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Consumer Information for Clients

This document provides information about practical issues related to your work in therapy with me. Please feel free to discuss any of the issues raised in this policy as well as any other questions that you might have concerning our working relationship.

Confidentiality

Most issues discussed during the course of therapy are confidential in nature. In general, no confidential information will be shared with anyone without your written permission. There are a number of exceptions to this rule. For example, one exception is where a psychologist has reason to believe that a client may present an imminent threat of harm to another individual. A second exception is if I have reason to suspect, on the basis of my professional judgment, that a child is or has been abused, I am required to report my suspicions to the authority or government agency vested to conduct child abuse investigations, I am required to make such reports even if I do not see the child in my professional capacity. I am mandated to report suspected child abuse if anyone aged 14 or older tells me that he or she committed child abuse, even if the victim is no longer in danger. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused. At times, a judge may issue an order compelling a psychologist to release confidential information. In insurance reimbursement situations, the client may be requested to sign a release allowing the psychologist to share information with the insurance company. A federal law, the Health Insurance Portability and Accountability Act (HIPAA), provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI). Attached, is a copy of the provisions of this law that apply to the records of your treatment with me.

In cases involving the treatment of minors, it is my policy to request that the parents respect the confidentiality between the child and me. Therefore, I suggest that parents avoid questioning their child about the specifics discussed during sessions. Of course, I encourage children to share important information and feelings with their parents. If a situation arises that I feel is important for parents to be informed, I will arrange a meeting for the child and parents to discuss the pertinent issues. If such a meeting is not possible, I will discuss the issues alone with the parents after informing the child of my intentions. In addition, one of the goals of family therapy is to encourage appropriate and open communication among family members. In this regard, our efforts in therapy will be directed toward this end. In such situations, I will be available to answer questions and to make suggestions to parents regarding their relationship with their children and regarding specific situations that may arise during treatment.

If another professional is seeing you or one of your family members, particularly a mental health professional, I will request that a release be signed so that efforts can be coordinated. It is also helpful in planning our work together that I obtain information

from any previous counseling relationship or the results of psychological evaluations. These efforts are all intended to minimize wasted time and increase the efficiency of our time spent working together.

Social Media and Telepsychology

Given the ongoing development and use of telecommunication technologies in our society and healthcare, it is important to consider the special circumstances that these technologies present to our professional relationship. Telecommunication includes, but is not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text and internet.

Social Media – In an effort to maintain clear boundaries in our professional relationship, I will not accept friend or contact requests from clients. Including clients as contacts on these sites can compromise your confidentiality and our respective privacy. Please do not leave messages or wall postings to contact me as these sites are not secure and no response will result.

Email and Text Messaging – If you need to contact me between sessions, you may call my office phone (610-363-2268) and leave a message. Administrative issues, such as scheduling or changing appointments can be handled by either calling my office phone or you may email me at drsheriwhite@gmail.com. It is important to note that while my email is encrypted, email is not always a secure means of communication, particularly if you are using a public Wi-Fi network, such as a store or coffee shop. A distant third choice of communication regarding administrative matters only is via text message to my cell phone. This means of communication is not secure and any use of texting is with this understanding of the lack of security.

Teletherapy – Psychotherapy sessions may be held via videoconferencing if it is determined that this means of communication is an appropriate resource for you. While teletherapy may be considerably more convenient for you, it is important to consider the risks to your confidentiality and the legal/financial implications of using this technology.

I use the telemedicine platform doxy.me which is HIPAA compliant. Just prior to the session, I will send a link to your email or mobile phone number. You will need to click on the link. When prompted, enter your name and allow access to your camera and audio. Please note: The invitation to join the session will come from my email address; however, if you prefer a text link, it will come from an unknown number but will say Dr White is inviting you to join a video conference. Also, the platform works best when using either Firefox or Google Chrome browsers. While I will make every effort to maintain the same confidential environment as that of my office, you will be responsible to maintain a confidential environment and secure internet connection for your participation in the video session.

The Pennsylvania State Board of Psychology has set the standards for the delivery of psychological services via means other than in-person face to face which includes teletherapy. Some insurance companies have approved the use of teletherapy and will reimburse for the service. It is your responsibility to determine if your insurance

company will reimburse you for teletherapy. The fee for teletherapy is the same as in person sessions (\$165.00 per 45-50 minute session, \$100.00 per 25-30 minute session). It should be noted that if you do not reside in Pennsylvania, the licensure authority in your state of residence has jurisdiction over the delivery of teletherapy to you. Rules vary greatly from state to state.

