

**Lisa May-Sachs, LCSW-C**  
**Individual and Couples Therapy**  
**443-799-0241**

**6600 York Road**  
**Suite 102**  
**Baltimore, MD 21212**

## **Policies**

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Thank you for your interest in pursuing therapy. I hope that your experience will be beneficial to you and your well-being. Please review the following policies so that we may both agree on the limits and course of treatment. Your signature represents your consent to treatment and agreement with the policies.

### TREATMENT TIME FRAME:

The client and the therapist will mutually agree upon the length of treatment. Initially, there will be a two-week assessment period, as needed, to assess your needs and determine goals for treatment. After that, clients usually attend regular weekly appointments. Bi-monthly appointments are usually arranged after clients have made considerable progress and feel the need to continue treatment, but require less frequent sessions.

### BENEFITS OF THERAPY:

Therapy can have many benefits which can include new insights and understanding about a problem or oneself. Therapy can assist in developing new skills in coping and problem-solving. This can result in a significant reduction in feelings of distress and improve general functioning. However, there are no guarantees and there are potential risks. Risks may include some initial discomfort and an increase in levels of anxiety. As some clients may feel worse before feeling better, I encourage you to keep me informed about your progress and the impact of treatment.

### FEES AND APPOINTMENTS:

The fee for the initial session is \$175.00. Subsequent sessions are billed at \$160.00 per 55-60 minute session for individual and couples counseling. Fees will be due at the time of the session. Fees can be paid in cash or check as arranged (there is a \$25.00 charge for returned checks). *It is at this therapist's discretion not to schedule future appointments if a client has an outstanding balance* Standard fees may increase on a yearly basis.

*Self-Pay Agreement:* As a self-pay client you agree to pay for treatment out-of-pocket and understand that you waive the option to seek reimbursement from you insurance provider.

Occasionally, a brief telephone consultation between therapist and client will be necessary and will not incur a charge. Calls are to be kept to a minimum and clients are encouraged to bring their concerns to their next scheduled session. Phone sessions will rarely be offered as a substitute for an in-office session. Lengthy consultations with physicians, mental health providers or other professionals will be charged on a prorated basis based on the client's normal hourly rate (or allowed amount for insurance). Written evaluations/reports to other professionals and agencies will be billed at a rate of \$160/hour. If you are using your insurance to pay for sessions, this cost will be applied to lengthy reports beyond typical treatment plans and authorizations. If you are to become involved in a legal dispute, you must understand and agree that I will not provide evaluations or expert testimony in court. I will only participate in a court proceeding if mandated and will bill for my time at my full hourly rate.

Appointments will be made at the end of each session and arranged at mutually acceptable times. I can be reached at the voicemail number for clients in crisis or for changes to appointment times, however, please understand that I am not on 24 hr. call and will usually return all messages

within normal business hours unless it is an emergency. If you feel that you are in imminent danger, please contact 911 or go to your local hospital and notify me to let me know of your status. If I will be out of the office for an extended period, I will usually provide another therapist's name and phone number in case of emergency.

CANCELLATIONS:

The therapy relationship involves an important commitment from both of us. When your appt. has been scheduled that time is reserved only for you, therefore, it is your responsibility to arrive on time and notify me as soon as possible when a cancellation is necessary. Whenever possible, please provide at least 24 hours notice for cancellations to avoid being charged for the missed session. I do understand that emergencies happen and we will handle those on a case by case basis.

*If you are a client attending therapy less frequently than once a week, appointments may be scheduled two at a time in order to reserve your ideal time slot. I ask that you be mindful of the cancellation policy and offer some flexibility to reschedule missed appointments in a timely fashion.*

CLIENT-THERAPIST RELATIONSHIP:

I encourage you to regularly evaluate your progress in therapy by letting me know how you think you are doing, what is helpful and what is not, as well as what areas you would like to stress in treatment. I, in turn, will provide ongoing feedback of my impressions of your progress or areas of concern. Treatment goals tend to change over time and clients, sometimes, feel "stuck" in therapy. The client always has the right to end treatment, but I would encourage you to discuss your feelings about termination with me in hopes that we may resolve any concerns and/or mutually agree to end therapy.

Should you have a grievance with your treatment, I encourage you to let me know, immediately, so that we may discuss it. Please sign below to indicate your understanding of these policies. You will be provided with a copy. Again, thank you for your interest in working with me. I look forward to a rewarding experience for both of us.

*\*\*Due to the inability to safeguard confidentiality in relation to emails, I ask that clients do NOT email me once we have begun therapy. Texting can be used for the purposes of rescheduling and confirming appointments. Please remember to identify yourself with your full first name and last name initials. Voicemail should be used for any other concerns.*

CONFIDENTIALITY

All verbal communication and clinical records are strictly confidential and require the client's written authorization for release with the following exceptions that may require me to take steps to protect a client or others.

- Threat of imminent harm to self or others.
- By law I am obligated to report information about physical or sexual abuse to Child Protective Services. A report must be made even if the alleged victim is an adult when the incident "comes to light" and even when the alleged perpetrator is deceased. These cases are typically only investigated if the alleged perpetrator is still in the proximity of children.
- Court mandate (subpoena)
- HIPAA policies (as outlined on paperwork)

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Signature of Patient

\_\_\_\_\_  
Date

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Lisa May-Sachs, LCSW-C  
MD License #10365

\_\_\_\_\_  
Date

