



Policies & Procedures

CLIENT THERAPIST AGREEMENT

The therapy relationship is a collaborative one. You will be working with a well-trained Embrace Therapy clinician to establish goals and work to accomplish them together.

In order to facilitate your work, there are a number of policies and procedures that need to be followed. They are outlined below:

HOW THERAPY WORKS IN A GROUP PRACTICE

All clients are seen as part of **EMBRACE THERAPY LCSW-C, LLC** and adhere to all policies and procedures that the director of Embrace Therapy, **MICHALI FRIEDMAN, LCSW-C** follows in her own personal clinical work.

You may contact Michali Friedman at any point before, during, or after the therapy process at **646-396-0674** or **michali@embracetherapy.net**.

OFFICE HOURS

Our administrative office is open Monday, Tuesday, and Thursday. Each Embrace Therapy clinician works different hours during the day and evening. Please call Michali Friedman to arrange scheduling sessions with an Embrace Therapy clinician. After you are assigned a clinician who best matches your criteria, you and they will set the session hours together and they become the contact person from there on. At the end of each session, you and they will schedule and confirm the next session.

FINANCIAL AGREEMENT & CANCELLATION POLICY

All payments will go through Embrace Therapy LCSW-C, LLC. Our fee for private clients is \$250 for a 50-minute. If the session requires additional time, there will be a prorated charge based on the fee amount listed. Travel fees are case and location specific and can be discussed when travel is warranted. We accept credit cards, checks, or cash, and payment is expected on the day of treatment. Clients with an outstanding balance will not be seen until the balance has been settled.

Because your appointment time is held exclusively for you, we have made a 24-hour cancellation policy – for example, changes to appointments must be made before 5:00 PM on Sunday for a 5:00 PM appointment on Monday. If you do not cancel within 24 hours and miss the appointment, there will be a charge of \$250 for a full session.

Please note that Embrace Therapy rates increase by 3.5% per year based on cost of living adjustments. These increases begin January 1st of each new year.



PHONE CALLS & TEXTS

If your situation requires attention outside of regular working hours, please call or text my cell phone at 646-396-0674 or your individual clinician’s phone, leave a detailed message, and we will respond as soon as we are able. If the phone call requires additional time beyond a 10-minute conversation, there will be a session fee charge for \$50 per 10 minutes. If the situation is life-threatening, please contact 911.

CONDUCT OF THERAPY

We adhere to the Code of Ethics as a social worker and to the laws of New York and Maryland as they pertain to client-therapist relationships.

CONFIDENTIALITY

The content of all professional interactions in our practice will be held in confidence unless you waive this confidentiality in writing (see below). However, confidential information can be subpoenaed by court order (though it doesn’t happen often). Additionally, information concerning child or elder abuse, physical violence, or threats to others or self is **REQUIRED BY LAW** to be reported to the designated authorities. Therefore, this kind of information will not be kept confidential.

I have read and understand the above outlined policies and procedures of Embrace Therapy. By signing my name, I agree to adhere to these policies set forth by Embrace Therapy LCSW-C, LLC from the date of the signing and forward.

(Signature)

(Date)



CONFIDENTIALITY WAIVER

Under federal law, you have the right to confidentiality with regards to treatment and treatment sessions you receive from any social worker, counselor, therapist, or other specialist. This means that without prior consent from a client or his or her parents, a therapist or any other specialist may not have conversations about you with anyone.

However, to provide therapy services with a holistic approach, it is common practice to ask clients to allow the therapist to speak with other service providers they are seeing such as psychiatrists, psychotherapists, school counselors, and/or occupational or speech therapists.

For those clients over 18 years of age and for parents of clients under 18 years of age, you may be asked to sign a waiver so that your social worker can speak with your parents or other specialists with whom you are working. **You do not have to sign this waiver if you do not wish to do so and if you have any questions about what might be discussed if you do sign this waiver, you are welcome to speak with me before signing this document.**

This confidentiality waiver is in concordance with the ethical guidelines put forth by the American Psychological Association regarding client confidentiality.

I agree to allow _____ (Embrace Therapy therapist's name) to release information and discuss the case of (your name) _____ with (specialist's or family member's name) _____ for one year, dated from (today's date) _____.

Signature: _____ Date: _____

Please sign and email to michali@embracetherapy.net.



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting me.
This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVV Code:
Cardholder ZIP Code (from credit card billing address):

I, _____, authorize Embrace Therapy LCSW-C, LLC to charge my credit card above for agreed upon purchases in addition to a 3.5% credit card processing fee. I understand that my information will be saved to file for future transactions on my account.

Client Signature

Date