Swedesford Corporate Center, 617B Swedesford Road, Malvern, PA 19355 Phone: 610-251-0821 - Fax 610-251-0822 - selfexp@comcast.net www.selfexpressionscounseling.com

INFORMATION ABOUT OUR PRACTICE

ABOUT US:

We welcome you to Self Expressions and hope that this will help you get to know us, our policies and procedures as well as the therapy process itself. We are social workers who hold licenses in the state of Pennsylvania. We received Master's degrees in social work and have decided to bring our skills and talent to private practice. We see people for many different reasons. Two of our clinicians are certified Imago Therapists. Our practice style is eclectic which means that we use many different types of therapies to help you feel better and meet your goals.

HOW WE WORK WITH YOU:

We will begin with an evaluation and help you to take a look at what you want to get out of coming to Self Expressions for counseling. We will meet at a frequency that works for both of us. There may be times when we will recommend that you see your family physician or a psychiatrist for medications. We will work with your physician in any way that you desire.

We charge a fee of one hundred and thirty dollars for individual treatment and one hundred and forty dollars for couples/families per session. Each session is usually fifty minutes to one hour in duration. We request payment be made for each session at the time that you are here for counseling. We accept payment in cash, check, Visa and MasterCard. When paying by check, if the check is returned due to insufficient funds we will need to charge a \$10 fee in addition to the amount that is owed for the session.

PRACTICE GUIDELINES:

We do require twenty-four hours notice for a cancellation of an appointment with us. Failure to provide this notice will result with you being charged our usual and customary fee. If we are billing your insurance and you are part of a managed care network, this fee may vary and we will discuss this with you during your first session. This is a Self Expressions policy and is only waived in case of emergencies or inclement weather.

We have office hours Monday through Friday. We have a limited amount of evening hours that we offer. We will return routine telephone calls at (610)251-0821. If your call is an actual emergency and it is during regular daytime hours, we ask that you follow instructions on our main voice mailbox. If it is after our regular business hours we ask that you telephone Crisis Intervention at (610)918-2100.

In our state of Pennsylvania we are required by law to keep what is shared between you and your therapist confidential. This means that we cannot release information to anyone else without your consent in writing. We provide each of our clients with a notice of privacy practices. This notice explains how we use your personal health information especially if we are billing your insurance. Please make certain that you review this notice because there are certain things that we must share with your insurance in order to receive reimbursement for our counseling services. There are two instances whereby we are able to release information about you without your consent. The first is if it is our clinical judgment that you are a danger to yourself and we feel that you may harm yourself. The second is if it is in our judgment that you are about to harm or have already harmed another. This includes other adults as well as minor children. Your information is kept in a medical record for a minimum of seven years following your discharge from Self Expressions.