



RESILIENT ROOTS
THERAPY LLC

Notice of Privacy Practices

Welcome! The following information is presented to you with the belief that a clear understanding of the business aspects of our relationship, at the onset, can greatly facilitate psychotherapy. Please read all documents thoroughly and complete them, where necessary, so that you are prepared to discuss any questions during your first session.

Confidentiality: All information obtained in the course of our relationship is fully confidential; this means that what you discuss during your sessions is confidential unless you have SIGNED a consent to relapse part or all of the information. Therefore, to either release or obtain information from a specific individual or agency, a Release of Information must be obtained. Speak with your therapist about completing this form. Exceptions include instances when 1) the patient is a clear danger to (a) themselves or (b) others and/or 2) if I have reason to suspect, on these basis of my professional judgement that a child is or has been abused, I am required to report my suspicions to the Pennsylvania Department of Human Services. 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 who is 14 years old or older tells me that they committed child abuse, even if the child is no longer in danger. I am also mandated to report suspected child abuse if anyone tells me that they know of any child who is currently being abused.

Emergencies: In the event of an emergency, please call your local Crisis Intervention, 911, or visit the emergency of your local hospital.

Telephone Calls: If it is necessary to speak to your therapist at a time other than your scheduled session, please call 814-470-3718 and leave a message. If possible, your therapist will return your call during regular business hours.

Length of Session: Psychotherapy sessions can vary in length, depending on treatment needs. However, appointments usually last 50-60 minutes. It is to your benefit to arrive a few minutes

in advance of your scheduled time. Since other appointments are scheduled after yours, sessions must end on time, regardless of time of arrival.

Fees and Payment: The fee for a standard psychotherapy session is \$85. You will receive a bill after your session via email. Payments can be made via square with a card. Payments are due within 24 hours of the session. In the event that your account becomes overdue and you do not make payment arrangements, services may be suspended. _____ (Initials)

Cancellations and Missed Appointments: When an appointment is scheduled, that time is reserved for you. If the appointment is missed or canceled without sufficient notice, this time is not able to be used. Therefore, sessions must be cancelled a minimum of 24 hours in advance or a fee of \$45 will be charged for that session. _____ (Initials)

Your Records: Will be kept by Resilient Roots Therapy LLC for (7) years after discharge, at which time they will be shredded.

This is to certify that I have read, understand and have been given a copy of this document and a copy of Notice of Private Practices.

Patient's Signature: _____ Date: _____