**Anna Maria R. Francis, Ph.D.**

Licensed Psychologist

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**Guidelines and Informed Consent**

For ease of communication between us, and for facilitating successful therapy, please review these guidelines and ask for any clarifications at our first meeting.

**Psychotherapy Process and Initial Meetings**

Many studies over several decades have found that there are some essential things that need to happen for therapy to be successful. You have to feel emotionally safe and understood by me. I have to convey to you that I have your best interests at heart. I also have to work with you to accomplish the therapy goals you initially present. Doing therapy is not easy. It usually takes some time for people to fully trust their therapist. You will be sharing difficult experiences that will bring up uncomfortable feelings like sadness, anger, guilt, frustration, and powerlessness. My goal is to help you navigate the discomfort in the most efficient way possible for you to experience relief. I’ll know you are making progress when you begin to report that your life outside the therapy room is getting more satisfying, and that you feel more connected to the people who matter to you.

In our initial sessions, we will discuss your reasons for seeking therapy, and your background information. After I’ve collected all the information I need to best help you, the two of us will discuss a treatment plan to meet your therapy goals. I am a very interactive therapist, and I tailor the psychotherapy to best fit your personality. From time to time, we’ll assess how the therapy is going, and if we need to change anything. The best therapy endings happen when we both believe you have met your therapeutic goals. If you decide to stop therapy before I think you are ready, you have the right to do that. However, I ask that we take a session to discuss your reasons for wanting to end so that I may best help you move forward.

**Confidentiality**

In general, the privacy of all communications between us is protected by law. All aspects of your treatment are confidential, and I will need your written permission if you wish me to discuss your treatment with anyone else, including your insurance company. Even the fact that you are a client in my practice is protected by confidentiality. However, there are several important exceptions to confidentiality protections:

Exceptions to Confidentiality:

1. If I believe, in my professional opinion, that you are an imminent danger to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give me information pertaining to the abuse or neglect of a child, past or present, and the child is identified, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of child abuse to the local authorities.
3. In most legal proceedings, you have the right to keep your treatment confidential. However, in some cases, I may be subpoenaed or court-ordered to discuss your treatment and/or release your records, even without your permission.

If any of these situations occurs I will make every effort to fully discuss it with you before taking any action.

I may occasionally want to discuss some aspect of your treatment with another mental health professional. If I do that, I don’t give identifying information about you, and the other professional is also legally bound to keep the consultation confidential.

**Professional Records**

I am bound by the law and the standards of my profession to keep records of our work. You are entitled to receive a copy of your records unless I feel that seeing them would be emotionally damaging to you. In that case, we can review them together, or I can send them to a mental health practitioner of your choice for the two of you to review.

**Fees and Insurance**

We will discuss my current fees in our initial phone contact. I am not an in-network provider with any health insurance plans, and I do not submit bills to them for reimbursement. Even if you are planning to use your insurance plan for possible reimbursement, you agree to pay me the full fee at the time of our meetings. I will provide you with a monthly statement, which you may be able to submit for possible reimbursement. Please be aware that if you are planning to submit my statement, all insurance companies require that you authorize me to provide them with a clinical diagnosis which will become part of the insurance company files. Though all insurance companies claim to keep this information confidential, once they have it, I have no control of what they do with the information.

In addition to weekly appointments, I charge for other professional services such as report writing, conversations or meetings of any length with other individuals or professionals you have authorized, and phone conversations lasting longer than 10 minutes. I will prorate the hourly cost if I work for periods of less than an hour.

If you become involved in legal proceedings that require my participation, even if I am called to testify by another party, you will be charged for my preparation, travel, and attendance time. Because of the difficulty of legal involvement, I charge $300 per hour.

**Contacting Me, Scheduling Appointments, and Cancellations**

My phone is answered by voice mail that I check regularly. If you have an urgent matter to discuss with me, please leave me a voice mail indicating that you would like me to call you back, and I will return your call as soon as I can. If you feel your life is in danger and you cannot reach me please call 911 or go to your nearest emergency room. Your appointment time is reserved for you. You will be charged for any sessions that you miss or do not cancel a **full 24 hours** in advance. Please use texts only for scheduling. For therapy related issues, please leave me a voice mail or an email. If you leave me a cancellation text, email, or voice mail, please make sure that I confirm receiving it so you will not be charged for the session.

I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HAVE READ, UNDERSTOOD, AND HAD OPPORTUNITY TO QUESTION, AND I/WE AGREE TO THE ABOVE CONDITIONS AND POLICIES. I/WE ALSO PERMIT THE USE OF A COPY OF THIS SIGNED AUTHORIZATION IN PLACE OF THE ORIGINAL.

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