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CT License 005394

Office Policies & Agreement for Psychotherapy Services

Welcome to my practice. Thank you for choosing me as your behavioral health care provider. I am committed to you and your family's treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign in order to receive ongoing treatment.

The Process of Therapy/ Evaluation

During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients who I believe I cannot be helpful to. If possible, I will refer you to others who may work with your issues. During treatment I will do my best to explain various aspects of the therapy I use. This is called Psychoeducation and is an important part of cognitive behavioral therapy. If you have any questions about the procedures used in the course of therapy, their possible risks, my expertise in employing them or about the treatment plan in general, please ask me. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. I work with many teens and young children. If the parent is not supportive of the therapy and has an agenda that is contrary to the therapy agenda, and I believe it can adversely affect the child or teen to continue with me, I have the right to terminate therapy.

Initial _____

Termination and Follow Up

Deciding how often to meet and when to terminate is a mutual process. In order to determine how often to meet, I will assess the severity of your symptoms, which will contribute to this decision. My decades of experience have given me a clear picture of the frequency that will likely be most helpful. Even if we terminate, my clients can call me when they need a booster session or we can meet in a regularly schedule "check in".

Noncompliance with treatment recommendations may necessitate early termination of services. We will look at your issues together and exercise my educated judgment about what would be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. Please express any reservations about the treatment in order to resolve any differences or misunderstandings.

If you commit or threaten violence, verbally threaten or harass me, I reserve the right to terminate treatment unilaterally and immediately. Failure or refusal to pay for services is another condition for termination of services.

Initial _____

Dual Relationships

Therapy never involves sexual, business or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together, and I will do my best to resolve these situations ethically, but this may result in our needing to stop working together.

Initial _____

Benefits and Risks of Psychotherapy

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking or handling situations that may cause you to feel upset, angry or disappointed. RE& CBT is a psychotherapy that focuses on the physiological changes in the brain that are a result of habits in thinking and behavior that have not been helpful. I may also bring up topics that may seem odd to you but are necessary in my goal to assess and support you in getting better, not just feeling better.

Initial _____

Emails, Phone Calls and Emergencies

Keeping track of your appointments is your responsibility. For small administrative matters such as checking appointment times, or changing them, you are welcome to call or email me at 860-677-2991 Or Teenpsych1@aol.com. I generally receive and return these emails within 24 hours with the exception of weekends.

If you need to contact me between sessions about a clinical matter, please leave a message for me at 860-677-2991. I check my messages every day even when out of town. If I am planning on being out of town, I will let you know in advance.

Emergency phone conversations of five minutes or less are free. However if I spend more than 5 minutes in a week on the phone, if you leave more than five minutes' worth of phone messages in a week, if I spend more than five minutes reading and responding to emails or coordination of care, I will bill you a prorated basis for that time.

If you feel you need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24 hour emergency service:

Dial 911 or go to your nearest Emergency Room

Initial _____

Cancellations and Lateness

The work of psychotherapy is sometimes challenging and when we hit a difficult place together it can feel easier to want to avoid coming in. These can be times where treatment is most effective and we can speak about this intentionally rather than cancelling sessions. Everyone has busy lives and it is a responsibility to be aware of possible conflicts in your schedule. Therefore, I charge for appointments cancelled with less than 48 hours' notice unless we can find another time that week that works for both of us. If we find another time that week I will allow you to reschedule at no additional charge.

If you are running late for your appointment, please phone or email me as soon as possible. If I do not hear from you by 15 minutes into your schedule, I will assume that you are not going to attend and possibly leave the office.

If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointments and be on time for them.

Initial _____

Payment and Financial Agreements

My standard fee is 150.00 for a 50-55 minute session. The fee is to be paid at the start of each session unless other arrangements have been made.

Late fee: Full payment is expected at the time of service unless otherwise agreed upon. If I have to send a reminder mail, you will be charged **30.00 dollars**. I expect you to send your payment without sending reminder mails to you.

I do take some insurance. Some of your fees may be covered by your health insurance if you have outpatient mental health coverage. It is your responsibility to verify the specifics of your coverage. Call the mental health number on the back of your card to determine 1) if I am a provider and 2) if you have a copay or deductible. Please remember that my services are provided and charged to you, so you are responsible for payment. Copays and Deductibles are due at time of service. If you do not know your copay or deductible then I will ask for 150.00 at the initial consultation to cover any future co pays.

Other fees: If you would like me to write a letter to a school or other entity that fee will be 150.00. If you become involved in legal fees that require my professional time, you will be expected to pay for my time and services even if I have been called to testify by another party. I charge 300.00 an hour for attendance and preparation for any legal proceeding.

Initial _____

If you contact me through email then I will assume that I may contact you in return by email. I will also assume that I may leave messages on the phone number you provide.

Initial _____