

LARA CONLEY, LCSW
423 SE 19th St Fort Lauderdale, FL 33316 &
1881 NE 26th St Suite 221 Wilton Manors, FL 33305

**OFFICE POLICIES & INFORMED CONSENT FOR
PSYCHOTHERAPY**

This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#). Please take time to read this carefully.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required or permitted by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicates that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

HEALTH INSURANCE: I do not accept direct payment from insurance. However, some insurance plans have "out of network" benefits. If you have "out of network benefits" you may be able to seek reimbursement for your treatment with me. If you choose to utilize "out of network benefits" please be aware that you are responsible for payment at the time of service. Upon your request, I will provide you with a statement of services for you to submit to your insurance company for reimbursement. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality.

CONSULTATION: I consult regularly with other professionals regarding my clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computer, cell phone, unencrypted e-mail, and faxes/e-fax communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails and e-faxes that go through them. It is always a possibility that faxes/e-faxes and email can be sent erroneously to the wrong address/numbers. In addition, laptops can be stolen. Lara Conley, LCSW 's email and data on her computer is not encrypted. Lara Conley, LCSW's computer is equipped with a firewall, virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto external devices (stored in a locked, off site location). Please notify me if you decide to avoid or limit, in any way, the use of e-mail, cell phones calls, phone messages, faxes/e-faxes, or storage of confidential information on my computer. If you communicate confidential or private information via unencrypted e-mail, e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use e-mail, voice mail, or faxes/e-faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: State law requires that I keep treatment records for seven years from the date of last contact. Unless otherwise agreed to be necessary, I will retain clinical records only as long as is mandated by Florida law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assesses that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message at 954-306-9526 and your call will be returned as soon as possible. I check my messages several times during the day. Unless there is an urgent need, I generally do not return calls on the weekends or after 8:00pm on business days. Please be aware, I do not provide emergency/crisis services. In an emergency situation, please call 911, go to the nearest emergency room, or call the Broward 211 24-hour Behavioral Health INFO Line or Mental Health Services Line at 954-390-0493.

PAYMENTS & INSURANCE REIMBURSEMENT: We will agree to a fee at, or before, the first session. Fees correspond to a 50-minute session. Payment is due at the time of service unless other arrangements have been made. You can make payment by cash, check, or credit card. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. If you have "out of network benefits" and plan to seek reimbursement, please remember that professional services are rendered and charged to the client and not to the insurance companies. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

BENEFITS & RISKS OF THERAPY: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member can be viewed as negative by another family member. Change will sometimes be easy and swift, but may also be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

ORIENTAION: I am trained in psychodynamic psychotherapy. I have also received specialized post-graduate training in EMDR and LifeForce Yoga® for Depression & Anxiety. In addition, I may also employ techniques including, but not limited to cognitive-behavioral interventions, psycho-education, mindfulness skills, and motivational interviewing. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation.

BEGINNING TREATMENT: During the first few sessions, I will gather information about your reasons for seeking treatment, your current and past difficulties, family history, and previous medical and/or psychiatric treatment. Within a reasonable period of time after the initiation of treatment, I will discuss with you my clinical impressions and work collaboratively with you to create a treatment plan. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. I generally recommend scheduling one 50-minute session per week.

ENDING TREATMENT: Determining the length of treatment is difficult to predict due to the varying needs and the uniqueness of each client. Throughout therapy we will discuss and evaluate your progress on meeting your objectives. Preferably, ending therapy is a collaborative decision between therapist and client when agreed that sufficient progress has been made. If you wish to stop therapy at any time, I ask that you agree to meet for at least one more session to review our work together. If at any point during psychotherapy I either assesses that I am not effective in helping you reach your therapeutic goals or you are not willing to participate, I may discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, I will provide you with referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will give you referrals that you may want to contact, and if written consent is provided, I will provide her/him with the essential information needed. You have the

right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS: Therapy never involves sexual, business, or any other dual relationship that impairs Lara Conley, LCSW 's objectivity, and clinical judgment or can be exploitative in nature.

SOCIAL NETWORKING AND INTERNET SEARCHES: I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification and due at the time of the next session. Most insurance companies do not reimburse for missed sessions.

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**OFFICE POLICIES & INFORMED CONSENT FOR
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I have read the Office Policies & Informed Consent for Psychotherapy carefully; I understand and agree to comply with them:

Client's Name (print) _____

Signature _____

Date _____

Psychotherapist's Name (print) _____

Signature _____

Date _____