

# COLLABORATIVE INSIGHTS, LLC

PEGGY BRAAM MS LPC  
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# Office Policies - Couples

**Thank you** for choosing me as your therapist. This document contains information about my professional services and business policies. Please read this document carefully and feel free to ask me if you have any questions, or need any further information.

## GENERAL INFORMATION

**The psychotherapy process:** Psychotherapy is a collaborative process in which we will work together to reach your desired goals. For therapy to be most effective, it's important that you take an active role. This is achieved through many different therapeutic techniques including, but not limited to, homework, in-session exercises and collaborative discussion. Please feel free to ask any questions about my procedures or therapeutic techniques, or about anything that happens in therapy. During the course of our work, if I believe that you could benefit from services that I do not provide, I may recommend that you see another professional such as a psychiatrist to evaluate for medication.

**Risks and benefits of counseling:** While it is my responsibility to provide professionally competent services, I cannot promise or guarantee that you will experience any specific outcome from psychotherapy. Progress depends on many factors including motivation, timing and other circumstances. You may experience negative feelings and discomfort before you begin to make progress. Sometimes, relationships may be strained as you work through difficulties. On the other hand, therapy can alleviate suffering, improve relationships, solve problems, and there can be a significant reduction in feeling stress and negative emotions.

**Discontinuing therapy:** My goal is to provide services until we feel that you have accomplished your treatment goals. You have the right to discontinue therapy with me at any time. If you are interested in working with another professional, I can provide you with a list of referrals to other providers. Closure is an important part of the therapeutic process and I encourage a termination appointment for all clients that choose to end counseling services.

**Appointments:** Regular sessions last **50 minutes** and are usually scheduled once a week. We will determine the frequency of sessions based upon your needs and situation.

**Professional fees and payments:** My fee for a regular individual therapy session is **\$150.00**. Payment of fees, deductibles and/or co-payments is expected at each session. You may pay by cash, check or credit card. Returned checks will incur an additional **\$35.00** charge.

**Cancellations, late arrivals, and no-shows:** If you are unable to keep an appointment, please notify my office **at least 24 hours in advance**. This will allow me to make use of the time that has been reserved for you. If you are late for a session, we will end on time and not run over into the next client's session. The full session rate will apply. If you miss a session without canceling, or cancel with less than 24 hours' notice, you must pay the full contracted fee for that session. Insurance companies do not pay for missed appointments.

**Insurance:** Please refer to the **Insurance Agreement and Policy Information** form, included with your initial introductory paperwork.

**Contacting me:** The best way to contact me is by email at [peggy@peggybraam.com](mailto:peggy@peggybraam.com) or by voicemail at **(608) 556-2388**. I return messages as soon as possible.

**Emergencies:** I do not provide emergency, after-hours or crisis services. If you need immediate help, please dial **911** or go to your nearest emergency room. Other options are The Dane County 24-hour crisis line at **(608) 280-2600** or the National Suicide Prevention Lifeline at **1-800-273-8255**.

**Confidentiality:** All verbal and written information you provide to Peggy Braam, LPC is confidential and will not be disclosed to any outside person(s) or agency without your written permission, except:

- If you report abuse or neglect of a child, elder or dependent individual
- If you are in danger of hurting yourself or someone else
- If you disclose sexual misconduct by a mental health professional
- If a court order, other legal proceedings or statute requires disclosure
- As required for billing purposes

CLIENT 1 (initials):

CLIENT 2 (initials):

**Release of information by third parties:** I strive to release only the minimum information about you that is necessary for the purpose requested. Once information is turned over to your insurance company, relevant authority, or entity to which you granted permission to release that information, I have no longer have control over how the information is used.

**Professional records:** I am required by law and standards of professional ethics to maintain treatment records. These records include a brief synopsis of our contact with observations and treatment plans.

**Litigation limitation:** I do not provide court consultations or serve as expert witness in custody evaluations, divorce settlements, criminal or civil actions and I do not give legal advice, as these activities fall outside the scope of my practice. Due to the nature of the therapeutic relationship, you agree that should you be involved in any legal proceedings (such as, divorce, custody disputes, injuries, lawsuits, etc.), neither you, nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will request a disclosure of the psychotherapy records in my custody. In rare and unusual situations where I might be required to testify in court, my rate is \$500.00 per hour, including travel time.

