

# 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 such as sadness, guilt, anxiety, anger or frustration, or having difficulties with other people to name a few. 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, Voicemail, and Email:** You may call me at (585)371-8548. If you are leaving me a message, please leave your name, number to reach you at, and a short message. I communicate with clients regarding routine matters and scheduling over email at [robyn@robynglertcounseling.com](mailto:robyn@robynglertcounseling.com). I only text with clients about benign things (i.e. appointment times) because this medium is not HIPAA compliant. Please understand that I may only check my email and voicemail a couple times during the work day and less on the weekend or holidays. I typically respond within 24 hours, but this is longer over the weekend and holidays.

**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.

**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 on any form of social media. This professional boundary has been established for your protection.

### Telehealth:

Telehealth brings unique aspects to the counseling relationship. Please read through the following as I want you to understand each of the following before engaging in telehealth:

- I understand that there are risks, benefits, and consequences associated with tele-mental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- I understand I may be reimbursed less by my insurance company by using tele-mental health.
- I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to tele-mental health unless an exception to confidentiality applies (i.e. mandatory reporting of a child, elder, or vulnerable adult abuse; danger to self or others; subpoenaed by court).
- I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that tele-mental health services are not appropriate and a higher level of care is required.
- I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

### About Appointments, Fees, & Cancellations

An appointment typically lasts for 53 minutes. Fees for an individual session is \$105.00 and a couple or family session is \$115.00. 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 policy** 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 check.

**Good Faith Estimate:** As of January 2, 2022, you have the right to receive a "Good Faith Estimate" regarding how much your care will cost. The length of therapy is different for all individuals, couples, and families. I cannot guarantee that you will reach your goals in a particular amount of time, thus estimating the overall cost of services is not possible. In my experience most clients decrease the frequency of sessions over time, as symptoms decrease. The only fee charged at the time of service is the session fee (or late cancellation/missed session fee). You will be notified ahead of time if any changes are planned for this fee by at least 30 days. As a good faith disclosure, here are some totals to be aware of: 10 individual sessions = \$1050; 10 couple or family sessions = \$1150.00.

**Medicare Opt-Out:** For those clients eligible for Medicare please be aware, I have chosen to opt-out from Medicare. Because I have opted out of Medicare, Medicare limits do not apply to my charge for services. By entering into services with me you/your legal representative agree not to submit a claim to Medicare. Further you understand that Medigap or other supplemental plans may elect not to pay for items or services not paid for by Medicare. The expiration date of my opt-out period is 1/5/26.

**Clincial Supervision:** I reserve the right to consult with colleagues, my malpractice insurance, and/or my attorney as warranted (i.e. cases involving subpoenas, court orders, releasing client's records or other privileged information).

**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 service, 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.**

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Signature of Client Date

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Signature of Parent/Guardian Date

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Signature of Staff Person Date