Appointments

Therapy appointments are 45-55 minutes long and are generally scheduled once a week, at least at the outset of therapy. As therapy progresses and treatment is beginning to wind down, sessions are usually scheduled less frequently in preparation for ending therapy. Every effort will be made to schedule sessions at times that are convenient to you.

Cancellations will be accepted up to 24 hours before the appointment. After this time, you will be charged for the time reserved. The exception to this is an emergency or inclement weather, which causes dangerous road conditions. Scheduling an appointment means it will be held for you and, therefore, cannot be used by another person. When canceling an appointment, please leave a message on my voice mail at (610) 363-2268 or you may email me at drsheriwhite@gmail.com. I will return the call/email to re-schedule the appointment as soon as I am available. It is important to remember that coming regularly and on time is an indication of your commitment to therapy.

Emergencies

I am generally available on a 24-hour basis to assist you in coping with emergencies. It is important, of course, to attempt to prevent emergencies by working on issues as they arise and prior to the point at which a crisis occurs. In the event of a crisis, call me and I will try to help. Please call my office at (610) 363-2268 and leave a message including a phone number where you can be reached. For true emergencies, you may call my cell phone at 610-420-6721. If I am not immediately available, call the Chester County Crisis Intervention Hotline at (610) 918-2100. If not, go to your local hospital emergency room. If I am not immediately available, I will call you as soon as I receive the message and am free to call.

It is important to understand the telephone is not a good substitute for talking face to face. However, when calling makes good sense, such as dealing with a crisis or problem situation at the moment, feel free to speak with me. You will know intuitively if this is the case. Brief and occasional phone calls will not require reimbursement. However, lengthy phone calls will be billed at \$200.00 per hour or portioned thereof.

Financial Arrangements

I expect clients to pay in full for each session at the time of their visit unless arrangements have been made to pay on a monthly basis or you are a beneficiary of Medicare. I will bill Medicare and most of the time they forward your claim to your secondary insurance. Once both insurance plans have processed the claim, any remaining balance will be billed to you. I do not participate in Medicaid or Medicare Advantage plans.

The fee for an initial consultation is \$200.00 and \$165.00 per 45-50 minute therapy session (\$200.00 for hour long or Court related cases). If your financial situation changes during the course of treatment and you find that you are unable to afford my fees, please discuss the situation with me as soon as you are made aware of it. Occasionally, arrangements can be made to defer payments or to decrease the frequency or length of sessions. Another alternative is referral to a community agency with coordination of services by communicating the work that we have already accomplished. If you maintain health insurance, part of your expenses may be covered. You should attach a copy of the statements which I provide to your insurance form and send it directly to your insurance company for reimbursement.

Terminating Therapy

I firmly believe that you are the best judge as to how long you should remain in therapy and whether or not therapy is of use to you. It is important that you feel comfortable discussing this issue with me at any time. Frequently, clients know intuitively when it is time for them to move on and work on their own. However, sometimes clients wish to terminate therapy prematurely because it is difficult to persevere with the work of maintaining long-term changes or because the issues discussed in therapy are painful. Whatever the reasons for ending treatment, it is important that your feelings and plan be discussed within the therapy sessions. The issue deserves to be discussed thoroughly and termination planned. Hopefully, as we work together, we will be able to be candid about all aspects of our relationship. Of course, I will raise the topic whenever I believe it is in your best interest to change the frequency of sessions or to stop treatment.

Treatment Contract

Now that you have read this policy, I ask that you sign below that you have read and understood the information contained in this document. Your signature indicates that you agree to enter into a professional relationship with me under the conditions as set in this document. It further indicates that you understand that you may terminate treatment at any time and that I may terminate treatment at some time if you do not comply with these policies or I feel that you are not benefiting from treatment. Finally, your signature also acknowledges receipt of the HIPAA notice.

I have read this document and agree to abide by it. I recognize that psychotherapy frequently brings up issues that are difficult to discuss and which may cause me discomfort to explore. Knowing this, I consent to treatment with Sheri G. White, Psy.D.

(Signature) (Date)

On behalf of _____, my minor child or person entrusted to me for guardianship, I agree to the above policies and give permission for Dr. Sheri White to provide treatment for my child.

(Signatures of both parents/legal guardians) (Date)