

## **Introduction**

It is important that you understand the rights and responsibilities both of us have as we enter into a therapeutic relationship. This will help avoid misunderstandings. We will discuss many of these issues during our first session together. If at any time during the course of therapy you have any questions related to the therapeutic process, please do not hesitate to ask. Of particular importance are the following:

### **Confidentiality**

The bonds of confidentiality apply to therapy and are an important foundation upon which the therapeutic relationship is built. I won't communicate any information about you without your consent, preferably by signing a release of information form.

The only exceptions to this are those required by law. Confidentiality is waived in cases where there is a reasonable suspicion of child or elder abuse or neglect, or where a client presents a danger to him or herself or to others. I am required to release records when there is a court order to do so.

If you elect to utilize insurance benefits to pay for therapy, you should know that some otherwise confidential information will need to be released to the insurance company. This may include, but will not necessarily be limited to, a diagnosis (i.e. depression, anxiety, etc.), and, especially in the case of managed care, can include an initial summary of presenting problems and treatment plan, and subsequent updates on progress being made. If this is a concern to you, please bring it up for us to discuss.

### **Contact Procedures**

There are two phone numbers you may use to reach me. The number that rings in my office is **372-2300**. This is the number you should use in most cases. If I am available I will answer the phone and you will not have to go through a secretary or answering service.

If I am unavailable, a phone answering machine will answer your call. Even when I am away from my office, I check my messages much more often on my answering machine than I do at the answering service. Therefore, with the exception of emergencies, this is the best number to call.

In an emergency, call **372-2535**. This number is answered 24 hours a day. You must specifically indicate that this is an emergency, and the person answering the phone will take your number and call me. If I can be reached I will call you back as quickly as possible. If I can not be reached you will be advised of the back-up procedure I have left with the answering service.

I may return your call from outside my office. If you have caller ID, please do not use any phone number to reach me except the two numbers listed above.

### **Cancellations and "No-Show" Appointments**

If you must cancel an appointment, I ask you to give me 24 hours notice. With a few exceptions, (such as illness or adverse weather conditions), you will be responsible for payment for a full session if you do not

give me 24 hours notice. Forgetting, oversleeping, etc. are not considered sufficient reasons to waive payment for missed sessions. Please note that insurance companies do not reimburse for missed sessions.

### **Billing Practices**

As a courtesy I will bill your insurance company for you, and ask that you pay only your co-payment and deductible. I accept most major credit cards. Unless other arrangements are made, I prefer these payments be made at each session.

You are responsible for payment of all fees. If your insurance company refuses to pay for one or more sessions, or if they pay and later disallow the payment, you will be responsible for the payment.

### **Recording Sessions**

You may find it useful to record your therapy sessions so that you can review them during the week to reinforce the progress being made. I do ask that you inform me whenever you are going to record a session. I allow recording of sessions only on the condition that the recordings be used for your personal review, and are never to be used for any other purpose. I will never record a session without your explicit permission.

### **Court Testimony**

I am occasionally asked to give court testimony related to matters such as child custody, workers compensation, divorce settlement, etc. The judicial system is an adversarial one, and the potential is great

for my testimony and cross examination to be deleterious to the therapeutic process. This can undermine the therapeutic alliance that is crucial to the success of therapy. For this reason, I will resist making any appearance in court, and will resist making any written statement for any judicial proceedings.

### **E-Mail Correspondence**

From time to time you may find it useful to write to me by e-mail, to verify or change an appointment time, or to give me a “progress report” between sessions. I am pleased to receive e-mails of this sort. You can expect a response when you write to ask about our next appointment. I will usually wait until our next session to comment or respond to other messages. My e-mail address is MRogell@MicroGell.com. Caution: e-mail is not a confidential form of communication. Do not include any information in an e-mail which you would not feel comfortable sending on a postcard.

### **Social Media**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **Check-In Procedure**

To let me know that you have arrived for your session, press the “ON” button next to my name on the “Client Check-In” key pad on the wall over the coffee machine in the waiting room (Button labeled “G”). This will light a small lamp in my office. I will come to get you in the waiting room as soon as I am ready to see you.

### **Statement of Client Rights**

1. You have a right to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age, or handicap.
2. You have the right to determine who will provide treatment for you. If you wish, I will provide you with the names of other qualified psychotherapists.
3. You have the right to terminate therapy if so desired. I request that you discuss your desire to terminate treatment in a face to face session, so that we can process your feelings and provide closure.
4. You have the right to ask questions at any time about the therapeutic process and interventions utilized.
5. You have the right to be treated with dignity and respect.
6. You have the right to receive individualized treatment including a verbal discussion of treatment plans and goals.
7. You have the right to know the cost of services rendered.
8. You have the right to have everything said in therapy kept confidential. The

exceptions to this right are listed at the beginning of this brochure.

9. You have the right to be protected from physical, sexual and emotional abuse.
10. You have the right to be informed of your progress in therapy.

### **Policy Statement**

**Michael Rogell, Ph.D.**  
**2535 E. Mt. Hope Avenue**  
**Lansing, MI 48910-1913**  
**(517)372-2300**  
WWW.MicroGell.Com  
**MRogell@MicroGell.Com**