



Welcome to Preschool Psychology. This document contains important information about my professional services and business policies. Please read the following carefully and be sure to ask me any questions that you may have regarding its content.

### Consultation and Therapy Services

My style of working with families and children is one that is very collaborative, and relationship based. I believe that in order for a child to heal, I must establish a strong working collaboration with her parents and other important adults in her life. I consider parent involvement as central to successful treatment, and thus request that parents make a strong commitment by attending regular parenting sessions. We can discuss how to best make this work for your family.

I am also a goal-oriented therapist. Though I cannot make promises about how long your family will be in treatment, we will work collaboratively to establish goals and revise them as necessary. It is important that we make the decision together about when it is time to end, as pulling a child out of therapy prematurely can be counter therapeutic.

My clinical background is strength based, relational, and developmental. It is informed by psychodynamic, family systems, cognitive behavioral therapy and attachment theory. For many families, I practice what is referred to as intermittent long-term therapy where therapy may continue on-and-off over the course of childhood as children and families grow. This modality involves a series of endings of phases of therapy.

By entering into this relationship, I am making a commitment to you to be honest and straightforward about the therapeutic work that I feel needs to be done in your family. I will make recommendations and we will speak together about a treatment plan that is appropriate, based upon the needs of your family. Sometimes I may make recommendations that don't work for your family, or that parents feel are too difficult to carry out. It is important that we talk about this together because it might mean we need to shift the therapeutic focus. Sometimes I change my

recommendations based on new information or insights. I will always inform you of the reasons behind my treatment recommendations, and you are always welcome to ask about them.

### Confidentiality

I take your confidentiality very seriously and take active measures to ensure that your Protected Health Information (PHI) remains confidential. I use Encryption software on my computer to protect my files. I also do not have an APP for my professional email on my smart phone to avoid access to your Protected Health Information in the event of theft.

All information that you share with me will be held in strict confidence unless you give me permission to share information about your treatment with other professionals. For example, if I develop a relationship with your child's teacher(s) and/or other staff at his or her school, I will not disclose confidential information about you or your family. If I believe that it would be useful for your child's teacher(s) to know certain things about your child's history or treatment, I will talk to you about it first and get your permission.

If parents participate separately in therapy due to separation or divorce, I will not disclose confidential information about your treatment to the other parent without your consent.

There are exceptions to confidentiality. For example, as a therapist, I am required to report instances of suspected child, dependent adult, or elder abuse. This includes physical abuse, sexual abuse and/or neglect. I am also required to break confidentiality when I have determined that a client presents a danger of physical violence to another person, or when a client is dangerous to him or herself.

### Legal Proceedings

I ask that you do not attempt to involve me in divorce or other legal proceedings, and/or try to gain advantage in any legal proceedings based on our relationship or my relationship with your spouse or child. This includes, but is not limited to, asking me to testify in court (whether in person or by affidavit), referring in any court filing to anything I have said in therapy, or requesting that the court or your attorney subpoena my files. Note that as a treating therapist, it is unethical for me to give an opinion about custody and/or visitation agreements. My professional competence is limited to the therapeutic setting.

### Payment for Services

My fee is \$175 per hour per session for parent consultations, play therapy sessions, school observations, and school consultations. Play therapy sessions run approximately 45 minutes in length, while parent sessions run approximately 55 minutes in length. Calls are charged in 15-minute increments prorated to my hourly fee.

For all Assessments, I charge by the hour for the Initial Parent Meetings and School Observations. For Parent Feedback Sessions, I charge a double fee, as they include one hour of prep to synthesize the information and one hour for the meeting itself (and include a written outline of findings). Please note that if the location for the School Observation or Family Observation is more than 15 minutes away from my office locations, I charge a prorated fee for transportation.

I accept monthly, bimonthly, or weekly payments for sessions. I require that families bring their bill current by the end of every month. I will send an invoice for services at the end of each month. I accept payments via Zelle, PayPal or personal check. Please make checks payable to Rebecca L. Soffer and check in with me about the address if you are sending it by mail.

### Cancellations/Vacations

I provide in person child therapy services during the academic calendar year (mid-August through the end of June), and hence do not offer sessions during school closures or holidays.

I have a 24-hour cancellation policy and charge my full fee for last minute cancellations or forgotten appointments. I make exceptions for contagious illnesses and family emergencies. I allow each family a total of 5 unpaid cancellations per school year regardless of the reason for cancelling or whether you provided 24-hour notice. This does not include vacation weeks like winter, spring, or summer break when my practice is closed. After the 5th missed appointment, I charge a cancellation fee up to the full amount. This provides some income protection for me while offering some flexibility to you.

Please use text messages to convey urgent, same day communications to me about your session. If I am scheduled to do a school observation, please inform me by 8am that day if your child is out sick.

### Use of E-Mail, Text Messaging and Voice Mail

E-mails and texts should be used for brief, non confidential correspondence only, such as appointment scheduling, directions, or other logistics. This is because the information exchanged via e-mail and text are owned by the internet platforms and phone companies and are thus not confidential. I will seek out your permission prior to sending sensitive documents to you via email.

If you would like to contact me with confidential updates between therapy sessions, please feel free to leave me a voice mail. If you have an urgent need, please do not hesitate to mention that in your message and I will get back to you as soon as possible. I do not charge for brief phone calls (under 10 minutes) or for e-mail exchanges. If you need more time, we can schedule an additional session or additional session time.

### Social Media Policy

Please note that I do not accept Facebook, Linked-In or other social network requests to ensure that our relationship remains within professional boundaries. Prior to writing a review on Yelp or other internet site, please consider the impact on your confidentiality. I ask that you speak with me directly about any complaints or grievances.

### Outside the Therapy Office

Sometimes I run into clients in public places, such as the park, the YMCA, or the supermarket. Sometimes my children end up attending school or camp together with the children of the families I work with. It is useful to reflect on what feelings this might bring up ahead of time and how to respond.

### Remote Therapy Sessions

Remote therapy sessions (otherwise known as telehealth) allow for the easy delivery of mental health services. I conduct all of my parent sessions remotely and will occasionally conduct child therapy sessions remotely, as well. The platform I use for the delivery of remote therapy sessions is **Zoom One Pro**, a HIPAA compliant platform of Zoom created for healthcare professionals.

During Zoom sessions, you agree to receive remote therapy sessions in a quiet, private place for yourself and/or your child that is out of earshot of other people. You are responsible for ensuring privacy at your own location. Please notify me if someone else will be in the room during remote

therapy sessions either on or off camera who can see or hear the session. I ask that you do not record our sessions, and to turn off any virtual assistant artificial intelligence devices like Alexa or Echo. Interruptions may result at any time from technological challenges with software, hardware, and internet connections.

My fees for remote therapy sessions are the same as for in-person treatment. Given the difficulty children have in maintaining focus on Zoom, my remote sessions with children last 30 minutes (instead of the 45 minutes I normally see children in person). I have prorated my fees to reflect this.

Please provide a phone number(s) where I can leave confidential voice mails:

\_\_\_\_\_

Please provide an email address:

\_\_\_\_\_

Please provide your home address:

\_\_\_\_\_

I have read and understood the above guidelines and I consent to the conditions of treatment as outlined above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_