



**Ryann E. Foster, LCSW**  
**Licensed Clinical Social Worker**

Welcome. This document contains information about my professional services and business policies. Please read it and jot down any questions you might have to discuss at our first session.

**Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on both the therapist and the client's personality and the client's concerns. Several different evidence-based approaches can be utilized to help with the problems we will work on. You may be asked to work on things we discuss during and in between our sessions to be most successful. It also requires a connection between you and me that is best built with consistency.

Psychotherapy has both benefits and risks. Psychotherapy often requires discussing unpleasant aspects of yourself, others, or your life. It has also been shown to benefit people undertaking it significantly. It often leads to a significant reduction in feelings of distress, better relationships, the resolution of specific problems or complaints, and greater satisfaction with life.

Participation in therapy can result in many benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek treatment. Psychotherapy requires active involvement, honesty, and openness to change your thoughts, feelings, or behavior. I will ask for your feedback and views on your therapy progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, intense emotions, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can be quick and easy, but it can often be gradual and frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

## **Sessions**

Sessions are each between 50-55 minutes, which insurance carriers consider a "therapy hour." It will take time for us to get comfortable with each other. I recognize that sharing private parts of your life with a stranger can be awkward, uncomfortable, and even make you feel vulnerable. In our first few sessions, we will be getting to know each other, determining goals, and forming the beginnings of a working/therapeutic relationship.

## **Communication**

Clients can reach me by phone or email. Should you need to reach me in between sessions, I prefer you contact me via email. Please contact me with a phone call in case of an emergency. If you cannot reach me and feel that you cannot wait for me to return your call, you should call your family physician, Crisis Services (716.834.3131), or go to the emergency room at the nearest hospital.

Non-urgent contact between sessions should be limited to scheduling and questions related to homework. Events may take place in between sessions that you may wish to discuss. Please record these events and bring them with you to our next scheduled session.

## **Contact in Public**

I sometimes walk in the same circles as my clients. Occasionally we may cross paths. I ask you to understand that I am there for my reasons and have my own private life. I will not approach you if we see each other in public. This is not to be rude, but to respect that clients do not necessarily want to explain their relationship to me to their friends or family. You are welcome to approach me. I will say hello and speak briefly. Please do not consider it disrespectful if I do not introduce you to the people I am with.

## **Promptness**

Sessions start at the scheduled time. Being late can interfere with our work together and inhibit progress. I generally have a session scheduled immediately after yours, so lateness only shortens the length of the time I can spend with you. If I run slightly late for whatever reason, I will do my best to extend your time by the appropriate amount. Otherwise, extending sessions beyond your 50-55-minute slot is at my discretion. Should you arrive 10 minutes or more late without notice, our session will be rescheduled, and the late cancellation fee may be applied.

## **Fees and Sliding Scale**

My hourly fee is \$150 for intake/evaluation sessions and \$140 for regular sessions. I currently accept BlueCross BlueShield, Fidelis, Fidelis, Independent Health, Medicare, MVP, UnitedHealth, and Univera. I encourage you to call your insurance company to clearly understand your behavioral health benefits, including copay, deductible, session limit, etc. Your health insurance may cover my fee in full or partly as an out-of-network provider. I will directly submit claims to your insurance company only if I am an in-network provider. Otherwise, I will provide you with statements to submit for reimbursement after paying for services upfront.

Should you choose to use insurance, my office will contact your carrier before our first session, obtaining the information below about your coverage. By providing the office with your insurance carrier and identification information, you provide verbal authorization to get this information on your behalf. The office will be obtaining and relaying to you the following:

- Do you have mental health benefits?
- How many sessions per calendar year does your plan cover?
- Does your policy require a referral?
- What is your co-payment?
- What is your deductible, and has it been met?

I can occasionally offer a sliding scale to help those with no insurance and less financial means; I do not want financial limitations to be a barrier to care. Please discuss this with me if necessary.

Please let me know if you need an invoice at the end of each month to submit for insurance reimbursement.

### Credit Card on File

A credit card may be kept on file to automatically charge for copays, co-insurance, deductible, and professional service charges, such as late cancelation or missed appointment charges. It is the client's responsibility to keep cards accurate and up to date. Financial information and other protected health information are stored securely. A receipt will be emailed to you at the address you provide.

