



Licensed Marriage & Family Therapist • Certified Sex Addiction Therapist • EMDR Level III Trained Practitioner

## Welcome to my practice

### Informed Consent

This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions.

### What is therapy?

The process of therapy is not easily described. Often, clients find it helpful to express their concerns in an objective and supportive setting, to receive guidance in dealing with their issues, and to gain greater self understanding. Sometimes the benefits of therapy are seen immediately, and sometimes they are not fully experienced until months or years after therapy is finished. Success in therapy depends in part on the motivation of the client, on the particular problems the client is experiencing, and on the quality of the therapist. An active effort on the part of the client during sessions and at home is also an important factor. Some clients need only a few sessions to meet their goals for treatment while others continue in therapy for an extended period of time to try to resolve long-standing issues.

It is customary for licensed psychotherapists to consult on cases. Psychotherapists do not use identifying information or patient names in order to protect confidentiality. In group practices, therapists conduct regular case consultation for the purpose of coordinating care and treatment. Within the practice of Michele Saffier & Associates, Inc such consultation is ongoing and by signing below, you give permission for case consultation to be conducted. As such please be advised that case consultation sessions will occur and that confidentiality is rigorously maintained.

I authorize Michele Saffier & Associates, Inc. including all licensed professional staff employed therein to consult on my behalf.

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Name

Date

### Confidentiality

All Communications between a client and a psychotherapist are protected by law. No information regarding you or your situation will be given to your relatives, employer, school, etc., without your written permission. However, there are some instances in which the law requires that confidentiality be broken.

- If a client threatens to cause serious harm to him or herself
- If a client threatens serious bodily harm to another
- If child abuse or dependent adult abuse is suspected
- If a court order requires information.
- As of January 1, 2016 All healthcare professionals are mandated reporters of underage pornography use. As a certified sex addiction therapist I am deeply committed to help individuals who use any type of pornography.



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### **Contacting me**

You can leave me a voice mail message at 215-552-8938 at any time of day. Messages are monitored regularly and will be returned as soon as possible. If you have an urgent situation and cannot wait for a return your call, you should call your family physician or the emergency room. I can also be reached via email at [MSaffier@traumahealingpa.com](mailto:MSaffier@traumahealingpa.com)

### **Communication**

There are times you may wish to contact me via email or cellular phone text. Please be aware that any contact made outside of the in-session therapy appointment is not securely confidential. Although I am comfortable with contact via email or text, I am unable to guarantee your confidentiality. Therefore, I ask that you initial \_\_\_\_\_ your understanding that contact via email and cellular phone text is not securely confidential. By initialing above and signing below, you give Michele Saffier & Associates, Inc. and all staff permission to communicate via email and text messages acknowledging the limits of confidentiality.

### **Professional fees**

The initial appointment generally lasts about 60 minutes and the fee is \$200.00. Subsequent individual and family therapy sessions are typically 50 minutes in length, and the fee is \$180.00. It is my practice to charge you this amount on a prorated basis for time spent on other professional services you may request of me such as report writing, attendance at meetings, or lengthy phone calls. I do not charge for short phone conversations (under 15 minutes). The full fee is due at the time of each appointment (except when otherwise arranged). There is a \$45.00 charge for returned checks.

### **Assessment Fee**

Your treatment may include specific assessments to provide an accurate treatment plan. I utilize state of the art assessment tools and, if there is a charge, I will charge you only the amount I am charged (which is usually \$30.00 per assessment instrument).

### **Late Cancellation/No Show Policy**

If you miss an appointment with short notice, it is not possible to schedule someone else for the time that was reserved for you. You, not the insurance company, are required to pay a full session fee for cancelled or broken appointments when 24 hours advance notice is not given.

### **Insurance Reimbursement**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide whatever information is needed for you to submit your claim. Please remember though, that you, and not the insurance company, are responsible for full payment of the fee. Consequently, it is important that you find out exactly what mental health services your policy covers. As you are probably aware, most insurance companies require some information about your situation (such as a clinical diagnosis) before they will cover your benefit. If you desire total confidentiality, this can only be achieved by not utilizing your insurance.



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**Please sign when you have reviewed this document and if you accept its contents. In signing, you will also be indicating your consent to participate in therapy (or for your minor child to participate). I look forward to working with you in therapy**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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