

# Jeri Lea Kroll, LMSW, LLC

## Practice Policies and Informed Consent

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This consent is to verify that you, the client or Parent/Legal Guardian, give permission to Jeri Lea Kroll LMSW, IMH-E® (IV) (MI License # 6801069033) to provide psychotherapy, parent guidance and/or consultation to you, your child and/or family.

**Child/Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### What to Expect

- ◆ Consulting with a therapist to strengthen your or your child's emotional health or your connections with one another is an act of strength.
- ◆ Therapy is a partnership between therapist and client/family. You will be the "director" of our work together and I will act as an advisor and coach. I will draw on my training and experience with babies, children and families and you will bring your expertise and knowledge about yourself, your child and family situation. Together we will observe, play, practice new skills and develop a plan that fits your goals.
- ◆ In order to benefit from counseling it is essential that you feel a sense of trust and connection with the therapist. If you are concerned about something that I have said or that has happened during one of our meetings, please bring it to my attention as soon as possible so we can discuss and resolve the situation.
- ◆ The greatest progress will be made when you are able to be curious about the meaning of behavior, including your own, and are willing to commit to working on your goals throughout the week, outside as well as within the therapy hour.
- ◆ Change doesn't always move us forward. There are times when symptoms or behaviors intensify or reappear during the treatment process. *This does not mean that you, or your child, are not making progress.* Please let me know about these changes if they occur.
- ◆ You have the right to end this therapeutic relationship at any time and I will support you during this transition. Yet, I ask that when you are ready to leave, you agree to give me advanced notice. This type of planned transition often allows for us to be very productive in our remaining time together and to end with a sense of accomplishment and closure for you and/or your child.

### Services and Fees

**Parent Guidance** – Consultation for parents or guardians who are curious or concerned about their baby or child's development, behavior or family adjustment. Sessions can be weekly, bi-weekly or monthly.

**Parent and Child Psychotherapy** – Utilizes a relationship-based approach to address the behavioral, social and emotional concerns of babies and children. I will partner with you to observe and understand your child's behavior and development in the context of your family and community; your child's temperament, health, unique experiences and relationships. My goal is to provide insight, experiences and activities that strengthen your role as your child's best teacher and coach; and to promote healthy interactions, social skills, emotional development and *fun*. Sessions can be held in my

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office or your home. Sessions can be weekly or bi-weekly and can also be combined with Parent Guidance sessions for optimal support.

**Childcare Consultation** – One or more onsite observations of your child within his/her caregiving environment can enhance our understanding of your child's behavior and developmental progress. Short-term or periodic consultation with care providers can also be useful when trying to build greater consistency in caregiving routines and practices between home and child care, as well as when implementing new strategies.

**Individual Psychotherapy** – supportive, relationship-focused adult therapy can be beneficial for those times when you are experiencing a personal or family challenge which is impacting your enjoyment of your life and family, including depression, past abuse, fertility or pregnancy complications, blending of families, caring for yourself and your child with special needs, or balancing work/life.

- ◆ 25 minute office – based session – \$40.00
- ◆ 50 minute office – based session – \$80.00
- ◆ 50 minute in-home session – \$90.00
- ◆ Classroom or childcare consultation – \$90.00/hour

### *Intensive Options*

- ◆ 75 minutes in-home session - \$110.00.
- ◆ One 25 minute parent guidance session *plus* one 50 minute family session - \$115.00 per week.

*A sliding fee schedule may be arranged for those who qualify.*

### **Confidentiality**

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent with HIPPA and mental health laws, I will not release any information about you or your child without a signed authorization from you. There are specific exceptions to this commitment of confidentiality:

- ◆ When there is a reasonable suspicion of child abuse, dependent- adult or elder abuse.
- ◆ When a client threatens violence to an identifiable victim.

The law also allows the therapist to break confidence:

- ◆ When a client presents a danger of violence to others.
- ◆ When a client is likely to harm him/herself unless protective measures are taken.

Disclosure may also be required in certain legal proceedings such as child custody cases. If you have any concerns about any legal proceedings you are involved in or expect to be involved in, please let me know.

If you have any questions about these points, please ask me and we can discuss them.

Please review the **Notice of Privacy Practices** provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information.

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## **Appointments and Cancellations**

Sessions are typically 50 minutes in length, but can run longer depending on the nature of the session. In this event, the extra time will be prorated in 15 minute increments. If you arrive late, your session will be shorter. If I, the therapist, arrive late your session will be extended to make up the time.

If you cannot keep your appointment time, please give me at least 24 hours notice so that I can make the time available for others. If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment.

## **Contacting Therapist**

You may leave a telephone message or send an email at any time. Please be aware that I do not retrieve messages or emails outside of regular business hours, Monday through Friday. **If you have a life threatening emergency, dial 911 or take yourself or your child to your nearest hospital emergency room.**

Telephone calls lasting more than 15 minutes will result in a phone consultation fee, prorated and billed at the office-based session rate.

## **Billing and Payments**

- ◆ Payment, in the form of cash or a check, is due at the time of service unless paid by an outside agency.
- ◆ Statements will be provided for you to submit to your insurance provider for reimbursement (if applicable).
- ◆ You are responsible for submitting all claims to your insurance provider.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## **Jeri Lea Kroll, LMSW, IMH-E® (IV)**

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