

GROWTH OPPORTUNITY CENTER

(215) 947-8654

Welcome to the Growth Opportunity Center. It is our goal to assist you with the problems that you may be currently experiencing. Please read the following information carefully.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on both the therapist and the patient and the particular problems, which the patient brings to therapy. There are a number of different approaches, which can be utilized to address the problems you hope to improve. It requires a very active effort on your part. In order to be most successful, you will have to work both during sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt and anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspect of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to significant reduction in feelings of distress, better relationships and resolution of specific problems; but there are no guarantees that this will happen.

By the end of the initial session, your therapist will be able to offer you some initial impressions of what your treatment will include and an initial treatment plan, if you decide to continue. In some cases, particularly with children, the initial evaluation will take several sessions. You should consider this information, along with your own assessment about whether your therapist is a person with whom you feel comfortable working. Therapy involves a large commitment of time, money, and energy. Psychiatric consultations for medication may be recommended. If you have questions about your treatment, diagnosis, or sessions, you should discuss them with your therapist whenever they arise. If you are unable to discuss your concerns with your therapist, you may call and ask to speak to the Clinical Director.

Treatment Sessions

Each therapy session will be approximately 45 minutes in length. Please be aware that your therapist will make every effort to be available to you at your appointment time. Because this time could have been available to another person, we will expect you to keep any appointment you make unless an emergency occurs or you give 24 hours notice. Please know that the office policy states that you will be charged \$ _____ for the session. Additionally, there will be a \$10 charge for any checks returned for insufficient funds. **TO SCHEDULE, CANCEL OR CHECK ON YOUR APPOINTMENT YOU WILL DO THIS DIRECTLY WITH YOUR THERAPIST ON EXTENSION _____ . PLEASE MAKE NOTE OF THIS AND KEEP THIS INFORMATION WITH YOU.**

Contacting the Center

We maintain a voicemail system, which is available to take your messages 24 hours a day. In most cases, non-urgent messages can be left on voicemail to your therapist and will be picked up and returned within a few hours during daytime office hours. We have an on-call service available for emergencies 24 hours a day, 7 days a week. If an emergency exists, please call our on-call service at 1-877-340-4203.

Confidentiality

What you discuss with us at the Growth Opportunity Center is strictly confidential and is protected both by law and our professional codes of ethics. We can only release information outside of the Center with your written consent. There are, however, certain limits to confidentiality. We are obligated to share information given to us in confidence if we have reason to believe that a client is: (1) likely to inflict bodily harm on someone else, (2) likely to harm him/herself, or (3) suspected of or involved in child abuse. A court can demand us to testify when there is just cause as deemed by a judge. Other legal proceedings (such as Workmen’s Compensation claims, criminal proceedings, competency hearings, etc.) as well as your submission of a claim to your insurance company may require us to release information. At a minimum, your diagnosis and appointment dates will go to your insurance company if you choose to use insurance. Managed care and EAP plans may require us to submit more details than diagnosis alone.

All of our staff works as a team to provide quality care. We consult with each other to provide the best treatment. If you see more than one of our professional staff, they will communicate with each other to coordinate your care. If other members of your family are in treatment with us, the therapists involved will share relevant information with each other only with your permission. We would be happy to clarify and questions you have about confidentiality and its limits, including how it varies when the patient is a minor (under 18 years of age).

Payment for Service

if you have insurance that covers mental health and we are in your insurance’s network the Center will help make necessary arrangement to bill for your services which most often involves a co-payment from you. If you do not have insurance which will cover services, payment arrangements based on your income can be made, with fee adjustment possible in circumstances of financial hardship.

If there are co-payments required by your insurance plan, co-payment fees are as follows: \$ _____

If you are paying out-of-pocket, the fee for each session is as follows: \$ _____

Consent to Treatment Form

By my signature below, I acknowledge that I received a copy of the Client Information Form, indicating that I have been informed of the policies regarding our Center and that I consent to treatment.

Signature/Relationship if patient is a Minor Date Please Print Name

Witness Date