Still Waters Counseling Services

Alissa D. Anderson, LMFT
Practice Policies and Information Agreement for Counseling Services

The following information is provided to clients to assist in understanding policies and procedures at my office. Please do not hesitate to ask if you have any questions.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. There are exceptions when disclosure is legally mandated of which you should be aware. These exceptions include:

1) The client is in danger of harming themselves
2) The client is in danger of harming others
3) Report or reasonable suspicion of child abuse and/or neglect
4) Report or reasonable suspicion of elder abuse and/or neglect

As a Licensed Marriage and Family Therapist who also supervises Tennessee state post-masters level therapists in the licensure process, I consult regularly with other professionals regarding clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to; divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf will call Alissa Anderson to testify in court or at any other proceeding, nor will a disclosure of the psychological records be requested.

Appointments: I schedule my own client appointments. Some evening appointments are available. Since clients are seen by appointment only, the appointment time given is reserved for you. Please give at least twenty four (24) hours notice if you must cancel your reserved time. **You will be charged your usual fee for appointments that are not cancelled 24 hours in advance.** Please understand that you are fully responsible for any charges due to a missed appointment.

Fees and Payment: Sessions are billed at $150 for a 50-minute (clinical hour) appointment. Phone consultations are billed at $75 per half-hour. I maintain a credit card of your choosing on file. I am not set up at this time to bill insurance directly but am happy upon request to provide diagnostic codes and basic information for clients who prefer to file for reimbursement. All fees are due at the time services are rendered.

Termination: Termination of therapy may occur at any time and may be initiated by either client or therapist. Exploring the reasons for and appropriate timing of termination can and should be a healthy and constructive process. From time to time, we will discuss your goals and the progress of your treatment. If it is determined that your needs and/or goals are not being successfully met, I will refer you to another qualified therapist.

Emergency Procedures: If for some reason you should be unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, the Community Assistance Program (CAPS) at (615) 342-1450, dialing 911, or by going to the nearest emergency room.

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The Process of Therapy: Therapy – like other things in life – offers no absolute guarantee of success. There are limitations to any form of care offered a client and, ultimately, clients are responsible for their own growth. Therapy requires honesty, active participation and a willingness to change. I am trained in and utilize a family systems theoretical approach in discussions and interventions with clients. I am also trained in and utilize the EMDR treatment protocol to address trauma when appropriate. I might also use experiential, solution-focused and emotionally-focused couples therapeutic approaches. I maintain an informal, working individualized treatment plan for the issues identified and how they might be addressed. I invite you to discuss this plan with me and collaborate towards progress, as you are the expert on your own life!

Please feel free to discuss any of these matters with me in more detail. **By signing below, you acknowledge that you have read, understand, and agree to these policies and procedures.** Your signature acknowledges your informed consent for treatment.

Client Name (Parent/Guardian if Minor Client)	Date	Signature

Therapist	Date	Signature

301 Mallory Station Rd., Suite 110
Franklin, TN 37067

Phone: (615) 714-0982
Email: alissaandersonLMFT@gmail.com

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Alissa D. Anderson, LMFT

Intake Information

Name:_____Date of Birth:_____Age: _____

Address: _____ City & Zip Code: _____

Home Phone:_____Other Phone: _____

Permission to leave a message on your voice mail/answering service? YES NO

If yes, which number?_____Email Address: _____

Marital Status: Single____Married____Divorced____Separated ____Cohabiting ____

By whom were you referred? _____

Why are you seeking therapy at this time? _____

_____

_____

_____

Occupation (or student, etc): _____

Primary Care Physician: _____

List any medical problems: _____

_____

Are you currently taking any prescribed medications? If so, please list:

_____

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Have you participated in therapy before? YES NO

Previous Therapists:

_____

Name Dates

_____

Name Dates

List any psychological testing: _____

_____

Describe your family situation (past and present): _____

_____

_____

_____

_____

Are you aware of mental illness in your family history? If so, please list:

_____

Have you ever participated in substance abuse treatment? YES NO

If so, please list treatment provider, dates, and type of treatment: _____

_____

_____

Do you have a religious affiliation?_____If so, describe: _____

Emergency Contact:_____Phone:_____