

Susan Couch, LCSW

Welcome to my practice. It is my intent to do all I can to assist you in your success and in having the positive outcome that you desire from seeking therapy.

We all have a great capacity to make changes in our lives yet sometimes it isn't clear how to reach our desired goals. Together we will work to find the path that feels most comfortable for you and allows you the growth and change you seek. You may be unsure or have conflicting feelings and thoughts about what you truly want, or you may know exactly what it is but not how to get there. In either case, **you** will guide the pace and focus of our work.

Though most of my work is with older adolescents, adults and seniors in individual sessions, we may discuss bringing in other family members or friends to provide additional assistance in reaching your goals. I also offer some groups and workshops in addition to individual therapy.

Having graduated from Colorado State University in 1987 with my MSW, I have been in the profession for over 15 years. I am currently fully licensed in the State of North Carolina (006915). I have clinical experience and training in the following: EMDR, DBT, advanced training in treatment Dissociative Disorders using EMDR, CBT, Somatic Therapy, Mindfulness, Inner Family Systems, Psychodynamic Therapy.

Confidentiality

The fact that you are coming to see me, and the content of the sessions, are confidential and will not be shared with anyone without a signed release from you. Exceptions to this policy are as follows:

- in situations where you may express serious intent to harm yourself or someone else,
- if there is evidence that a child or elder has been or is being sexually or physically abused or neglected,
- if you are involved in a lawsuit and the court orders me to turn over my records.
- There may be other instances, please read the HIPPA document for further information

Upon occasion, in order to provide the best care for you, I may seek consultation either individually or in peer supervision groups. This is done in a manner that protects your confidentiality, as I do not use names or identifying information.

Sometimes it can be awkward to see me out in public. Should this happen I will not acknowledge you until you acknowledge me first. This allows you to be in control of whether or not we speak. My concern is for you to feel safe and secure. If we find our paths repeatedly crossing outside of the office we will need to discuss effective ways of maintaining boundaries so that you may continue to feel safe in the therapeutic process.

Emergencies

There may be times outside of session that you need to reach me. Again, the best way to do that is to leave a voice message. I will return your phone call within 24 hours or less on most work days. Additionally, there may be occasions that you have a need to contact me during the weekend. I generally do not return phone calls on the weekend unless it is an emergency and I typically do not check my voicemail as often on weekends. Again, email is not a good way to reach me, especially if you want a prompt response. If you need more urgent assistance and you cannot reach me, please call 911 or go to the Emergency Room at the closest hospital and ask for the Psychiatrist on call.

Financial Policy

Fees: Initial consultation: \$110 Individual – 55-minute session: \$90 30-minute session: \$60

Payment:

- Fees for service are your responsibility, not that of your insurance company.
- Filing of insurance claims will be done on your behalf and your copayment for your first session will be determined to the best of my ability.
- Fees for copayments and/or cash sessions are due at the time of session. Credit cards and/or cash is accepted. Checks will not be taken.
- Phone consultations are charged in 15-minute increments and are cash based due to insurance limitations.

- The collection of unpaid balances may be turned over to a collection agency or pursued through the courts. Should that occur you will be charged an additional 3% on your outstanding balance to cover the collection agency costs.

Missed or Canceled Appointments:

Your therapy time is reserved especially for you. **Missed appointments without notification or with less than 24-hour notice will result in your being charged the full fee for that appointment.** Insurance companies do not reimburse for missed appointments.

In inclement weather, call the office to inquire about cancellation of appointments.

_____ **With your permission (please initial) I will inform you of your session 2 to 3 days in advance via text. This is your opportunity to notify me of any changes. If you are willing to have this service, provide me with your cell phone number and initial this statement. Cell Phone _____**

Complaint Procedures

You will have time at each session to provide me feedback about my work with you. If you are dissatisfied, uncomfortable or have questions about any part of our work, I hope you will discuss it with me. Although it may be difficult to discuss, it will make our work together more effective.

If you think that I have treated you unfairly or unethically and we cannot resolve the problem, you may contact the North Carolina Board of Licensed Clinical Social Workers, P.O. Box 1043, Asheboro, NC 27204; 800-550-7009.

Authorization for Insurance Payment

I agree to meet all financial obligations as listed above. I understand that if it is determined either that there is no insurance coverage or if the insurance company involved refuses to pay I am liable for all fees incurred and will promptly pay the bill.

I authorize and direct the insurance company to pay Susan Couch for any sum I owe for services rendered.

I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction.

Name of Client (Print)

Signature of Client

Date

Witness