

**BARBRA ROGOFF, LCSW**  
**Psychotherapist**

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## **INFORMATION AND PRACTICE POLICIES**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign the Consent and Agreement for Treatment this document will become part of the agreement between us.

### **My Background**

I hold a Bachelor's Degree in Social Work from St. Edward's University and a Master's of Social Work from Texas State University. I have been practicing since 2007 and am a Licensed Clinical Social Worker licensed in the State of North Carolina by the North Carolina Social Work Certification and Licensure Board and in the State of Virginia by the Virginia Department of Health Professions, Board of Social Work.

### **Psychotherapy Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to a better understanding of self, better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience or that you will see improvement.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, and we will develop a treatment plan to follow if you decide to continue with therapy. You should evaluate the information you gather during our first few sessions along with your own opinions of whether you feel comfortable working with me. Therapy often involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

We will decide together when your therapy is complete, but you may choose to withdraw at any time. If you decide to withdraw, it is recommended that you have at least one final appointment rather than terminating by telephone, mail, message, or by not showing up.

### **Your Rights as a Client**

You have all of the rights established by the State of North Carolina governing clinical practices, including but not limited to:

- The right to consent to treatment;
- The right to seek disclosure from your therapist about his or her qualifications;

- The right to request a different therapist;
- The right to end treatment at any time;
- The right to access the client grievance procedures;
- The right to have your clinical record kept private (see “Confidentiality” below); and
- The right to have any procedures and recommendations explained to you in simple terms, and to refuse such procedures or recommendations.

### **Therapy Policies and Procedures**

**Meetings:** I normally conduct an evaluation that will last from 1 to 2 sessions; we'll go over some paperwork and discuss your reasons for seeking therapy and your expectations. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will typically schedule one 45 or 60 minute session (45 minutes duration per insurance company requirements) per week at a time we agree upon, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment.

**Confidentiality:** What you tell me will be kept confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, court order, or as part of professional practice. **For further information, please see the *Notice of Privacy Practices*.** Feel free to ask for clarification about anything you do not understand. Your privacy is very important to me, I will do everything possible to protect it.

**Fees and Payment:** My regular fee is \$175.00 for the initial appointment and \$125.00 per therapeutic hour (45-minute sessions) and \$175 per 60-minute hour for individual and \$175.00 for couple or family sessions. If you cannot afford my regular fee I may adjust your fee based upon determination of financial hardship. Proper documentation will be required. Payment of your agreed upon fee is due at the time of your appointment unless prior arrangements have been made. You may pay by cash or check. **The fee for returned checks is \$25.00.** You are responsible for ALL charges whether or not paid by your insurance company.

**Insurance and Other Third-Party Payments:** If you wish to use insurance or other third-party coverage (e.g., a managed care organization or employee assistance program) to pay for therapy, you are responsible for providing me with accurate and complete information. I do not guarantee that your insurance or other coverage will pay your claim. Please note that your insurance company may have certain limitations on mental health/ psychotherapy benefits in the form of pre-certification, number of visits allowed or dollar amount per policy year as well as lifetime maximum benefits. You are responsible for the account balance and for deductibles and co-payments required by your insurance or third-party payer. In order to use insurance or other third-party coverage you will need to sign an Authorization to Bill. If your insurance changes or you become aware you are no longer eligible under your current plan, it is important you notify me immediately. At any time during treatment should you become ineligible for insurance coverage, with or without your knowledge, and you continue to receive services, you understand that you will become 100% responsible for all charges.

**Insurance, Third Party Coverage, and Confidentiality:** You should be aware that your contract with your health insurance company, third-party payer, managed care organization, or employee assistance program requires that I provide the company with information relevant to the services you receive. At a minimum, I am required to provide a clinical diagnosis, date of service, and type of service. Some companies require additional information such as treatment plans, summaries, or copies of your entire clinical record. This information will become a part of the insurance company, managed care

organization, or employee assistance program files. Though all companies claim to keep such information confidential, I have no control over what they do with your private information once it has been released to them. I will make every effort to release only the minimum information necessary for the purpose requested.

**Appointments and Cancellations:** A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled with less than 24 hours' notice, you will be billed directly according to the scheduled fee or according to the rules of your health plan. **Your health plan does not cover payment for missed appointments or late cancellations. Any appointments not cancelled appropriately will be subject to a missed appointment fee due prior to or at the time of your next session.** (This does not apply to clients receiving services through Medicaid/CHIP.) **The fee for the first missed appointment or late cancellation is \$50, after that you will be charged my regular rate of \$125/\$175.** If you continue to miss appointments without proper cancellation your treatment may be terminated. If you are late for a session, you may lose some of that session time.

**Legal Proceedings: I do not provide testimony in legal proceedings.** Any fees relating to foreseen and unforeseen legal actions that require me to reproduce records or participate in depositions or court appearances will be the responsibility of the person signing below. Such fees are substantially higher than therapy fees and include any required preparation time, my time out of the office, and for travel; they are not usually covered by insurance. My fees for legal services are \$300 per hour and must be paid in advance. This is without regard to who files the subpoena or initiates the legal action. It is the signer's responsibility to obtain reimbursement from any other party.

**Safety:** The safety of all who enter my office suite is extremely important. To that end, threatening and violent behavior will not be tolerated in any fashion. In addition, I have a strict **NO WEAPONS** policy; this includes, but is not limited to handguns, even if you are licensed to carry by the State of North Carolina. I ask that you please make plans to secure any weapons prior to entering my suite. Any violation of the above may be reported to the police and grounds to terminate services.

**Emergencies: I do not provide emergency services or 24-hour phone service.** If you have a life threatening or critical emergency, please **CONTACT 911**. If you are experiencing a crisis that is not life threatening, contact the Alliance Behavioral Healthcare's crisis line at (800) 510-9132.

**Telephone Accessibility:** My usual office hours are 11:00 am to 7:00 pm, however I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential voicemail that I check when possible. I will make every effort to return your call within 24-48 hours, with the exception of evenings, weekends and holidays. It is important for you to understand that I cannot be available at all times. Please do not expect responses on weekends or holidays. I prefer you do not utilize text as it is not a confidential form of communication. Should you choose to utilize texting you do so at your own risk and I ask that you please limit the information provided to the bare minimum.

**Electronic Communication:** I provide access to a Client Portal for your use. This is the most secure way to contact me electronically. You may choose to email or text me, but please remember that **email and texting are not confidential forms of communication**. Therefore, please do not include personal information about yourself or our sessions. Email should be reserved for basic communication about scheduling. Unencrypted emails, texts, and other forms of electronic communication cannot be guaranteed to be secure forms of communication and may be intercepted by unauthorized third parties (e.g. computer hackers). **If you choose to communicate with me via electronic communication OUTSIDE OF THE CLIENT PORTAL (which IS secure), understand that you are taking a risk that your confidentiality may be compromised.** All electronic communication can become a part of your medical record.

**Social Media and Telecommunication:** Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**Termination:** Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on many factors. I may terminate treatment after appropriate discussion with you and a termination process if I determine that psychotherapy is no longer warranted, that the psychotherapy is not being effectively used, or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. At your request, if therapy is terminated for any reason, I will provide you with a list of other qualified psychotherapists. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks without contact or other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.