

# Woman's Well

PO Box 231, Tracy's Landing, Maryland 20779

Policies for counseling and mentoring with Mary Woznysmith, LCSW-C:

- \* Counseling sessions are scheduled on an ongoing weekly basis or bi-weekly basis. Payment is due at the time of the session by check or cash. A receipt is issued at each session for if needed.

If you wish me to bill your insurance company, my business office must pre-authorize your session with the insurance company. Please call the office at 443.203.5177 to make arrangements for insurance payment. Non-preauthorized sessions will be paid at the time of the session.

- \* Snow policy - If Anne Arundel County schools are closed, I am closed.

- \* All regularly scheduled sessions are your financial responsibility. I need 48 hrs. of notice in order not to charge you for the session. If you know that you must miss a session, I will make reasonable efforts to reschedule sessions when cancelled in a timely manner. While I know that at times 48 hrs advance notice is not possible, without this amount of notice you will be charged \$50 for the missed session, regardless of the reason for the cancellation. Please note that if we can re-schedule a missed session within the same schedule week, I will waive the missed session fee.

I agree to honor this payment policy \_\_\_\_\_

- \* If, at any time, you feel that your needs are not being met or you are not getting what you want out of our sessions, please tell me, so we can discuss your needs and adjust your therapy treatment plan.

- \* As a licensed therapist, I protect the confidentiality of the communications with my clients, including my mentoring clients. I will only release information about our work to others with your written permission, or if I am required to do so by a court order. There are some situations in which I am legally obligated to breach your confidentiality in order to protect others from harm, including (1) if I have information that indicates that a child, elderly or disabled person is being abused, I must report that to the appropriate state agency and (2) if a client is an imminent risk to him/herself or makes threats of imminent violence against another person, I am required to take protective actions.

Cost:

The cost for a fifty to sixty minute initial evaluation is \$130.

The cost for a fifty minute weekly individual therapy or mentoring session is \$100.

The cost for a fifty-five minute bi-weekly therapy or mentoring session is \$120.

Phone calls longer than 15 minutes, reports, letters, consultations with other professionals and any other work I do on your behalf will be billed at a prorate of my hourly rate. If you plan to submit a claim to Worker's Compensation please inform me immediately. I reserve the right to require a meeting with you to provide me with relevant information, prior to my writing on your behalf.

## Contract for service

Counseling and mentoring can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved performance towards life goals, solutions to specific problems and reductions in your feelings of distress. But there is no assurance of these benefits.

Should you have questions or concerns about the work we are doing together, I invite you to discuss them with me. If we cannot resolve the issues to both of our satisfaction, I can offer you referrals to other professionals who might better serve. You have the right to terminate counseling or mentoring at any time.

Generally our sessions will be fifty minutes in length. Should you wish to speak with me outside of sessions, I would ask you to call and leave me a message if you do not reach me. My cell number is 410.279.4601. Please note that I cannot receive text messages. I generally return calls within 24 hours, but not always. Sometimes you may simply want to leave me some information, but not need a call back. If you want a return call, tell me when and where to best reach you.

In case of emergency, I will respond as quickly as possible. As a part-time therapist, I do not provide on-call services, and I cannot guarantee that I will be able to respond to you immediately. In case of a psychological emergency, particularly one that is life threatening, you should go to your local emergency room and ask for the psychologist or psychiatrist on call. You may also call the Anne Arundel County Crisis Response Line (441.768.5522) or the National Suicide Prevention Hotline (800.784.2433) if you feel you might be a danger to yourself..

I am licensed by the Maryland Board of Social Work Examiners. Professional ethics prohibit accepting gifts or social invitations from a client.

### Treatment Termination

If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. Sometimes your needs cannot be met by my practice structure, or we have moved into an area that falls outside my expertise. At that time, I will discuss it with you and refer you to appropriate resources. I will not continue therapy with you if I feel that it is unsafe for either one of us.

Other situations that warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions, or violating practice boundaries by coming to my home outside of scheduled appointment times.

You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided, and you will be asked to attend a final 'termination' session.

I have read and understood the above policies, and I agree to abide by them in my work with Mary Woznysmith, LCSW-C I will be provided with a copy of this document for my reference.

Signed,

Date,

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