

**Essex Pediatrics Mental Health Group  
Gina Watson, LICSW**

General Policies and Information

**Consent to Treatment**

In any treatment of physical or mental health issues there are inherent risks. Psychotherapy can, at times, be uncomfortable as you explore parts of yourself you may have worked very hard to keep protected. The process of therapy requires great vulnerability and trust. Discussing unpleasant experiences can leave open the possibility for an increase in unwanted symptoms or the development of new symptoms. This can include depressive and/or anxiety based symptoms. I will work with you to monitor symptoms and adjust your treatment plan as needed.

I cannot guarantee an improvement in symptoms, nor can I guarantee a change in behavior. I do promise to support you in working toward achieving your goals. If at any time I believe that your needs would be better met by another provider holding a specific expertise, I will discuss the option of referral with you. Successful therapy involves a large commitment of time and resources; you should choose your therapist with care. If you have questions about my training, my methods, or my recommendations please discuss them with me. If your doubts persist I will be happy to provide you with a referral to another provider.

Most often, the benefits of therapy outweigh the potential risks. When successful, therapy can help you reduce unwanted symptoms, change problematic behavior, and feel more empowered. Therapy can help you to forge new meaning in your life, develop a deeper sense of joy, and improve relationships. The goals of your individual therapy will be determined during the initial assessment and through the ongoing development of a treatment plan.

**Client Rights**

You have the right to be treated with dignity and respect. You have the right to necessary and available treatment regardless of race, religion, national origin, age, handicap, gender, or sexual orientation. You have the right to be informed about the services and treatment available for your needs. You have a right to know your diagnosis, if you have one, and your treatment plan. You have the right to consent to treatment or to refuse treatment. You have the right to review your clinical records. You have the right to give or withhold access to your clinical record to others, such as a relative or lawyer. You have the right to complain if you believe your rights, or someone else's rights, have been violated.

**Cancellations**

The time agreed upon is reserved for you. In the event that you must cancel a session, please call me at least 48 business hours in advance. I may be reached at 802-359-3361. If such notice is given, the client will not be charged for the sessions. In the absence of such notice, except in extraordinary circumstances, the client will be charged for the session at the usual hourly rate. It should be noted that insurance will not pay for missed sessions, so the client will be billed directly. In accordance with legal requirements, Medicaid patients will not be charged for missed sessions. However, in the case of all clients, if an appointment is not kept, subsequent scheduled appointments will be forfeited unless and until the client calls to reschedule. Additionally, I reserve the right to discontinue treatment with a client if session attendance becomes a regular problem.

### **Phone calls/Email/ Text**

You are welcome to leave a voicemail on my cell phone at 802-359-3361. I check these messages periodically and will return your phone call as soon as possible. I make every effort to return calls within 24-hours.

Please note that email and text are not secure methods of communication. If you choose to communicate with me via text or email, please keep this in mind. My email address is ginawat@gmail.com and my cell phone number is 802-359-3361.

### **Emergencies**

We will discuss crisis planning as part of your treatment.

In the event of a mental health emergency requiring immediate attention, you can contact me by calling 802-359-3361, 24 hours a day. I return calls within 24 hours.

For more immediate attention, patients of Essex Pediatrics can call 879-6556, 24 hours a day and ask for the physician on call.

In a life-threatening situation, contact 911 or go to the Emergency Department.

### **Fees and Billing**

I typically schedule 55 minute long sessions. I charge 100.00 per 55 minute session.

Payment of all fees due by the client, including co-payments, is required at the time of service unless we have discussed your being billed for co-pays at a later time.

**Please confirm your coverage for outpatient mental health benefits with your insurance company, and determine what your financial responsibility for therapy will be** prior to beginning our work together. If your insurance company does not reimburse me as expected, you will be responsible for payment according to the fees listed above.

Telephone consultations of 10 minutes or longer, and preparation of reports or letters will be billed at the usual rate, based upon time involved. Consultation to schools or other consultation will be billed at a rate determined prior to initiating services.

### **Insurance**

If insurance is to be used to pay for services, arrangements must be made in advance with me. I will typically bill the insurance company directly, and the client is responsible for deductibles and co-payments at the time of service. In certain situations, I may arrange to bill the client with the understanding that they will apply for reimbursement from the insurance company themselves. **All insurance plans vary and you are responsible for learning the details about your plan.** Some require pre-authorization by your primary care provider or by the insurance company before they will pay for services. Some plans authorize a set number of sessions. The client is responsible for tracking this information. If your insurance coverage changes, it is your responsibility to inform me to avoid any lapse in coverage. Many insurance companies require that I provide Vermont or written updates of your treatment on a periodic basis in order for services to be covered. It is understood that I will provide these updates to your insurance company as part of your care unless you request otherwise.

### **Confidentiality**

Your privacy is extremely important to me. All aspects of therapy are confidential. There are a few important exceptions to your confidentiality:

- Your health insurer has the right to access your medical records if they reimburse for my services.
- I must notify authorities if I believe you are at imminent risk of hurting yourself or someone else.
- Vermont law mandates that I must report suspected abuse of a child or protected adult.
- I am legally required to release medical records when presented with a court subpoena.

If at any time you would like me to discuss your information with another person, you will be required to sign a “consent to release of information” document allowing me to do so. You have the right to restrict the information shared, and the right to revoke your consent at any time.

For my own professional development, to ensure your best care, and in alignment with my ethical obligations as a social worker, I routinely seek supervision in the form of case consultation with other professionals. I take great care to ensure that your name and any identifying information remain confidential. If you have concerns about this process, please do not hesitate to ask.

**Unexpected Therapist Absence / Professional Will**

In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.