

**Marianne Tomlinson Therapy, LLC**  
**1605 W. Wilson St., Suite 111**  
**Batavia, IL 60510**  
**630-337-6571**

**Practice Policies**

Welcome to Marianne Tomlinson Therapy, LLC! This document contains important information about our professional services and business policies. Please read through this carefully and jot down any questions you might have so that we can discuss them during our initial meetings. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It will also reduce the possibility of future misunderstandings that might interfere with the therapeutic process.

**Counseling/Therapy**

The counseling/therapeutic relationship is a shared responsibility and a co-creative process. Our role as your therapist is to first help you identify your concerns, clarify your needs and assist you in setting objectives and goals for counseling. We help facilitate your process of self-awareness and help you develop inner resources and positive methods/behaviors for dealing with your life issues and challenges. We function as supportive guides on your journey of self-discovery. Your responsibility is to be present and take responsibility for the therapeutic process by being truthful and actively participating in the process.

**The First Session**

Typically, during the first session, we will discuss your reasons for seeking treatment and some basic background information about you. Policies, fees, and scheduling will also be discussed in this meeting. To the extent possible, we will offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions to determine whether you feel comfortable working with us. Counseling involves a noteworthy commitment of time, money, and energy. You should be very thoughtful about the therapist you select. If you have questions or doubts about participating in therapy at the present time or specifically with one of us as your therapist, please talk to us about your concerns. We will be more than happy to help you set up a meeting with another mental health professional for a second opinion.

**Scheduling**

Each of our appointments is generally scheduled to last 55 minutes. Duration and frequency of treatment may vary depending on the nature of the problems and individual needs. We make the commitment to begin promptly at the scheduled time. If there is ever a time we cannot arrive on time, we will make every effort to let you know in advance. If

one of us causes a late start, we will still be together for the full 55 minutes. If you arrive late for an appointment, we will end the session at our regularly scheduled time.

### **Cancellations**

Because the time scheduled for your appointment is reserved for you, we ask that a 24-hour notice be given if it is necessary to cancel an appointment. **If notice is given in less than 24-hours, there is a charge of \$65 for the cancelled session.** Rescheduling of cancelled appointments may be made within the same week of the cancelled session as our schedule allows. There is no charge for rescheduled appointments. However, all missed visits, without cancellation, will be charged. **Please note that insurance does not cover missed appointment charges.**

### **Emergencies**

We will attempt to be available to you when needed. You can reach all therapists at Marianne Tomlinson Therapy, LLC at their direct lines listed on their business cards. We monitor voice mails closely and will return your call as promptly as possible. *If you cannot reach us immediately in an emergency situation, you can find help by going to your local hospital emergency room or by calling 911. You may also call our local crisis intervention center at 800-273-8255.* When your therapist is out of town for professional or personal reasons, you will either be able to reach your therapist through their direct line, or your therapist will inform you in advance of another qualified professional who will take your call.

### **Routine Telephone Contact, Email Communication & Social Media**

We request that all calls to us be made to our direct lines. If you send a text message and you don't tell us who you are, we will not respond to your text message. Every effort is made to return all calls and emails as soon as possible. Please know that non-urgent voicemail and emails may be returned up to 24-hours later. Please consider the limits of confidentiality when using text or email communication with us. To maintain the integrity of the therapeutic relationship, we chose not to accept "friend" requests from clients on social and networking websites.

### **Confidentiality**

In general, the privacy of all communications between a client and a counselor is protected by law. All aspects of your treatment are confidential and we will need your written permission if you wish us to discuss your treatment with anyone else. Even the fact that you are a client in our practice is protected by confidentiality. You have been provided with a copy of the Notice of Privacy Practices that informs you of what you need to know about confidentiality. Please read it carefully.

## Ending Therapy

Our goal is to provide a quality service in the shortest period of time that is necessary for you to derive benefit from the counseling sessions. You have the right to withdraw from treatment for any reason at any time. We ask that you agree to have a final session after you notify us of your voluntary termination of treatment, so that we may responsibly review and evaluate your reasons, and make recommendations related to the termination of treatment.

### INFORMED CLIENT CONSENT

I \_\_\_\_\_ HAVE READ, UNDERSTOOD, AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, AND I AGREE TO THE ABOVE CONDITIONS AND POLICIES. I ALSO PERMIT THE USE OF A COPY OF THIS SIGNED AUTHORIZATION IN PLACE OF THE ORIGINAL. I, THE UNDERSIGNED, GIVE MY CONSENT AND AUTHORIZE THERAPISTS AT MARIANNE TOMLINSON THERAPY, LLC TO PROVIDE ME, WITH COUNSELING/PSYCHOTHERAPY SERVICES. I UNDERSTAND THAT THESE SERVICES MAY INCLUDE INDIVIDUAL AND FAMILY CLINICAL INTERVIEWS, ASSESSMENTS, CONSULTATIONS AND TREATMENTS. SERVICES MAY ALSO INCLUDE DISCUSSIONS WITH OTHER INDIVIDUALS IN MY LIFE, BUT I UNDERSTAND THAT NO INDIVIDUAL SHALL BE CONTACTED WITHOUT MY PRIOR WRITTEN CONSENT.

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SIGNATURE OF CLIENT OR CLIENT'S  
REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF CLIENT OR REPRESENTATIVE  
RELATIONSHIP TO CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
THERAPIST SIGNATURE

\_\_\_\_\_  
DATE