

CLIENT HANDBOOK

Welcome! I am grateful to be walking with you on this journey and beyond.

Therapy sessions vary upon need. Your reason(s) for seeking therapy will determine the number of sessions. Please read this document carefully as it contains important information about my professional services and business policies. I will be happy to answer any questions and to further discuss any of these items with you at any time.

Client and Therapist Relationship

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client and, on the issue(s), you wish to address. Effective psychotherapy requires a good match between client and therapist. Therapy involves a commitment of time, money, and energy, so it is important to select your therapist carefully.

Counseling

As with anything in life worth doing, it takes some work. Clients often ask '*will we dive into my family stuff*'? The short answer is yes. 'Diving into that family stuff' will give you the opportunity to gain awareness and heal those issues that may stand in the way of a more vibrant and honest relationship(s). It is important to talk about any feelings that arise, since they are part of the change process. They are often a positive indicator that significant work is underway and changes are beginning. I can promise you, we will always move at a pace that is comfortable for you.

Fee Agreement

Payment is due at time of service via check and/or cash. Checks should be written to Susan J Sabatini. I am Blue Cross Blue Shield provider and am considered an out of network provider for other insurance carriers. If requested, I will provide a receipt for you to file with your insurance carrier. Missed appointments will result in a charge to be paid prior to our next session. Please call 24-hours in advance to avoid charges for reserved time.

Cancellations

A scheduled appointment with me means a time slot has been set aside specifically for you. You are responsible for that time period and will be expected to pay for it unless you notify me at least 24 hours in advance. If you find you need to cancel an appointment, I may or may not be able to put another client in that spot or otherwise rearrange my schedule. My cancellation policies are intended to be fair to you, my other clients and to me.

- ❖ Cancellations should be made by voice mail, (980-272-0134), not email.
- ❖ Missed appointments and late cancellations, are charged \$80.00. If we are able to move your appointment to another time in the same week, I will not charge you.

Additional Fees

If your check is returned by the bank for insufficient funds, you will incur a processing fee of \$25 in addition to the bank charges.

Confidentiality and Limits to Confidentiality

As my client, you are protected by laws regarding confidentiality. Your records will be kept confidential and private unless written authorization disclosure is authorized by you or required by law. Under current North Carolina law, what you say to your therapist is not protected completely as “privileged communication.”

There are circumstances when federal and/or North Carolina law or ethical considerations allow or require the disclosure of confidential information to others:

- ❖ Therapists are legally required to report suspected abuse or neglect of a child, an elderly person, or a disabled person to the appropriate agency.
- ❖ Therapists have a legal and ethical obligation to warn appropriate authorities, family members, etc., when a client is seriously considering harming self or others. If the therapist assesses that the client has made a serious threat, the therapist may disclose information to law enforcement and/or the intended target of the threat.
- ❖ Client case notes and records may be subject to subpoena when a client is involved in civil or criminal legal proceedings.

If a situation arises, I will make every effort to discuss it with you before taking any action, and I will limit my disclosure to what is necessary.

If you wish to share information with someone outside of our session(s), (e.g., your physician or another therapist), you are required to sign a form authorizing the transfer of information. In addition, in order to provide you with the best possible services, I find it helpful to discuss situations with selected professional colleagues, who are also bound by the laws of confidentiality. In such cases, I do not reveal names or identifying information that would jeopardize your privacy or confidentiality.

Please do not reveal any information about any client or other visitor you may see or meet at my office. This will help protect the privacy and confidentiality of all clients and their families.

Intoxication

For the safety of my clients, it is my policy to refuse service to anyone who is suspected of being under the influence of alcohol and/or drugs. A person in such condition will be asked to remain in the waiting room until someone can be notified to transport that person safely home. Refusal to comply will result in our staff contacting law enforcement.

Grievance Procedure

If you have any ethical complaints, first discuss the concern with me. If you do not feel that your concern was adequately addressed or resolved after speaking with me, you may contact the NCAMFT Licensing Board: NC Marriage & Family Licensure Board (NCMFTLB) PO Box 37669 Raleigh, NC 27627 Phone: 919-772-6600. My license # is 1960.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information used for the purposes of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices explaining HIPAA and its application to your personal health information in greater detail. Please read this Notice thoroughly (provided in a separate document) and let me know of any questions about my procedures. Your signature below indicates you have read the information in the Notice and understand that you may request another copy of it at any time.

Court Action/Legal Fees

Typically, clients are discouraged from having their therapist subpoenaed or provide records for the purpose of litigation. My progress notes for our session(s) may be subpoena by a judge only. An attorney is not able to obtain records without a subpoena signed by a judge. The therapist (Susan J. Sabatini, MA, LMFT) will testify to the facts of a case, as their professional opinion. Though you are responsible for the testimony fee, it does not mean the testimony will be solely in your favor. If the therapist (Susan J. Sabatini, MA, LMFT) receives a subpoena, the attorney or office staff will need to schedule a time for the subpoena to be served during office hours. Susan J. Sabatini, MA, LMFT will request a minimum of 72 hours' notice of a court appearance in order to accommodate the schedule of other clients within a reasonable time frame.

Court action fee schedule below:

A minimum charge (retainer) for a court appearance is \$1500.00. This is due at least 72 hours prior to scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt.

- 1) Subpoena or notice to meet attorney(s) received without 72 hours' notice, additional \$250.00 express charge.
- 2) Preparation time (including submission of records): \$220 hour.
- 3) Telephone calls: \$220 per hour.
- 4) Depositions: \$250.00 per hour.
- 5) Testimony: \$250.00 per hour.
- 6) Mileage: .53/mile

- 7) All attorney fees and costs incurred by therapist (Susan J. Sabatini, MA, LMFT) as a result of legal action.
- 8) Filing documents: \$100.00

All fees listed above are doubled if the therapist is scheduled for an out of town appearance. Invoices will be presented to clients on a weekly basis and payment is expected upon receipt. I understand that I am responsible for providing payment in full for SJ Sabatini Psychotherapy at the time of service. I also agree to provide at least 24-hours' notice of an appointment cancellation. If I do not call and give at least 24 hours' notice, I understand I will be charged the full fee and must pay the fee prior to receiving further services. I also understand if I am referred to another provider, I am responsible for any and all costs related to services I receive from that provider.