



New Day Psychology LLC Vered Dor Psy.D

PRACTICE AND POLICIES

The Therapeutic Relationship: As a professional, I will use my best knowledge and skills to help you. This includes following the standards of my professional organization, which puts ethical limits on the relationship between a therapist and a client. I will do my utmost not to reveal that you are a client to maintain your privacy. If you meet on the street or socially, I may not say hello or talk to you much; this is not a negative personal reaction to you, instead, I am trying to maintain your confidentiality. I will not attend your family gatherings, such as parties or weddings as this could compromise your confidentiality. Also, I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with you. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any clients, other than the therapy relationship.

Your Involvement: Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. An important part of your therapy will be practicing new skills that you will learn in sessions. You will probably have to work on relationships in your life and make long-term efforts to get the best results. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.

Length and Frequency of Therapy: At first, you should attend on a weekly basis. Sessions last 45-55 minutes. Some problems can be improved in 2-3 months of therapy. Other problems need long-term treatment.

Risks Of Therapy And Alternatives: You may have negative feelings during therapy. The primary risk of therapy, albeit small, is that it can lead to unpredicted personal changes and temporary destabilizations. Career paths can change, relationships can be terminated, memories can resurface, etc. There is no sure way to guarantee results or the qualitative nature of the process. Also, there is a risk that therapy may not work for you. However, patient welfare is always the guiding principle. You will always be actively involved in making decisions about therapeutic goals and methods. Please be aware that there are many different therapies and therapists available. If this therapy does not meet your needs, you are encouraged to consider alternative professionals

Benefits of Therapy: The benefits of therapy have been published in many well-designed research-studies. People who are depressed usually find their mood lifting, others, may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.



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Additional and Alternative Treatments: If you could benefit from a treatment I do not provide, I could help you to find it. You have a right to ask me about such other treatments, their risks, and their benefits. I may recommend a medical exam, medications or other treatments. If you wish for another professional's opinion at any time, or wish to

talk with another therapist, I can help you and can provide him or her with the information needed.

Ending Therapy: It is best if we decide together when to end your therapy. However, if you wish to stop therapy at any time, please tell me ahead of time and attend at least one more session. If you would like to take a "time out" from therapy, please let me know.

Appointments: If you are late, I will probably still need to end your session at the usual time, because of scheduling reasons. Please try not to miss sessions. When you must cancel, please give me at least a week's notice. Do not bring children with you if they need babysitting or supervision. Older children can wait in the waiting room, but please bring items to keep them occupied during your session.

Insurance: Currently, I accept Florida Aetna Florida Blue, Cigna, UHC/UBH and MEDICARE. In Illinois Via Telehealth I accept Medicare. If you expect another payer (e.g. insurance) to be paying for part of your session, it is your responsibility to ensure that you are covered by that payer. We can discuss how to ensure this if it would be helpful. You are also responsible for your deductible, co-payment and amounts not covered by insurance.

Payment Types: I accept cash, checks, and credit card

Time of Payment: Fees or copayments are due at the time of the appointment. If your account has not been paid for 90 days or more and arrangements of payment have not been agreed upon, late fees of 1.5% compounded monthly will be charged. I have the option of using legal means to secure payment. This may involve hiring a collection agency (in which case, a 30% delinquency fee will be added to your balance) or going through small claim court (in which case, legal costs will be included in the claim). These situations are rare and require disclosure of otherwise confidential information. Please, do not let this happen; I would much rather communicate and find some solution to overdue account.

Receipts: If you would like a receipt, please let me know. I will e-mail you a receipt on a monthly basis, upon request.



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Cancellation Policy and Fee:

If you need to cancel, please call at least 24 hours ahead, otherwise you will be liable for the full payment for the session. Also, do not cancel appointments by e-mail, unless it is more than 3 days in advance. Call to cancel appointments instead. If you have a crisis or illness and can't attend your appointment, call me and we will discuss it. If this happens rarely, or for the first incidence, I will generally waive the cancellation fee.

No-show Fee: If you do not show up for your appointment and do not call, you will be liable for the full payment for the session.

No Court Testimony: If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

Complaint Procedures:

If you are not satisfied with any area of my work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

EMERGENCY: This practice is NOT an emergency service. I am not predictably accessible outside my normal business hours, although voicemail is available 24 hours a day, 7 days a week. I will make every effort to return phone messages in a timely way. However, **if you have an emergency and I am not available, please go to the nearest emergency room.**

CONFIDENTIALITY: Please read the provided "Policies and Procedures" concerning federal HIPAA regulations pertaining to handling of patients' Protected Health Information.

In general, the confidentiality of all communications between a patient and a psychologist is protected by law, as well as by the American Psychological Association Code of Ethics. In general, I can only release information about our work with your written permission.



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There are a few exceptions, however, and you should be aware of them from the outset. If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in a) legal proceedings relating to psychiatric hospitalization; b) malpractice and disciplinary

proceedings brought against a psychologist; c) court-ordered psychological evaluations; and d) certain legal cases where the client has died.

In addition, **there are some circumstances in which I am required to breach confidentiality without a patient's permission.** This occurs if there is suspicion of the neglect or abuse of a minor, in which case I must file a report with the appropriate state agency. In addition, if, in my professional judgment, I believe that a patient is threatening serious harm to self or another, I am required to take protective action, which may include notifying the police, warning the intended victim, or seeking the client's hospitalization. The intent of these requirements is that a psychologist has both a legal and ethical responsibility to protect endangered individuals from harm when professional judgment indicates that such danger exists.

I may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations, I make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality.

I am required to maintain complete treatment records. Patients are entitled to receive a copy of these records, unless I believe that the information would be emotionally damaging and, in such cases, the records must be made available to the patient's designee. Patients will be charged an appropriate fee for records preparation.

If you submit claims to an insurance company or other third party, you will need to provide the payor with a clinical diagnosis, record of treatment dates and services, and, sometimes, a treatment plan or summary. This obviously compromises confidentiality as well. You must understand that once this kind of information leaves my hands I cannot warrant its continued confidentiality.

If you are under 18 years of age, please be aware that your parents or guardians have a right to receive general information on the progress of the treatment and may have the right to access your chart in its entirety.

Under current ILLINOIS and FLORIDA law, in group, family, and marital therapy, all participants are required to consent to the release of information before any information can be released. One marital partner may not waive privilege for another. In cases of marital therapy, therefore, the record may be released only if both parties waive privilege or if release of the record is court ordered.



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The law governing these issues is complex. If you need more specific advice, formal legal consultation may be advisable.

Note: email is not a secure method of communication. Please be aware that I cannot guarantee the confidentiality of email communication. Please, either use fax or my secure/ HIPPA compliant online fillable forms. You can always use regular mail as well.

Parents/Guardians: If you are consenting to treatment for a minor, by signing the consent for services the parent/guardian is affirming that there is no other parent/guardian that has the legal right to override your consent or deny such services.

Release of Information: Please fill out the release of information form if you have had any mental health treatment or medications within the last 2 years. Please fill out one form for each provider who has given you psychotherapy, medications and/or any other mental health treatment in that time period.

If any of these policies do not work for you, please let me know; I will attempt to refer you to someone who may be able to meet your needs better.