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Psychotherapist

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Policies and Practices

Thank you for choosing to work with me as your therapist. Below are some of my office policies and information about privacy practices. Please feel free to ask me any questions that might arise.

Billing and Insurance

Invoices are generally prepared monthly and reflect the previous month's sessions. Even if you have health insurance that covers psychotherapy, you are still responsible for the whole amount of the bill and should submit the invoice to your insurer who will send benefits directly back to you.

Fees

My current fee for a 50-minute therapy session is \$210. Couples sessions last 60 minutes and the fee is \$240. Fees are due at the time of the appointment. I accept payment by check or Zelle, but not by credit card.

Emergencies

I do not carry a pager and do not provide “24x7” coverage; however I do check my voicemail regularly. If you experience a mental health emergency, please call 911, or go to your local hospital or emergency clinic before trying to reach me. In the case of planned extended absence (e.g. vacation), backup clinical coverage will be arranged.

Cancellations

To avoid being charged for a cancellation, please give at least 24 hours notice for any changes or cancellations.

Confidentiality and Privacy

Confidentiality is a fundamental tenet of the psychotherapist-client relationship. I will treat what you tell me with great care, and you should feel comfortable discussing private matters. Please note, however, that there are some limited occasions when the law requires me to disclose information to others. These situations are described in general terms below. Please feel free to discuss with me any concerns you may have about confidentiality.

First, if you or other persons are in immediate physical danger, I am bound by law and professional ethics to act to protect you or those persons. (In any of these situations, I would reveal only the information that is needed to provide protection; I would not reveal everything that you have discussed with me).

Second, if you become involved in a court case or proceeding, there might be times that a court might require me to testify about something we might have discussed. However, these situations are limited to very specific circumstances because, in general, the law also recognizes a therapist-client “privilege,” which keeps me from testifying in court about things you have told me.

Third, if you use your health insurance to pay a part of my fees, your insurance company will require some information about you and your symptoms. It is against the law for insurers to release information about our office visits to anyone without your written permission.

Finally, to ensure that I am providing my clients with the highest level of service possible, and in keeping with common practice in the psychotherapy field, I sometimes consult with other mental health professionals. Names are not used and these individuals are bound by the same confidentiality requirements related above.

Emails and Texts

Emails and texts are useful platforms for communications about scheduling, but are not secure methods for communicating about your therapeutic work. If you do decide to email or text me information related to your therapeutic work or related to your mental or emotional state, I will certainly let you know that I’ve received it. However, I will be brief in my response to preserve the confidentiality of our work, as well as your privacy.

Social Media Friendings

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Updates to This Document

If this document is updated in the future, I will notify you in writing of any changes, will make sure that you have a copy of the updated document, and will be happy to answer any questions that you might have.

I/we understand and agree to the policies, procedures and payment arrangements described above, and have read the above confidentiality and privacy information. I/we agree to receive services at the agreed fee.

Signature: _____ Date: _____

Name (printed): _____

Signature: _____ Date: _____

Name (printed): _____