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(206) 498-0425

Policies and Procedures

CONFIDENTIALITY

Information shared between you and this therapist is confidential and will not be shared with others except in the following situations:

- You authorize this therapist to share specific information with someone.
- When there is a threat of harm to yourself or to someone else or a threat of a potential crime.
- Information is disclosed about a minor being abused will be reported to the Washington Department of Children and Family Services.
- A court of law subpoenas information related to your case.
- Limited information is needed by insurance companies to process claims.

MY PHILOSOPHY

I believe that each individual brings to therapy the answers to their own personal struggles, though they may be clouded by self-doubt, anxiety or depression. In a compassionate and supportive environment, we will work together to uncover the strengths you possess to conquering life's challenges. It is important to note that during the process of therapy, feelings can become intense and it may feel as if things are getting worse before they get better. This is common during the process of change. You have the right to actively participate in your treatment planning, to ask questions to better understand the goals of our work together, and to discontinue treatment if you wish.

PAYMENT

Payment, which may be a co-payment, co-insurance or full payment, is due at the time of the session. If your therapy is covered by insurance, I will submit the claim to your insurance company so they can pay me directly. However, you will be responsible for meeting your deductible or paying my fee if your insurance company denies your claim. Checks or cash are accepted. **I charge full fee (and cannot bill insurance) for any missed session or session canceled within 24 hours of your scheduled appointment.** You will receive a statement at the end of each month. You are responsible for your account, regardless of whether your insurance plan eventually pays a portion of the charges.

APPOINTMENTS

Our sessions will be 50 minutes for individual, 90 minutes for a couple and families. An agreed upon hour (or more for a family) of time will be reserved for your use on a regular basis. This is important to preserve the consistency of our work together and provides the best opportunity for growth. If you arrive late, the sessions cannot be extended.

CANCELLATIONS

Please call to cancel a session at least 24 hours in advance. If an appointment is missed without a call to cancel, you will be charged for that time. If you have to leave a voicemail for me telling me that you need to cancel your appointment, please offer other days and times you are available to meet. If possible, we can reschedule your session for another day and/or time in the same week. You will not be charged for a rescheduled appointment in the same week. If missing or canceling appointments becomes a pattern, you will be offered the option to pay to hold that reserved time (whether or not you come), or to forfeit that time slot. I will provide you with advanced notice of my expected times away from the office, and there will be no charge whenever I am away.

MINORS

If you are under the age of 18, please be aware that the law may provide your parents the right to examine your treatment records. Unless our focus is family sessions, I will provide them only with general information about our work together. However, if I feel there is a high risk that you will seriously harm yourself or someone else, I will need to contact your parents to notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have about what I am prepared to discuss. At the end of your services, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, you may leave me a voice mail, which I check very regularly. I will return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please leave some times that you will be available in your voice mail. If you are unable to reach me and feel that you can't wait for me to return your call, please contact the Crisis Line at (206) 461-3222 or Teenlink at (206) 461-4922. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. **Please note that I do not communicate via text with clients.**

EMERGENCY PROCEDURES

If an emergency situation arises in which you feel you are a danger to yourself or others, please go to the nearest hospital emergency department or call 911. I will conduct any necessary follow up, including speaking to any medical or mental health providers involved in treating you during the emergency (should you sign a release of information allowing this contact).

Please keep this form for your records, sign the next page and submit it to Julie Ambrose, LICSW.

I have read the policies and procedures described by Julie Ambrose, LICSW.

Signature

Date

Printed Name