

## Policy and Procedure Overview

Thank you for choosing me to assist you with your current situation. I look forward to working with you and am providing you with this outline of my policies and procedures in order to clarify our mutual responsibilities while working together. If you have any questions, please feel free to ask me. Also, please retain a copy of this and all other forms for your records.

### FEES:

Below are my fees for the following services:

**Individual counseling** (50 minutes)-\$150

**Family counseling** (90 minutes)-\$225

- Additional time will be billed at \$60 per 1/2 hour.
- The full fee or copay is expected the day of our session.

### CONFIDENTIALITY:

What you say in therapy, your records and your attendance are confidential, except:

- When you give written permission to release information
- When your records are subpoenaed for legal reasons
- When reporting is required or allowed by law (ex. suspected child abuse or neglect, extreme danger to self, suspected elder abuse, or danger to others)

### YOUR RIGHTS:

- You have the right to request information about my qualifications, credentials, experience, specialization and education.
- You have the right to obtain a second opinion from another therapist regarding the assessment and treatment plan developed to assist with your presenting problem.
- You have the right to ask for an alternative referral at any time.
- You have the right to inquire about fees for therapy, billing practices, insurance reimbursement, and other methods of payment.
- You have the right to terminate therapy when you have reached your goals or believe therapy is no longer necessary.
- The frequency and duration of therapy depends on many factors. It is your right to be part of determining jointly how long and often you will receive therapy.
- You have the right to renegotiate therapy as often as needed.
- You have the right to receive complete and accurate information regarding your diagnosis, treatment, risks and prognosis.
- While exploring personal issues and making life changes you might experience emotional pain, discomfort and anxiety.
- You have the right to decide what to talk about and work on, in and out of therapy. Nevertheless, your active participation will have the greatest positive effect on the outcome of therapy.
- The ethical standards of the social work profession require I keep records of our work together. You have the right to know the content of your records at any time and are entitled to receive a copy of your records.

# Christine M. Valentin, LCSW, LLC

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127 Union Ave, Ste 4, Middlesex, NJ 08846

[christine@cmvalentin.com](mailto:christine@cmvalentin.com)

(718) 314-9280

[www.christinemvalentin.com](http://www.christinemvalentin.com)

## **CANCELLATIONS/NO SHOWS:**

Therapy is about working together to enhance your well-being. The appointment time we set aside for your session is solely for you and will not be assigned to anyone else. As a result, a last-minute cancellation can mean a missed opportunity for someone else that could have benefited from a session. While I understand last minute issues arise, I require a **24-hour notice of cancellation**. Any cancellations/NOSHOW without such notice will result in a full session fee of \$150. If you have reason to believe cancellations may arise frequently (i.e. work, caring for an older adult) please discuss this with me so that we can work out a plan.

## **LATENESS:**

It is equally important that you be on time for your scheduled appointment. You are welcome to call in advance to request an earlier or later time. I will be happy to honor your request if other appointment times are available. While I understand issues with travel/work can arise, please note that your session may be shortened accordingly. In the event you are more than 15 minutes late for an appointment, I cannot guarantee that I will be able to meet with you and a no-show fee of \$150 will apply.

## **CONTACTING ME:**

To schedule an appointment, please call 718-314-9280. If I'm unavailable, you will receive my voicemail. Please leave a message with your phone number and a good time to reach you. Messages are generally returned within the same day unless you contact me on my days of which are Monday and Tuesday.

## **TERMINATION POLICY**

I reserve the right to terminate our work together under the following circumstances:

- When our last two sessions have not been paid in full.
- If you do not show up for appointments and fail to pay the cancellation fee.
- When I believe our work together is no longer productive for you.
- When I believe you will be better served by another health care professional.

You may end therapy at any time. A final phone call or session is requested but not required for closure.

## **EMERGENCIES:**

As a private practice, I am unable to provide 24-hour crisis service. In the event of a crisis or unexpected event that requires immediate attention and can be a threat to you or your loved one's safety, please contact 911 or go to your nearest emergency room.

## **SOCIAL MEDIA/ TEXTS/E-MAILS:**

In order to protect your confidentiality and the boundaries of our therapeutic relationship, it is my policy NOT to "Friend" or "Connect" with current/past clients via social media.

I also do not engage in texting as text messages can be easily accessible to others who have access to your phone.

While I do accept emails, please know that emails are solely to be used for appointment requests and brief concrete inquiries, as emails are not considered a confidential way to communicate.

**(cont. next page...)**

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## Consent Agreement

**I agree to work with Christine M. Valentin, LCSW. I have read the policy agreement and am aware of the specific policies regarding confidentiality, appointment cancellation, lateness, payment and termination.**

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**Client's Signature**

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**Date**

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**Clinician's Signature**

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**Date**