

Administrative Policies

Hello and welcome! In order to ensure clear communication and expectations, this is a brief review of my Administrative Policies. Please indicate your understanding and acceptance of each with your initials and signature. Thank you.

_____ 1) I understand that Dr. Harrington practices psychotherapy in her private practice. I understand that I may discuss medication options with her, but that she does not prescribe medications to private patients, believing that psychotherapy can be a powerful agent in combatting depression, anxiety, habits/addictions, and relationship problems. I may receive medications from another provider if I so choose. I understand that certain medications may hamper success with psychotherapy and Dr. Harrington may be unable to treat me if I decide to continue taking certain medications. I agree to disclose all medication usage to Dr. Harrington.

_____ 2) I understand that Dr. Harrington employs a therapeutic method called TEAM, a type of Cognitive Behavioral Therapy developed by Dr. David Burns and colleagues. This model incorporates a self-help approach to treatment. I understand Dr. Harrington will recommend psychotherapy homework and this homework will be crucial to my success in treatment.

_____ 3) I understand that payment is due at time of service, and agree to provide payment at the start of the session. I understand that Dr. Harrington does not take insurance, but can provide me with a receipt, upon request, which I may submit to my insurance carrier for reimbursement.

_____ 4) I understand and agree to provide 48 hours notice of cancellation of any appointment. If the appointment is cancelled in less time than this and the appointment is unable to be filled I agree to pay the associated fee.

_____ 5) I understand Dr. Harrington will accept one 3 minute phone call per week, as needed for urgent situations that may arise. If I require more time, I agree to make an appointment to see Dr. Harrington.

_____ 6) I understand I can reach Dr. Harrington by calling 619-804-5255 anytime between 9am and 10pm. She will return the call within 4 hours. If I need urgent/emergent care between 10pm and 9am, I will call a crisis line, 911 or go to my nearest emergency room.

I understand the above is part of my agreement in engaging in therapy with Dr. Harrington. I have had the opportunity to discuss the above and have my questions answered.

Client Name: _____

Client Signature _____ Date: _____