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PSYCHOTHERAPY SERVICES AND OFFICE POLICIES

The decision to begin psychotherapy is often a difficult one. It generally occurs at a time of stress, pain, or confusion. Beginning can be difficult, so I hope to explain some details here that will answer some questions you may have, tell you how we can best work together, and provide you with information you can refer back to later if you need to.

Psychotherapy involves a commitment of time, energy, and money. It is vital to find someone you feel comfortable with, because we will be talking about very personal things. I may be that person, or I may not. The first few sessions are a time for us to get to know each other, for me to develop an understanding of what you hope to get from therapy, for you to understand how I work, and to set some initial treatment goals. If at the end of this initial evaluation stage you decide you are not comfortable with me, I will be happy to provide you with names of other psychotherapists.

HOW TO GET THE MOST OUT OF THERAPY

I work best when you and I are active participants. To achieve change, it will require work on your part in and out of session. I may ask questions, suggest ideas, or ask you to think about something. It helps me to have your honest feedback. Both during the session and at the beginning of our next session, please let me know if you felt that there was anything that was particularly helpful (or unhelpful), or something that you spent some time thinking about in between the sessions. Let me know if a comment or thought was on target or off base.

It is also important to let me know when I do not understand you. I will always try, but sometimes, because we are different people with different life experiences, we may experience a disconnection. We can work through these times, and they will make our therapy relationship more resilient.

SESSIONS

Sessions are generally 45-50 minutes long. It is often easiest to have a regular day and time for your sessions. Once we have agreed on a schedule, this appointment time is reserved for you. If you need to cancel, please do so at least 24 hours in advance. I will do my best to reschedule you at another time, as my schedule permits.

CONFIDENTIALITY

In general, the law protects the confidentiality of all communication between us, and I can only release information about you to others with your express written permission. However, there are some exceptions:

- I am legally required to report information to a state agency if I believe a child, elderly or disabled person is being abused.
- If I believe you are threatening to seriously harm yourself, I may seek to have you hospitalized, and/or contact family or friends to protect you.
- If I believe you are intending to harm another, I may have to notify the authorities or the potential victim, or seek to have you hospitalized.

These situations rarely occur. In the event it did, I would make every effort to discuss it with you before taking action.

Another area where confidentiality can be an issue is telephone calls, and chance meetings outside of the office. Please let me know whether I can leave messages for you on an answering machine, if I can identify myself, or how best to reach you if I have to change our session.

In the event we happen to see each other outside of the office, I will always take my cue from you. If you choose not to acknowledge me, you will not hurt my feelings, nor will you have to worry that I will greet you. On the other hand, I am perfectly happy to say hello.

CANCELLATIONS

Time is valuable to both of us. The occasional cancellation is inevitable. There is no charge for an appointment cancelled 24 hours or more prior to your session. Cancellations occurring less than 24 hours in advance will be charged at one half the regular session rate. Please note that this charge is not billable to your insurance.

TELEPHONE CALLS

You may leave a confidential voice mail at any time for any reason. I will rarely be immediately available. Please leave your message, your number, whether or not you want a return call, and a good time for me to call you. I will do my best to get back to you as soon as I can, but generally within 24 hours. However, I am less likely to check for messages on weekends or holidays.

EMERGENCIES

In an emergency, please call the emergency room at the nearest hospital and ask for the psychiatrist on call, or call your personal physician.

PAYMENT

Payment is to be made in full at the time of service, in the form of cash or check. An occasional lapse may occur, but payment is expected by the next session. If for some reason your account is more than 30 days overdue, no further sessions will be scheduled until you have resolved this matter with me.

INSURANCE

Health insurance policies vary widely. Please make sure you know what coverage your policy provides. It is rarely as comprehensive as your medical coverage. You should find out whether you have a co-pay, what percentage of the fee is covered, and if there is a limit to the number of sessions covered in a year. It is your responsibility to make sure that you do not need to be pre-certified or referred by your primary care physician.

Be aware that insurers usually pay a percentage of what they consider "Usual and Customary" fees. My fees are typical of standard psychotherapy fees in the area, but not necessarily what your insurer considers "usual and customary." You are responsible for the difference in what the insurer pays and the fee we have agreed upon.

I have limited the number of insurance panels I am on to only a few, because I prefer to work with clients, rather than spend my time on the telephone with insurance representatives. If you choose to work with me, and I am not in your network, your insurance will pay less.

I will submit documentation to your insurance company on your behalf, or provide you with forms you can send to your insurer. Please be aware that most insurers require me to provide certain information: clinical diagnosis, sometimes a treatment plan or summary, and sometimes more. By asking me to bill your insurance company, you agree to the release of this information. Once the insurance company has this information, I have no control over what they do with this. Because of a concern for confidentiality, some clients choose to pay for therapy entirely out of pocket.

FINANCIAL CHANGES

If you are faced with a change in your financial status, please let me know as early as possible. We can negotiate a new fee until you are again financially stable. I would not stop seeing you because of an unexpected job loss or other unfortunate situation.

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CLIENT – PSYCHOLOGIST AGREEMENT

I acknowledge that I have received and read the *Psychotherapy Services and Office Policies* document provided by Dr. Dojka. I understand and agree with the policies as written. I understand that my signature on this page indicates my consent to begin therapy with Dr. Dojka.

Client Signature

Date