



SAMANTHA WIDMAN, LMFT

PSYCHOTHERAPY

Welcome to my practice! I look forward to getting to know you and being of help to you. I believe in working collaboratively with my clients and I encourage you to share your ideas and feelings about your treatment with me. This information sheet is provided to acquaint you with policies of my practice. Please read it carefully. If you have questions about any of this information, our working relationship, or about my training and experiences, please feel free to ask me at any time.

Policies

Psychotherapy: Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, or anger. It is normal to experience some ups and downs throughout the course of treatment, and at times it may feel like you are moving backwards, even though you may in fact be making progress towards your ultimate goals. Psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees about what will happen, but in order to be most successful, therapy will require a very active effort on your part, which will include working on things we discuss outside of sessions.

The first 1-3 sessions will involve a comprehensive assessment of your needs. By the end of this assessment, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. By signing the initial treatment plan, you are committing to continually working towards reaching your treatment goals. If you have questions about my procedures, we should discuss them whenever they arise.

Confidentiality: I will not release information about you to anyone else without your signed consent, except in situations in which your safety or that of another is in danger, or if required by law or a court order. I am required by law to report any information which may pertain to the suspected abuse of a child or a vulnerable adult (within the last 3 years). The law also requires I report prenatal exposure to controlled substances (i.e., a pregnant woman using cocaine, heroin, amphetamines, methamphetamines, or PCP).



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The following is not a legal exception to your confidentiality, but a policy of mine when working with couples. If you and your partner decide to have some individual sessions as part of the couple's therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

Email/Text/Social Media Policy: I may communicate with you via text and email for scheduling purposes only, I do not conduct therapy over text or email. Text and email messages are not guaranteed to be confidential; cell phone companies and internet service providers retain logs of all messages and content may be accessible to unknown persons. If you choose to text or email me, you accept this possible lack of confidentiality. I will not accept any client invitations to connect via Facebook, LinkedIn, Twitter, Tumblr, Instagram, or any other social media site. This is to protect the integrity of the therapeutic relationship.

Recordkeeping: I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. You have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

Diagnosis: If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

Treatment Duration and Termination: In most cases therapy will continue until all of your goals are met. This amount of time varies between clients depending on needs, therefore I will not be able to give you a specific length of treatment. If you decide to terminate treatment before you meet your stated goals, I request that you schedule one final session to review your progress and to say goodbye. If you would like a referral to another therapist at that time, I would be happy to provide that information. If, for any reason, I decide to terminate treatment with you



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before you meet your stated goals, I will attempt to give you at least 2 months of notice in advance so that there is enough time to help you find a new provider and assist with the transition. Please be aware that non-compliance with the agreed upon treatment goals may result in termination of treatment.

Specialized Treatment: In some cases, your therapist may decide that implementing specialized treatment with the client is necessary. Specialized Treatment refers to use of Play Therapy, Eye Movement Desensitization and Reprocessing (EMDR) Therapy, or Accelerated Resolution Therapy (ART) during a therapy session. The therapist may choose to submit an additional billing code to your therapy session (referred to as a 90875-Interactive Complexity Code), depending on your insurance plan you may be charged an additional fee for each session the 90875 code is used for. Specialized treatment is determined on a "case by case" basis, and your therapist will discuss the necessity of this treatment with you ahead of time.

Emergencies: If you have an emergency or crisis and cannot reach me or wait for a return call during business hours, you or a family member should call the Crisis Connection at 612-379-6363 or call 911. 24-hour emergency services are also available at the emergency rooms of Abbott Northwestern, United Hospital, HCMC, Regions Hospital, Fairview-University Medical Center, and other hospitals.

Fees: Our first session will be an assessment/intake appointment. My standard fee for the assessment and follow-sessions is \$170 per 55 minute session or couple/family session. If you have health insurance, it is your responsibility to contact your insurance carrier prior to scheduling our initial session to fully understand your plan's mental health coverage. A superbill can be provided upon request, which can be submitted to your insurance carrier for reimbursement. I request that the fee or the appropriate copay be paid at each session. We accept credit cards, or HSA/FSA.

Appointments: If you are unable to keep a scheduled appointment, please let me know 48 hours in advance. You will be charged a \$170 fee for appointments that are missed or not cancelled at least 48 hours in advance.



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*By signing this form I am giving my consent to treatment with Samantha Widman Marriage & Family Therapy LLC. I understand that I may withdraw my consent at any time, which would result in the immediate cessation of therapy. I understand that this consent will remain in effect until I withdraw it or I am discharged from therapy. I certify that I (or my dependent) has insurance coverage or ability to pay for services rendered. I assign directly to my healthcare provider at Samantha Widman Marriage & Family Therapy LLC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the healthcare provider to release all information necessary to secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance submissions. **I have received and read the HIPAA notice of privacy practices.***

I acknowledge that I have read, understand, and agree to the above information:

Client Name (printed): _____

Signature: _____ Date: _____