
BARBARA MONETT, LCSW

Welcome to My Practice Office Policies

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 willingness on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change or to work with your thoughts, feelings and/or behavior. 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. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can at times feel disorienting. 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, and sometimes it seems slow and frustrating. 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**. This is a collaborative process in which together we move towards your personal integration, inspiration, healing and expression. I invite you to ask for what you need from me. I welcome feedback and input into the therapeutic process and our relationship.

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Appointments

Sessions are fifty minutes long. Longer sessions can be arranged, and our agreed-upon fee will be pro-rated accordingly.

Payment for Services

Payment or co-payments must be made at the time of your session, unless other prior arrangements have been made. Returned checks will have a \$25 service charge. If checks are returned more than once, I will request that you make payment in cash or money order. If, for any reason your insurance refuses to make payment, you will be responsible for the balance of your bill.

Cancellations and Missed Appointments

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours is required for rescheduling or canceling an appointment. The agreed-upon fee will be charged for missed sessions without such notification. A “No Show” is considered a cancellation without 48 hours notice, and will be charged accordingly. Insurance will not cover charges for canceled appointments or “No Shows.”

Confidentiality

All information disclosed within our sessions is confidential and may not be revealed to anyone without your written consent, except where disclosure is required by law. I am legally mandated to breach confidentiality under the following circumstances:

where there is reasonable suspicion of child or elder abuse.

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where there is reasonable suspicion that the client presents a danger or violence to others.

where the client is likely to harm him- or herself unless protective measures are taken.

Disclosure may also be required if a court case is initiated, or if the bill is not paid. If you are part of an HMO, EAP or PPO, they may require information to authorize and allow continued treatment. I do my best to protect your privacy while justifying therapeutic treatment.

Telephone Calls

I do my best to return calls as promptly as possible. I usually do not return calls on the weekends. In an emergency, I will be happy to give you my next available appointment, or arrange for emergency care. If a lengthy phone consultation is necessary, your fee will be pro-rated for that time. If I plan to be out of town for any length of time, a colleague will be on-call for me, in case of emergency.

I have read, understand and agree to these policies, and give informed consent to work with Barbara Monett, LCSW #LCS17471.