Should you prefer to pay at the time of service, you may do so at our session. I accept cash, check, or credit card.

Type of card (circle one):

Visa     MasterCard     American Express     Discover

Card # 16 Digits: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_\_ Security code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on card: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I authorize R. E. Foster, LCSW, PLLC, to charge this credit card as needed according to the terms specified in this Agreement and Policy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appointment Cancellation

Sometimes missing sessions is unavoidable. I ask that my clients be considerate of not only their own time but my time and the time of other clients who may be waiting for a cancellation. If you must cancel an appointment, my preferred method of contact for cancellations is an email. I will provide you with appointment reminders 72 hours before your scheduled session via email or text. Please provide me with your preferred method to receive these reminders.

Please be aware that insurance carriers will not pay for late cancellations or missed appointments. Once an appointment is scheduled, that time is reserved specifically for you. Therapy is a mutual commitment of us coming together to work on your life. At your session time, I am present and prepared.

Sessions canceled within less than 48-hours will be charged a fee of \$75.00. \_\_\_\_\_ (Initial)

Sessions canceled within less than 24-hours will be charged a fee of \$100. \_\_\_\_\_ (initial)

Cancellation fees are due within seven days of the canceled appointment unless other arrangements have been made.

Two late cancellations or missed appointments within four months may result in treatment termination, as this is disruptive to the therapeutic process. This will be at my discretion.

I commonly waive the charge in crises such as severe illness, accident, or severe injury. I still expect to be notified as soon as possible if you cannot attend unless it is physically impossible for you to call.

If your job requires last-minute work or travel, I will attempt to work with your schedule as best possible. But please consider your availability before making the appointment. If you miss the session without providing adequate notice, there will be a charge.

If you need to miss an appointment but might be available another day or time, call me, and I will do my best to accommodate the rescheduling.

If you do not feel safe traveling to my office due to inclement weather conditions, please refrain from doing so. Your safety takes precedence, and you will not be charged for the session fee. I still ask that you contact me as soon as possible on the day of your scheduled session. Should I determine that I am closing the office for any reason, I will notify you by email.

## Professional Records

The laws and standards of my profession require that I keep treatment records. Because these are professional records, they can be misinterpreted or upsetting to untrained readers. If you wish to see your records, I recommend reviewing them in my presence to discuss the contents. Clients will be charged an appropriate fee for any professional time spent responding to information requests. I ask that requests for completing forms or letters be provided 2-weeks in advance.

## Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. My policy is to request the parent's agreement that they agree to give up access to your documents. If they agree, I will provide them with general information about our work together unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. Parents are also asked to complete Adolescent Consent, which will be provided. I ask that both parents be present for our initial session. Should there be any concerns with this arrangement, I ask that this be discussed before the scheduled session.

## Confidentiality

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

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if they determine that the issues demand it.

There are some situations in which I am legally obligated to act to protect others from harm, even if I must reveal some information about a client's treatment. For example, if I believe that a child, older adult, or a person with a disability is being abused, I may be required to file a report with the appropriate state agency.

If I believe a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for them or contact family members or others who can help provide protection.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I try to avoid revealing my client's identity. 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 it is crucial to our work together.

If other providers are treating you, coordination of care is essential. I will ask you to provide written consent to coordinate with these providers, which will expire at the end of our treatment.

While this written summary of exceptions to confidentiality should help inform you about potential problems, we must discuss any questions or concerns you may have at our next session. I will gladly discuss these issues with you if you need specific advice. Still, formal legal advice may be necessary because confidentiality laws are pretty complex, and I am not an attorney.

### **Termination and Follow-Up**

Deciding when to stop our work together is a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If you cannot phase out of therapy, I recommend we have closure on the therapy process with at least one final session.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my informed judgment about what treatment will be in your best interest. Your responsibility is to make a reasonable effort to fulfill the treatment recommendations you agreed upon. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

Suppose, during our work together I assess that I am ineffective in helping you reach your therapeutic goals. In that case, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may help you. If you request and authorize it in writing, I may talk to the psychotherapist of your choice (with your permission only) to help with the transition. If you want another professional's opinion or wish to consult with another therapist, I will help you find someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with the names of other qualified professionals whose services you might prefer.

*Please be advised that these policies may be subject to change.*

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

I look forward to our work together and will be happy to discuss these and any other issues that are of concern to you at any time.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_