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OUTPATIENT CONSULTATION/THERAPY CONTRACT

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask any questions that you have about me and our work together.

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I hold a Master's degree in social work from the State University of New York at Buffalo, which I earned in 1993. I am currently an advanced Ph.D. student in Counseling and Counselor Education at the Warner School of Education, University of Rochester. I am a Licensed Clinical Social Worker and have my "R" certification. My formal education has qualified me to provide mental health therapy to individuals, couples, families, and groups.

Mental Health Experience: I have received intensive training in Dialectical Behavior Therapy (DBT) and specialized supervision in Intensive Short Term Dynamic Psychotherapy (ISTDP). My professional experience includes six years working with youth and their families at St. Joseph's Villa, eight years at the Rochester Rehabilitation Center, and a year and a half with Hillside Family of Agencies working as a Clinical Manager at a local day treatment program for adolescents. While at Rochester Rehab, I provided individual and group therapy to adults of all ages. I also provided medical counseling through Rochester Rehab's Physical Rehabilitation Program, and co-facilitated domestic violence groups at Rochester Rehab and Delphi Drug and Alcohol Council. I have been in private practice since 2001.

Nature of Therapy: Life inevitably presents certain struggles and difficult situations. It is my goal to increase your sense of empowerment to address your current challenges in effective ways. Some of the work we may do together will include discussing your concerns, experiencing feelings, developing skills, and experimenting with different ways of being in the world. Common benefits of consultation/therapy include improvements in self-awareness, self-esteem, self-confidence, hope, relationships with others, and taking an active and responsible role in one's life. You may also experience solutions to specific problems and significant reductions in feelings of distress, although there are no guarantees. In order to benefit from therapy, active effort on your part will be required. I use a holistic approach in my work that takes into account your biological, psychological, social, cultural and spiritual dimensions. I strive to establish and maintain a relationship with you, my client, which is characterized by equality and cooperation. I will accept you into my practice only if I believe you have the capacity to resolve your own problems with my assistance.

INFORMED CONSENT

Relationship and Format: Our initial meetings will comprise an assessment in order to best understand your concerns, your history, and determine the appropriate course of treatment. This process typically lasts 1 - 3 sessions. At the conclusion of these initial sessions, I will provide recommendations for our work together, and we will work together to collaboratively determine a plan to best address your needs and concerns. This may or may not involve referrals to mental health, medical, or other providers. In the case that there does not appear to be a good fit between your needs and my recommendations and the services that I feel I can provide in good faith, I am happy to refer you to another provider who may be better able to meet your needs. During the time we meet together, we will typically meet once a week for 50 minutes. Occasionally it is recommended to meet more frequently or for longer sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to individual face-to-face sessions and phone contact in the case of emergent situations. You will be best served if our interactions exclusively address *your* concerns.

I do not discriminate on the basis of race, ethnicity, gender, age, religion, national origin, or sexual orientation. If significant differences, such as in culture or belief systems, exist between us, I will work to understand those differences. You may bring other family members to a session if you believe it would be helpful. Unless you prefer otherwise, I will call you by your first name; please call me Deborah.

Effects of Consultation/Therapy: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing our work together. Although I expect you to benefit from our sessions, I cannot guarantee any specific results. Therapy is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. You may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. In particular, one risk of couples work is the possibility of exercising the option of divorce. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

Client Rights: Some clients need only a few sessions to achieve their goals; others may require months or even years. As a client, you are in complete control and may end our therapy relationship at any time. You also have the right to refuse or negotiate the modification of any of my techniques or suggestions that you believe might be harmful. I render therapy services in a professional manner consistent with accepted ethical standards. If at any time for any reason you believe my services are unethical or not in your best interest, please let me know. I will make every effort to correct the situation and resolve your concerns. If I am not able to do so satisfactorily, you may report your complaints to the State of New York Education Department.

Appointments, Cancellation, and Crises: You may make, cancel, or reschedule appointments by contacting me at 585-330-2806. If you cannot keep an appointment, you must notify me via phone at least 24 hours in advance. If I do not receive such advance notice, you may be charged in full for each session missed. Other than for scheduling appointments, I do not correspond with clients via email or text messaging.

If you experience an emergency crisis for which you need immediate help, you may try to reach me by phone and I will return the call as soon as possible. In the case of a crisis only, you may also page me at 585-220-2987. If you page me, please also leave a message on my voicemail. If you are in an unsafe situation or unable to wait for a call back, please go to your nearest hospital emergency room or call 911. If you contact me by phone and it is not an immediate crisis, any conversation beyond scheduling and other practical matters will be considered telephone counseling and may be billed at our usual hourly rate.

Fees: In return for the fee determined per individual/family session, I agree to provide therapy services for you. You must pay the session fee or your co-payment (if using insurance) in full at each session, unless other arrangements are made. Cash or personal checks are acceptable for payment. An additional fee of \$50 will apply for any items returned unpaid. You must provide notice of canceling an appointment 24 hours in advance or you may be charged in full for your scheduled appointment.

In addition to weekly appointments, I may charge \$75 per hour for other professional services you may need, such as report writing and attendance at meetings with other professionals you have authorized. If you are involved in a lawsuit in which I am subpoenaed by any person or party to give deposition or courtroom testimony, you are responsible for reimbursing me at a rate of \$225 per hour for time I spend on preparation, legal proceedings, and travel to and from those proceedings. In such a case, I will send you a bill that specifies payment within 60 days.

By signing this Informed Consent you consent for me to engage a collection agency in the event that you have not paid your bill within 60 days, in which case I will reveal only your contact information and the amount owed.

Referrals: Not all conditions presented by clients are appropriate for treatment by me. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to more optimally assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Confidentiality: Discussions between you and me, and even the fact that you are working with me, are confidential. However, the following limitations and exceptions to confidentiality do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect or exploitation of a child, elderly or disabled person; c) you disclose sexual contact with another mental health professional; d) I am ordered by a

court to disclose information; e) you direct me to release your records or f) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

I may occasionally find it helpful to consult other professionals about a case. During such consultation, I would avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential.

Records: All of our communication becomes part of your clinical record. Your individual record is accessible to you on request at a separate counseling session specifically for that purpose, unless in my judgment, the contents may be detrimental to you.

Conditions of Ongoing Consultation/Therapy: I reserve the right to terminate our work together should you engage in a professional relationship that consists of a duplication of services; come to a session under the influence of alcohol or illegal drugs; there is domestic violence occurring (in couple work); you refuse to comply with the medication recommendations of your psychiatrist or physician; or should I feel that you are not benefiting from counseling or require a higher level of care including services I am not able to provide. In all of the aforementioned cases involving termination, I will provide you with referrals. If you choose to decline the referrals, I will nevertheless terminate our professional relationship.

Consent to Treatment: By your signature below, you are indicating 1) that you voluntarily agree to receive mental health treatment, and that you authorize me to provide such assessment and care, treatment, or services as I consider necessary and advisable; 2) that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may at any time stop such care, treatment, or services that you receive through me; 3) that you have read and understood this statement and have had ample opportunity to ask questions about, and seek clarification of, anything unclear to you and 4) that I provided you with a copy of this statement. By my signature, I verify the accuracy of this document and acknowledge my commitment to conform to its specifications.

Client Printed Name: _____

Client Signature: _____

Date

Therapist's Signature:

Date