

**Karen R. Stefano Ed.M, M.A., L.P.C. NCC**  
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## **PATIENT INFORMATION AND POLICIES**

Thank you for choosing Karen R. Stefano, Ed.M, M.A., L.P.C. NCC. Welcome to my practice. This document (Patient Information and Policies) contains important information about my professional services and business policies. It also asks for your signature to verify that you've received information about the Health Insurance Portability and Accountability Act (HIPAA). Although these documents are long and sometimes complex, it is very important that you read them carefully before we begin therapy. We can discuss any questions you have about the procedures prior to or at our first meeting. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time.

## **PROFESSIONAL QUALIFICATIONS:**

Karen R. Stefano has been a practicing psychotherapist in the Charles Town community since 1995. She has a master's degree in Early Childhood Education from State University of New York at Buffalo. She completed her master's degree in Counseling Psychology from West Virginia University in 1995. She is a licensed as a Professional Counselor in the State of West Virginia. She is certified by the National Board of Certified Counselors, a private certifying agency. Karen has training in Couples and Family Therapy from the Washington School of Psychiatry Couples and Family Psychoanalytic Training Program. She also attended the National Group Psychotherapy Institute Training Program at the Washington School of Psychiatry. She has worked extensively with Jungian analyst Dr. Edith Wallace of Santa Fe, New Mexico, where she studied the process of active imagination, dream interpretation and the tissue paper collage technique. The scope of her practice includes individual psychotherapy, couples and family counseling and counseling adolescents. She uses a combination of traditional psychotherapeutic approaches ranging from psychodynamic, existential, relational, and cognitive-behavioral to expressive therapies. She is currently in training as a Bioenergetics Psychoanalyst in Northern California.

## **THE COUNSELING PROCESS**

Please remember that I cannot guarantee results of our counseling together. Whether you become happier or are less tense or depressed, whether your marriage will be saved, or you get a good job or whether other personal situations improve, it is not within my power to grant such things. Although our sessions will be personal, it is important for you to realize that we have a professional, rather than a personal relationship. You will be best served if our relationship remains professional and if our sessions concentrate exclusively on your concerns. I will work with you, your spouse or family to the best of my training, knowledge and abilities. If I, at any time, feel I can no longer be of professional assistance to you and your situation, I will suggest a referral to another professional for the benefit of your emotional and physical health.

## **BENEFITS AND RISKS OF COUNSELING PROCESS**

As I mentioned earlier in this counseling document, there are risks to counseling of which you should be made aware. Examples of some of these risks include, but not limited to: experiencing uncomfortable thoughts or feelings, being distressed by unpleasant memories, and experiencing relationship difficulties. Couples may decide to divorce as a result of couples counseling. Some people, despite the best efforts of the counselor, do not benefit from counseling. Some people may even feel worse after the experience.

Despite these risks, you should be aware over my 14 years of working with many many persons that most people remained in counseling with me from six months to one year or longer. Others ranged from 12 weeks to 24 weeks to four months. Benefits of the clients (as shared with me) included: a reduction/controlling of their anxiety/panic feelings, improvement in the feelings and behaviors of clients, overall improvement in self-concept, and an overall improvement in satisfaction in relationships with their significant others. Clients also report renewed meaning in their lives and a greater capacity to cope with the stressors that they encounter. But, I as declared earlier, I do not guarantee that your counseling with me will be successful.

### **SCHEDULING SESSIONS**

Therapy sessions are typically held once per week, although the frequency may vary depending upon your needs. Our meetings are held by appointment, and they are 45-50 minutes in length unless otherwise specified. That period is reserved for you, so I ask that you provide at least 24 hours advance notice if you must cancel. **If such notice is not given I will need to charge you for the session.** If you miss multiple sessions we may need to discontinue treatment.

### **EMERGENCIES**

I do not operate a 24-hour counseling practice. Should you have an emergency after hours, you are advised to go to the emergency room of the hospital nearest you. If you have a life-threatening emergency, you are to dial 911 and following their directives.

If you are experiencing a crisis that is not life-threatening, you may call the office phone and request that I contact you, which I almost always will attempt to, within a 24-hour period of time, except on weekends.

### **CONFIDENTIALITY**

I maintain psychotherapy notes regarding our sessions in a secure location. The matters we discuss will remain confidential. I will not share information about your treatment without your prior consent, unless I am legally compelled to do so. For example, I am bound by law to report instances of suspected child/elder abuse, and I may need to contact others if I believe you are in danger of harming yourself or someone else. Insurance companies or other third parties (such as an Employee Assistance Program or managed care company) may request certain information about our work together in order to make treatment and payment decisions; you will need to consent to the release of this information before I can comply with such requests. Your consent may be withdrawn by notifying me in writing. If you wish to use your insurance, I may need to give your insurer information about your treatment, including your diagnosis, your functional status, your treatment plan, your symptoms, your prognosis, and your progress to date. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. You may inspect and copy this information, and you may ask that I limit its disclosure. Limiting its disclosure may affect coverage or payment decisions made by your insurance carrier. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot disclose any information without a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information. If a government agency is requesting the information for health oversight activities, I may be required to provide it for them. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself. I may find it helpful to consult with another health professional about your case, but I will make every effort to avoid revealing your identity and the consultant will be legally bound to keep the information confidential.

**FEES/INSURANCE**

The standard fee for individual counseling is \$175 a session. Couples and family counseling is \$225 a session. I'll gladly assist you in filing a claim for your insurance, by providing you with the necessary paperwork. However, you (not your insurance company) are responsible for full payment of my fees. I do not file for direct payment to myself from the insurance company. If at any point in treatment you are having difficulty paying your bill, please let me know so that we can discuss possible options

In addition to our sessions, my hourly fee applies to other professional services you may need, though I will break down the cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

**AVAILABILITY**

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a confidential system. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Please be sure to leave a number where I can reach you. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**TERMINATION OF THE THERAPY PROCESS**

It is important to know that you can stop counseling with me at any time for any reason. A good counseling experience, however, will almost always include you and I discussing and understanding reasons for stopping counseling. Many people, when feeling upset, feel the urge to abruptly cut off contact with their counselor. This is, however, the worst possible way to end counseling. I urge you to make a commitment to talking out with me your negative feelings about me or counseling before stopping. For my part, I will typically not end our counseling relationship before you are ready for it to end. I do, however, have an ethical obligation not to continue with you if I feel I am unable to help you. It is also possible that other unforeseen circumstances could force me to end the relationship. In such instances, I will provide you with a referral to another counselor.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS PATIENT INFORMATION AND POLICY DOCUMENT AND AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE

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Signature of patient

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Date

