

## Lynne Logan Ph.D., L.M.F.T.



### OFFICE POLICIES - PRACTICE POLICIES - CONSENT FOR TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have. Your signature will represent an agreement between us.

#### Psychotherapy Services:

Therapy involves an active effort on your part. For therapy to be successful, you will be asked to work on issues we talk about during our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems and significant reduction in feelings of distress, depression and anxiety. There are no predictors of what your experience will be like.

Our first few sessions will involve an assessment and evaluation of your needs and issues. After a couple of sessions of gathering history, I will be able to offer you some first impressions of what our work will include and a treatment plan we may follow. Therapy involves a commitment of time, money and energy, so you should be thoughtful about the therapist you select and feel comfortable.

#### Contacting Me:

When I am in session with a client, I do not answer my phone. However, I do check my messages frequently. You can expect a return call from me usually the same day. Evening is when I return most of my calls. When you leave me a message, please leave your phone number, name and nature of your call. I also “text” throughout the day, so that may be the best and fastest way to contact me. **Emergencies: In the event of an emergency, please call 911 immediately.**

#### Appointments:

During the initial evaluation and assessment, I will gather important information about your life and usually takes 2 sessions. If you have an immediate issue to discuss, of course, we will discuss that the first session. Most of my clients are scheduled on a weekly regular basis, same day, same time, known as a “standing” appointment.

Sessions are 55 minutes. Those who drive a distance may schedule a weekly appointment for 1 1/2 hours. Conjoint sessions (two people) are always scheduled for 1 1/2 hour sessions. The time goes very fast during sessions involving two people, so the 1 1/2 hour works best to allow time for both individuals to talk and ample time for feedback.

#### Late Appointments

If you are late for any reason, I will be unable to makeup the time due to following appointments. If I run late in my office, which may happen for a few moments, I will always make up the time.

#### Cancellation Policy:

**Canceling your appointment must be within 24 hours so I have time to fill the time with someone who is on my waiting list. I usually run a waiting list of a minimum of three people and I can most likely fill the time if I have ample notice of 24 hours. If you cancel in less than 24 hours, you will be responsible for payment.**

In addition to session fees, I charge for any additional professional services you may need such as report writing, preparation of records, treatment summaries, court appearances, copies of your sessions and or payments, consultation with other professionals (of whom you have authorized), letters for service pets, etc.

**EMDR, Eye Movement Desensitization and Reprocessing**

EMDR is a well-researched refined therapeutic process that treats PTSD, depression and anger, relationship issues, victims of crime, and any disturbing memories you may be suffering from your past. Dr. Logan has been treating clients successfully with EMDR for over 12 years and is a Certified and Credentialed EMDR therapist. All EMDR Sessions are scheduled for 1 1/2 hours.

**Billing and Payments:**

All payments for service are paid each visit. PLEASE consider how valuable your therapy session time is. For your benefit and the best use of your session time, PLEASE make your payment out BEFORE session so this does not interfere with your therapy time. I accept PAYPAL, cash, credit card or bank check through PayPal. You do not need a PayPal account to use PayPal.

**Professional Records:**

The laws and standards of my profession require I keep treatment records. If you require a copy of your records or copies sent to a third party, a prorated fee will be charged.

**Confidentiality:**

In general, the privacy of all communications between a patient and therapist is protected by law and can only release information to others with your written consent. There are a few exceptions, however. In 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 client's treatment. These situations include:

1. The client threatens suicide or other physical harm to self. The therapist will report this situation to any family member and/or appropriate authorities.
2. The client threatens homicide or other physical harm to another person. The therapist will warn all intended victims, appropriate family members of the intended victim and appropriate authorities.
3. The therapist has reason or suspicion that the client a) has committed child abuse in any form (e.g., sexual, physical, mental) OR b) is a minor and has been or is currently being abused OR c) has committed or is the victim of dependent adult or elder abuse (sexual, physical or mental). All suspected abuse will be reported to the appropriate agency by the therapist. Reports will be verbal and in writing to the proper authorities.
4. IF a referring agent requires updates on the clients attendance and/or compliance, the therapist will need a signed release by the client before reporting information.

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

**Consent for Treatment:**

I give Dr. Lynne Logan consent to discuss with me my current issues, history, thoughts, feelings, relationships. and diagnosis. I understand she will give me her best clinical practice and guidance pertaining to my situations(s). I understand I am consenting to treatment and what I share in our sessions will be confidential with the exceptions of the limitations I have read above.

**Emergency Contact:**

If an emergency should occur concerning myself while in Dr. Logan's office, I give Dr. Logan full permission to contact the name on my Intake Form OR to contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Contact  
( ) \_\_\_\_\_

My signature below indicates that I have read this document and agree to the terms during our professional relationship. i also agree to the above limits of confidentiality and will not hold the therapist liable for breach of confidentiality under the conditions stated above.

Client, Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Signature: \_\_\_\_\_ Date: \_\_\_\_\_