

TURNING POINT PSYCHOTHERAPY ASSOCIATES, LLC

PRACTICE INFORMATION and CONSENT TO TREAT

Welcome to Turning Point Psychotherapy Associates, LLC (TPPA). This document contains information about our professional services and practice policies. Please read through this document carefully. When you sign this document, it will represent an agreement between us. You may revoke this agreement at any time in writing. The revocation will be binding unless we have: 1) taken an action in reliance on it; 2) if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or 3) you have not satisfied any financial obligations you have incurred.

Psychotherapy

TPPA clinicians provide individual psychotherapy. Sometimes called counseling or talk therapy, psychotherapy is a process by which a licensed, trained professional works with you to address experiences, thoughts, feelings, symptoms or behaviors that are causing you some distress and/or interfering in your life.

Psychotherapy can have benefits and risks. Since it involves discussing unpleasant aspects of your life, you may experience uncomfortable or intense feelings like sadness, anxiety, shame or anger. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems and reductions in feelings of distress. Unfortunately, there are no guarantees as to what you, personally, will experience.

Our initial session will involve gathering information and evaluating your needs. By the end of the first session, your therapist will be able to offer you some initial impressions of what your treatment would include and identify with you an initial treatment plan. A treatment plan involves the two of you identifying some goals for therapy and a discussion about frequency of visits as well as some ideas about how the therapist will be approaching therapy with you. The development of a treatment plan and regular review of progress are in your best interest. It is important for you to play an active role in this initial process and throughout the course of treatment.

Contacting Us

Our office phone number is 484-879-4292. We maintain a 24-hour voicemail system. You may leave a message for your therapist at any time. Messages are usually checked during business hours Monday-Friday and are generally returned the same day or the next business day.

Emergencies

If you are experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

If you are experiencing a mental health crisis, please call Chester County's 24/7 Crisis Hotline at 610-918-2100 or toll free 1-877-918-2100.

If you have an urgent matter that is not life threatening, and you feel it cannot wait until the next business day, TPPA practice co-owner Erin Jameson Saltzburg, LCSW can be reached by cell phone at 484-546-4136. When you call, leave a message, along with your phone number, and your call will be returned as soon as possible. Please make certain that you unblock your phone while waiting for a return call in order to accept calls from private numbers.

We ask that you do not call this number after hours to address routine matters, such as scheduling or billing.

Cancellation Policy

We require 24 hours advanced notice to cancel an appointment. This policy applies even if you have signed up for reminder texts or phone calls for appointments and the system fails to give you a reminder. If you do not call within 24 hours, or do not show for an appointment, you will be charged a fee. Please refer to the ***Client Financial Responsibility Statement*** for a list of our fees.

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Insurance Reimbursement

If you plan to use medical insurance for your services at TPPA, please be aware that your insurance company and/or other third party payor requires that we provide some information to them as a condition of payment. We are required to provide a clinical diagnosis and information about dates and types of services provided to you. At times, we also may be required to provide additional clinical information about your sessions either in the form of a copy of your progress notes, a records review or a clinical consultation by phone. Please refer to the **Client Financial Responsibility Statement** for more information about using your insurance.

Consent to Treat

Please attest to the following:

1. I do hereby seek and consent to take part in a course of psychotherapy treatment with the provider listed below:
(Please place an "x" next to the name of the TPPA therapist you are seeing.)

_____ Erin Jameson Saltzburg, MSSW, LCSW

_____ Kathleen M. Young, MA, LPC

_____ Renae M. Utz, MSW, LCSW

2. I understand that no promises have been made with regard to the results of my treatment or of any procedures utilized in treatment.

3. I understand that I may stop my treatment at any time and that I am only responsible for outstanding balances on services rendered or fees incurred.

4. I acknowledge that I have had an opportunity to review this document and ask questions about any information that needs further clarification.

Client Signature

Date

The information listed in this document has been discussed with the client. My observations of this person's behavior and responses indicate that he or she is fully competent to give informed consent.

Provider Signature

Date