**HIPAA notice of privacy practices:** Included with your initial introductory paperwork, you have received a copy of the HIPAA document (entitled **Notice of Privacy Practices**). I am required by law to provide this information to you and to secure your signature acknowledging you have read and understood it. If you have any questions about this document, please do not hesitate to ask me for clarification.

### ELECTRONIC COMMUNICATIONS AND PRIVACY

**In general:** It is of the utmost importance to me that I protect your Protected Health Information (PHI), maintain your confidentiality, respect your boundaries and foster a therapeutic and professional relationship with you. Accordingly, I have established the following policies with regard to communicating with you via electronic means.

**Facebook, LinkedIn, Instagram, Twitter, Pinterest, etc.:** As a matter of policy, I do not follow, link to, or accept connection requests from former or current clients on social media/networking sites such as Facebook, LinkedIn, Instagram, Pinterest, Instagram, Twitter, etc., since doing so may have the effect of compromising your confidentiality. You are welcome to follow me on my professional Facebook or LinkedIn pages. Before doing so, however, please let me know so that we may discuss any potential implications to our therapeutic relationship, including potential confidentiality implications.

**Internet searches:** As a matter of policy, I do not search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me, as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

**Email and text messaging:** While no means of electronic communication are absolutely secure, ordinary email and texting is particularly insecure. Breaches of the confidentiality of your PHI or other sensitive information may be more likely to occur when using these communication methods. Among the potential risks included are: (1) messages misdelivered, (2) accounts hacked by third parties, (3) copies of messages kept by service providers (4) messages circulating or stored in electronic files, (5) messages broadcast worldwide to unintended recipients (6) messages used as evidence in court, (7) messages lost in transmission, and (8) messages unintentionally shown to others (for example, as may occur if someone reads over your shoulder). For these reasons, I never use email or text messages to discuss clinical issues.

If you understand these risks, and with your written permission, I can use email and texting to communicate with you regarding minor administrative issues only, such as scheduling a session or providing appointment reminders. You may also prefer that we can handle all communication including administrative issues via phone calls or in session. Please select your email and texting communication preference for minor administrative matters:

**Client 1:**

- No**, please do not use email and/or texting. I prefer to communicate only by phone or face to face, in-session.
- Yes**, please use email and/or texting to communicate minor administrative matters only.

**Client 2:**

- No**, please do not use email and/or texting. I prefer to communicate only by phone or face to face, in-session.
- Yes**, please use email and/or texting to communicate minor administrative matters only.

CLIENT 1 (initials):

CLIENT 2 (initials):

**Appointment reminders:** As stated above, appointment information is considered Protected Health Information (PHI) under HIPAA and I need your written permission to send you appointment reminders. If you would like to receive appointment reminders, please provide the information below.

At this time, I can only send one appointment reminder to you. How would you like to receive this reminder? Check one for each client:

**Client 1:**

- Via a **text message** to the following cell phone (normal text message rates apply):  
▶ .....
- Via an **email message** to the following email address:  
▶ .....
- Via an **automated voice message** to the following phone number:  
▶ .....
- None of the above.** I'll remember my appointments on my own.

**Client 2:**

- Via a **text message** to the following cell phone (normal text message rates apply):  
▶ .....
- Via an **email message** to the following email address:  
▶ .....
- Via an **automated voice message** to the following phone number:  
▶ .....
- None of the above.** I'll remember my appointments on my own.

**ACKNOWLEDGEMENT**

**I have read and fully understand the information provided. I recognize that I have the opportunity now and in the future to discuss any questions I may have. I agree and give my full consent to the practices and policies delineated herein. I agree to undertake therapy with Peggy Braam, LPC and know that I can end therapy at any time.**

Client 1 (signature) ▶ .....

Date ▶ .....

Client 1 (printed) ▶ .....

Client 2 (signature) ▶ .....

Date ▶ .....

Client 2 (printed) ▶ .....