation and attendance at any legal proceeding, and any legal fees.

CONTACTING ME

While I strive to answer phone calls as soon as possible, I will not answer the phone when I am in session. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays or when otherwise indicated by my voice mail greeting (such as on my own vacation).. If you are difficult to reach, please inform me of sometimes when you will be available and make sure to leave a phone number. In emergencies, I can be reached through my answering service at 585-330-0472. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, go to your hospital emergency room, or call 911 or Lifeline at 275-5151 for help. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In some legal proceedings involving child custody a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person]is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or

concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice. Laws governing confidentiality are quite compl;ex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Parent/Guardian Signature Date

Parent/Guardian Signature

Date