

*Sara Morrow, Ph.D., LCB*

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## **OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

**Sara Morrow** has a PhD in Clinical Psychology from the University of Vermont. She has been licensed to practice Psychology in the state of Idaho since 2005, License PSY-202225. Dr. Morrow specializes in child and family mental health, providing psychotherapy and psychological assessment services to youth up to approximately age 20.

### **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 (client or guardian) written permission, except where disclosure is required by law. In the case of children under the age of 18, the parent or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information. Dr. Morrow will keep parents informed about the child's general progress in therapy and will provide specific information if indicated. However, Dr. Morrow attempts to act in the child's best interest in deciding to disclose confidential information about the child to the guardian without the child's consent. Children, like adults, need to know they have privacy within the therapeutic setting. Dr. Morrow will disclose information when she believes a child may pose a threat to him/herself or to others. Dr. Morrow will not disclose information regarding children breaking rules or acting out (e.g., typical adolescent experimentation, sexual behavior, minor legal offenses) unless she views the child to be in danger.

### **When disclosure is required by law**

Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

### **When disclosure may be required**

Disclosure may be required pursuant to a legal proceeding. 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 by Dr. Morrow. In family therapy, or when different family members are seen individually, confidentiality and privilege do not apply among family members. Dr. Morrow will use clinical judgment when revealing such information.

### **Emergencies**

If there is an emergency during our work together, or in the future after termination, where Dr. Morrow becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she 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. For this purpose, she may contact the police, hospital, or a specified emergency contact person (assuming a release of information is in place).

### **Health Insurance and Confidentiality of Records**

Disclosure of confidential information may be required by your health insurance carrier in order to process claims. Only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, or required by your insurance carrier, the progress notes will not be disclosed to the insurance company. Dr. Morrow has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and is reported to the Congress-approved National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data have been reported to have been sold, stolen, or accessed by enforcement agencies; therefore you are vulnerable. Dr. Morrow strongly encourages all clients to pay for services out-of-pocket if possible, rather than release private information to your insurance company.

### **Confidentiality of e-mail, cell phone, and fax communication**

It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify Dr. Morrow if you want to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

### **Litigation Limitation**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, **divorce and custody disputes**, injuries, lawsuits, etc.), neither you (client and/or guardian) nor your attorney, nor anyone else acting on your behalf will call on Dr. Morrow to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

### **Consultation**

Dr. Morrow consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Morrow will release information to any agency/person you specify unless Dr. Morrow concludes that releasing such information might be harmful in any way.

### **Telephone and emergency procedures**

If you need to contact Dr. Morrow between sessions, please leave a message at (208) 651-2412 and your call will be returned as soon as possible. Dr. Morrow checks her messages a few times a day (but never during the nighttime), unless she is out of town. Dr. Morrow checks messages less frequently on weekends and holidays. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, call 9-1-1 or take yourself to the nearest hospital emergency room.

### **Payments and insurance reimbursement**

Clients are expected to pay the standard fee of \$120 per 50-minute therapy session at the time of service, unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, and so forth, may be charged at the same rate, unless indicated and agreed otherwise. Please notify Dr. Morrow if any problem arises during the course of therapy regarding your ability to make timely payments. Dr. Morrow does not contract with insurance companies and highly recommends that clients pay out-of-pocket for services in order to assure confidentiality (for more information, please see statement regarding Dr. Morrow's reasons for being an out-of-network provider). Clients who wish to use their insurance benefits will be asked to pay for sessions at the time of service and will be given a Super Bill to submit to their insurance company approximately once per month for reimbursement. Those clients who have insurance should remember that your insurance is NOT a promise of payment. This office cannot accept the responsibility of collecting your insurance claims or negotiating a settlement on a disputed claim. All fees and expenses incurred by the patient in this office are solely the responsibility of the patient (or legal guardian if patient is a minor). As was indicated in the section "Health Insurance and Confidentiality of Records," you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If a check is returned, the client or guardian will be responsible for paying the bank's fee.

**Court-related work** is billed at the rate of \$250, for a minimum of four hours, and will include travel and preparation time. Cancellation for court-related work must be made 48-hours in advance to avoid a late cancellation fee.

### **Mediation and arbitration**

Disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party agreed upon by Dr. Morrow and the client (or legal guardian). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Kootenai County, Idaho in accordance with the rules of the American Arbitration Association, that are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Morrow can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum. If you have concerns or complaints about the services you have been provided, please let Dr. Morrow know. You also have the right to contact the state licensing board: Occupational Licenses, 1109 Main Street, Boise, ID 83702-5642, (208) 334-3233.

### **The process of therapy/evaluation**

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. Dr. Morrow 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. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, etc. Dr. Morrow may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that 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 is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Morrow is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches may include behavioral, cognitive-behavioral, interpersonal, psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

**Discussion of treatment plan**

Within a reasonable period of time after the initiation of treatment, Dr. Morrow will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Morrow’s expertise in employing them, or about the treatment plan, please ask and you will be answered fully.

**Termination**

As set forth above, after the first couple of meetings, Dr. Morrow will assess if she can be of benefit to you. Dr. Morrow does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, Dr. Morrow assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Morrow 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, Dr. Morrow will assist you in finding someone qualified, and, if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Morrow will offer to provide you with names of other qualified professionals whose services you might prefer.

**Non-discrimination policy**

Dr. Morrow will not refuse services to any person on the basis of race, color, sex, religion, national origin, disability, sexual orientation, or any other legally protected characteristic. Dr. Morrow specializes in child, youth, and family psychology, so does not accept adults as individual clients.

**Dual relationships**

Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Morrow’s objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Dr. Morrow will assess carefully before entering into nonsexual and non-exploitative dual relationships with clients. Coeur d’Alene is a small town and many clients know each other and Dr. Morrow from the community. Consequently, you may bump into someone you know in the waiting room or into Dr. Morrow out in the community. Dr. Morrow will never acknowledge working therapeutically with anyone without his/her written permission. It is your, the client’s, responsibility to communicate to Dr. Morrow if the dual relationship becomes uncomfortable for you in any way. Dr. Morrow will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

**Cancellation/no show policy**

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, half (\$60.00) of the full fee will be charged for sessions missed without such notification, for which you (client or guardian) will be responsible.

**I have read the above agreement, office policies, and general information. I understand them and agree to comply with them:**

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Legal Guardian (or client if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sara Morrow, PhD

\_\_\_\_\_  
Date