



## Andrea Werner Insoft, LICSW, ACSW

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### Welcome to my psychotherapy practice.

Here is some information about the work that I do. Please read, sign and date the end of this document. I will also provide a copy for you to take home. If you have any questions, please bring them up with me.

- ☒ I use a very holistic approach, preferring to look at the whole client, not just her/his mental status. To this end, in addition to your presenting problem, I will be interested in your family life, work, hobbies, exercise and stress management -- to name a few
- ☒ Since biological factors can contribute to unwanted psychological distress, I may ask you about your health and diet. In some cases medical assessment and intervention is helpful and/or necessary. Some individuals benefit from a combination of psychotherapy and drug therapy.
- ☒ The majority of individuals benefit from treatment. The therapeutic process is generally quite useful, but some risks do exist. As therapy begins, some people experience unwanted feelings; for example, examining old issues may produce unhappiness, anger, guilt or frustration. In addition, important personal decisions are often an outcome of therapy. These are likely to produce new opportunities as well as unique challenges. Please do not hesitate to discuss treatment goals, procedures, or your impressions of the therapy I provide.

### Session Fees

- ☒ My fees are as follows:
  - Individual psychotherapy \$145
  - Couples psychotherapy \$160
  - Group psychotherapy \$50If these fees are out of range, we can discuss other payment options.
- ☒ Payment for therapy will be due at the end of each session. I do not have a secretary to collect your fees, so **please come prepared to pay with cash or check at the end of our session.**
- ☒ ***If you plan to submit your session receipts for insurance reimbursement, please inform me right away.*** I will provide you with a list of questions to ask your insurance company, to determine whether or not they will reimburse your claims, and if so, under what conditions. If they agree to reimburse you for the counseling, I will be happy to provide you with a receipt. **You will be responsible for payment at the end of each session whether your insurance company reimburses you later or not.**

### Scheduling

- ☒ I will make every effort to schedule your appointments at times that are convenient for you.
- ☒ Clients typically schedule 50-minute sessions. The length and frequency of your sessions will be your decision.
- ☒ If you need to cancel or reschedule an appointment please give as much notice as possible. If you need to cancel or change your appointment, please call my cell phone, **617-694-6846** or **e-mail me at awinsoft@comcast.net**
- ☒ Clients arriving late will be responsible for paying for all the session time scheduled.

### Additional Fees

- ☒ **No Show Fees: For the first no show or appointment cancelled with less than 24 hours notice, I do allow one "free pass", and I do not charge. For the second and subsequent missed sessions, I charge your full fee.**
- ☒ Phone consultations lasting more than 15 minutes will be charged at the hourly rate.

### Snow/Bad Weather

- ☒ Safety is most important to me. If there is a snow storm and you do not feel comfortable driving, please cancel your appointment. If you cannot make an appointment due to snow or bad weather, I do not charge.

### Confidentiality

Except for certain situations, matters shared in counseling sessions will not be disclosed to anyone without your written permission. There are some exceptions to this:

- ☒ Therapists are legally required to report suspected abuse, neglect, or exploitation of a child, an elderly person, or a disabled person to the appropriate agency.
- ☒ Therapists have a legal and ethical obligation to warn appropriate authorities, family members, etc., when a client is seriously considering harming him/herself or others.
- ☒ Client case notes and records may be subject to subpoena when a client is involved in civil or criminal legal proceedings.
- ☒ Therapists may be required to release client information to an insurance company that is paying for the treatment. Many insurance companies will require documentation of a client's therapy progress before pre-approving additional sessions.
- ☒ I may occasionally consult with a colleague about my services to you, and this person is bound by the same laws regarding confidentiality.
- ☒ If you use third party reimbursement, it may be a requirement of your insurance that a clinical diagnosis, a treatment plan or summary, and other details of your treatment be furnished to them to receive payment.

### Phone Calls, E-mails, Emergencies, and Between Session Support

- ☒ If you need to cancel or reschedule a session, or if you need to reach me right away, call my cell phone at **617-694-6846**. If I don't answer, leave a message and I'll call you back at my earliest convenience.
- ☒ If you are having an urgent crisis and need immediate assistance, please call the nearest emergency room.
- ☒ When deciding whether or not to call me between sessions, please consider the following guidelines:
  - The crisis, question, or dilemma cannot wait until the next session.
  - Someone is in danger of harm, injury or death.
  - Supportive friends or family members cannot ease the crisis.
  - The use of a stress reduction technique has not sufficiently eased the sense of emergency.
- ☒ **E-mail guidelines: email [awinsoft@comcast.net](mailto:awinsoft@comcast.net)** You may e-mail me to make, cancel, or reschedule an appointment, to make brief reports about your progress, or to ask simple questions that can be answered in a few words. But deep therapy issues, questions, or crises cannot be addressed by e-mail.

### Consent for Therapy

I, \_\_\_\_\_, give permission to Andrea Werner Insoft, LICSW to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. By my signature I am affirming that the contents of this document have been satisfactorily explained to me. I also confirm receipt of HIPPA policy.

I understand that my weekly fee is \$ \_\_\_\_\_ payable on the date of the appointment.

Client Signature:

Date:

Andrea Werner Insoft, LICSW

Date: