

# Office Policies & Agreement for Psychotherapy Services

## **Danise Lehrer, LCSW, LAc.**

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Welcome to my practice. Your first visit is very important, and you may have many questions. Please take time to read these policies that will help introduce myself as well as give you information to decide whether we can work well together. Please let me know if you have any questions or need more information. When you sign this document, it will represent an informed consent for services.

**THERAPIST TITLE:** I am registered in the state of California as a Licensed Clinical Social Worker (LCSW). The scope of my practice includes psychotherapy with individuals, couples, families and group therapy. My focus is on working with adults as individuals and in groups.

**EDUCATION AND PROFESSIONAL TRAINING:** I have a bachelor's degree in psychology, a master's degree in social work and I am a licensed clinical social worker. Additionally, I am a licensed acupuncturist. I have studied and practiced many forms of therapy and work from an integrative perspective, relying on a broad range of therapeutic styles and techniques, including psychodynamic approaches, narrative therapy, cognitive-behavioral therapy, humanistic psychology, mindfulness-based cognitive therapy, problem-solving therapy, skills-based techniques and motivational interviewing.

I am trained in the following personality and career assessments - Harrison Assessments and Whole Life profiles. I have studied and trained in systems of mind body healing such as relaxation and stress management techniques, yoga, and meditation, which inform my therapeutic perspective and approach. I am trained as a teacher in Mindfulness-Based Stress Reduction and lead groups with a focus on mindfulness.

I have also worked for over twenty years in social work which brings a strengths-based positive approach to problem solving that incorporates the biopsychosocial factors in one's life. In addition, I have training in management and leadership skills and have had many years of experience in these areas as an executive.

The Clinical Scope of My Practice includes utilizing applied psychotherapeutic techniques for helping to resolve, but not limited to, the following issues: Anxiety, depression, stress, grief and loss, midlife transition, parenting and caregiver stress, separation and divorce, communication and conflict management, pain and psychosomatic disorders, work-life balance, transitions, business management, communication, leadership skills and problem resolution.

**THE PROCESS OF THERAPY:** As a therapist, I bring knowledge, training and experience to our collaboration while you bring self-knowledge, the ability to learn from your life experiences, and a vision of what you want your life to be. During our first meetings, I will assess whether I can be of benefit to you and you can decide if our working together is a good fit for you. Within a reasonable amount of time after starting treatment, we will discuss my understanding of your issues, the treatment plan, objectives and outcomes of the therapy. Sometimes this will be very clear early on and the course of treatment can be of a shorter duration and sometimes it can take a longer path to get there. We will re-evaluate the process as we go along and adjust the plan and projected time-frame as needed.

**SCHEDULING AND RESCHEDULING:** If you are unable to keep a scheduled appointment time please notify me at least 24 hours in advance, and reschedule, otherwise, you will be responsible for payment of that session.

Consideration for exception to this rule will be given when extenuating circumstances exist. **SESSION DURATION:** Sessions are 50 minutes for psychotherapy.

**PHONE TIME:** Phone/Video conference calls outside of normal office appointments lasting longer than five minutes are billed in increments of 15 minutes. **EMERGENCIES:** If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24- hour emergency psychiatric service, Dial 911 or go to your nearest Emergency Room. **RECORD KEEPING SYSTEM:** I keep secure written notes of sessions where I record important and relevant information especially all information related to medical and psychiatric referrals.

**CONFIDENTIALITY:** All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. **CONCLUSION:** Thank you for taking the time to review my policies.

**FEES:** \$180 for a 50-minute Individual session \$90 for a 30-minute phone call or video conferencing Phone calls and video conferencing are billed in 15-minute increments.

**INSURANCE:** I am a Medicare provider and offer insurance billing services. I am an out-of-network provider for all other insurance plans, but can bill insurance as a courtesy for covered services. Fees and co-pays must be paid at time of visit

**EMAIL, TEXTING AND VIDEOCONFERENCING:** I offer phone and video conferencing. Please be aware that email, texting, phone and video conferencing may not be completely secure or confidential even on secure sites.

**Vacation Time:** I am away several weeks throughout the year. I will announce vacation dates in advance so that we may plan accordingly. If you have questions or concerns about any of these policies and procedures, please bring them to my attention so that we can discuss them.

I have read, acknowledge, agree to, and I understand the foregoing.

\_\_\_\_\_  
**Client Name Printed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Parent Name Printed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

*(If client is a minor or conserved for healthcare)*