

Robyn Englert Counseling LCSW, PLLC

Important Information for you about Counseling

Welcome! You are receiving this information sheet because of expressed interest in working together in your counseling process. Here is some helpful information for you as well as some policies to help clarify the process. If you have additional questions, feel free to let me know. I look forward to working together with you along this counseling journey.

About Counseling:

Often counseling begins following a recognition of a challenge or dilemma in one's life. The counseling process is designed to help individuals work through the challenges experienced and seek to enhance the quality of life, satisfaction in relationships, and self awareness. The process involves active engagement as well as personal efforts to understand your thoughts, feelings, and behaviors.

There are both benefits and risks associated with counseling and therapy. In addition to symptom reduction, potential benefits of psychotherapy include the improved ability to identify problematic areas, evaluate reasonable options and take action in an honest manner. You may also learn important things about yourself, acquire helpful life management skills and integrate past and present learning toward higher functioning.

Risks of the process, however, might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses. While it is expected that therapy will be helpful, there is no guarantee of any specific outcome; therefore, it is vital that you discuss any questions or concerns about the treatment process with me during the therapy process.

About Privacy: Please refer to the Notice of Privacy Practices

Communication (Please read carefully):

- **Phone/Text:** You may call me at 585-371-8548. If you are contacting me regarding an emergency, including a last-minute cancellation, please do not use text. If you would like a return call, please leave a voice mail message, including your name, number, and the best time to return the call. I generally return calls within 24 hours, longer delays may occur on weekends, holidays, and when I am out of town. I may also need to contact you by phone regarding scheduling or other matters. If calling you at home or at work and leaving a message for you would present a problem for you with regard to confidentiality it is important you let me know beforehand.
- **Mail:** I may need to contact you through the mail. If mail presents a confidentiality problem for you, it is your responsibility to make alternative arrangements.
- **Fax:** While I do not own a fax machine, I may need to utilize faxed communication to receive Consent to Release Information forms to and from other providers.
- **E-mail:** You may e-mail me at robyn@robynenglertcounseling.com. I use this e-mail address only for routine matters, such as scheduling appointments. I do not use e-mail to discuss the content of your psychotherapy or other protected health information. My e-mail goes through a

server that is not encrypted to protect health information. It is possible that a third party could gain unauthorized access to any message you send or receive from me. If you are contacting me regarding an emergency, please do not use e-mail.

- **Social Media:** You are welcome to read anything I may post on the Internet, but please be aware that I do not knowingly engage in two-way interaction with clients or former clients on any form of social media. This professional boundary has been established for your protection.

About Appointments, Fees & Cancellations

An appointment typically lasts for 50 minutes. Fees for individual sessions is \$85.00 and couple or family session is \$95.00. Payment is expected at the time of your visit and can be made by cash, check, or credit card. There is a 24-hour cancellation notice requested if you are unable to keep an appointment. This will permit me to reschedule your meeting promptly and will allow for your vacated appointment to be used in a productive manner. **If you cancel within 24 hours, you will be charged for the missed session.**

Returned Checks: I require a \$25.00 fee (in addition to the original amount) for any returned checks.

About Satisfaction: While it is impossible to guarantee specific results regarding your counseling goals, we will work together to achieve the best possible results for you. If, however, at anytime you are dissatisfied with the services, please let me know and I will make every effort to resolve your concerns. Should you be unable to resolve the matter I may direct you to another therapist in the Rochester area.

If you have any questions concerning the information above, you may ask about them. Please sign and date this form; if you like a copy can be made for your personal file, I will also keep a copy in your file.

I have read and understand the above policies and procedures and agree to abide by them.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative * Date

* *If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date