

**Office Policies & General Information**  
**Agreement for Psychotherapy Services**  
**Pam Finger, L.C.S.W.**  
**625 Cross Keys Office Park**  
**Fairport, NY 14450**

*This form provides you (patient) with information that is additional to that detailed in the [Notice of Privacy Practices](#), and it is subject to HIPAA pre-emptive analysis. (Revised 6/06)*

**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's) written permission, except where disclosure is required by law.

**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; where a client presents a danger to self, to others, to property or is gravely disabled or when client's family members communicate to Pam Finger, LCSW that the client presents a danger to others. Disclosure may also be required by court order.

**When Disclosure May Be Required:** 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. Pam Finger, LCSW will use her clinical judgment when revealing such information. Pam Finger, LCSW will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where Pam Finger, LCSW 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 also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Pam Finger, LCSW only the minimum necessary information will be communicated to the carrier. Pam Finger, LCSW has no control or knowledge over what insurance companies do with the information submitted 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 capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the 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 has also been reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

**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 which 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) nor your attorney, nor anyone else acting on your behalf will call on Pam Finger, LCSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

**Consultation:** Pam Finger, LCSW consults regularly with other professionals regarding her clients; however, 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 computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. 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. Additionally, Pam Finger, LCSW's e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Pam Finger, LCSW's computers are equipped with a firewall, a virus protection and a password and she also backs up all confidential information from her computers onto CDs on a regular basis. The CDs are stored securely off-site. Please notify Pam Finger, LCSW if you decide to avoid or limit, in any way, the use of any or all communication devices, such as e-mail, cell phone or fax. Under no circumstance, use email or faxes for emergencies.

**Records and Your Right to Review Them:** Both the law and the standards of my profession require that I keep appropriate treatment records. 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 Pam Finger, LCSW assesses that releasing such information might be harmful in any way. In such a case Pam Finger, LCSW 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, upon your request, Pam Finger, LCSW will release information to any agency/person you specify unless Pam Finger, LCSW assesses that releasing such information might be harmful in any way.

**Telephone & Emergency Procedures:** If you need to contact Pam Finger, LCSW between sessions, please leave a message at 585-425-2840 and your call will be returned as soon as possible. Pam Finger, LCSW checks her messages several times during each business day and at least once a day on the weekends. If a medical emergency situation arises, indicate it clearly in your message and you may also try to reach Pam Finger, LCSW on her cell phone 729-6361. If you need to speak to someone right away, please consider calling Lifeline at 275-5151 or 911. Do not use e-mail or faxes for emergencies. Pam Finger, LCSW does not always check her e-mail or faxes daily.

**Payments & Insurance Reimbursement:** Clients are expected to pay the fee at the end of each session. Payments may be made in cash (please have correct change) or by check. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Pam Finger, LCSW if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. Unless agreed upon differently, Pam Finger, LCSW will provide you with a copy of your receipt at each session, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section *Health Insurance & 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 dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Pam Finger, LCSW can use legal or other means (courts, collection agencies, etc.) to obtain payment. You agree to pay for any such legal costs incurred by Pam Finger, LCSW for fee collection purposes.

**The Process of Therapy/Evaluation and Scope of Practice:** 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. Pam Finger, LCSW 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 you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Pam Finger, LCSW may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations. This 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, another family member views a decision that is positive for one family member quite negatively. 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 Pam Finger, LCSW is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Pam Finger, LCSW

provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within his scope of practice.

**Termination:** As set forth above, after the first couple of meetings Pam Finger, LCSW will assess if she can be of benefit to you. Pam Finger, LCSW does not accept clients who, in her opinion, she cannot help. In such a case she will give you a number of referrals, who you can contact. If at any point during psychotherapy, Pam Finger, LCSW assesses that she is not effective in helping you reach the therapeutic goals, she is obligated 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, Pam Finger, LCSW 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, Pam Finger, LCSW 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. It is advisable to schedule a final session of therapy to discuss the termination. Pam Finger, LCSW will offer to provide you with names of other qualified professionals whose services you might prefer.

**Cancellation:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) 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. Most insurance companies do not reimburse for missed sessions, so you will be responsible for the entire fee.

I have read the above Agreement carefully, completed the intake paperwork, signed the informed consent. I understand them and agree to comply with them: I also agree to read carefully the Notice of Privacy Practices posted in the waiting room when I attend my first session.

Client name(s) (print)

Date

Signature

---

---

Pam Finger, L.C.S.W.

Date

Signature

---