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PRACTICE INFORMATION

In order to maximize the success of your psychotherapy as well as minimize the possibility of any misunderstanding, there are a few policies and procedures that are best carefully considered before beginning treatment. Please take the time to read this material.

ABOUT THE PRACTICE: I am pleased to be sharing office space at 426 State Street with other psychotherapist practitioners. Please understand that we all provide service within our respective independent practices and are not associated in any manner as a group practice.

CONFIDENTIALITY: One of your most important rights involves confidentiality. Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Recognizing the benefit of second opinions, I may occasionally share information with a colleague for purposes of consultation or peer review, always preserving your privacy and shielding your identity. You should also know that there are certain situations in which as a licensed clinical mental health counselor, I am legally required to reveal information obtained during therapy to other persons/agencies, without your permission. Further, I am not required to inform you of my actions. These situations are as follows:

- 1) If you threaten grave bodily harm or death to another person, I am required to inform the intended victim(s) and appropriate law enforcement agencies.
- 2) If you indicate a clear and present danger to hurt yourself and refuse to accept further appropriate treatment, I am required to inform your family, agencies, or other individuals who, in my opinion would assist in protecting your safety.
- 3) If you are in therapy or evaluated by court order, that information must be revealed to the court.
- 4) If a court of law issues a legitimate subpoena, I am required to provide the information specifically described within the subpoena.
- 5) Any form of abuse of children or the elderly must be reported to the proper authorities.

MESSAGE POLICY: I am committed to being reasonably available to you at most times while you receive services from me. You may reach me by leaving a message on my telephone answering service at the above number or leave your number on my numeric pager. I will return your call as soon as possible during the day or evening.

EMERGENCY COVERAGE POLICY: In the event of an actual emergency, please call my office number and my emergency message will instruct you as to how to reach me. In the event I am unavailable, another qualified professional will be identified as providing coverage for me.

PAYMENT POLICY: unless other arrangements are made, clients are responsible for payment to be made at each session. Please note that I am not an insurance provider, however I am an out of network provider for some insurance companies. You need to check with your company to see if I am a provider for your particular policy. You are responsible for payment at the time of your appointment, however, we will provide invoices for your insurance company so you are able to receive reimbursement.

CANCELLATIONS AND MISSED APPOINTMENTS: At least **48 hour notice** is required for a canceled session. Otherwise you, not your insurance carrier will be fully charged for the unused appointment time. Missed appointments will likewise be charged at the full rate.

EXPECTATIONS IN PSYCHOTHERAPY: I view the first interview(s) to be introductory and evaluative, intended to establish if we can work together, and if we can, how best to achieve a favorable outcome in treatment. Psychotherapy is a blend of science and art. There is no guarantee that it will always be effective. However, if expectations and goals are clearly discussed, favorable outcomes will likely result.

Signed: _____ Date: _____