

## DISCLOSURE AND STATEMENT OFFICE POLICY

**STANLEY A. ZUCKERMAN, NCPsyA., L.C.S.W.**

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### APPOINTMENTS AND FEES

Therapy sessions are scheduled for 45 minutes in duration at a time and frequency we both agree upon. Duration and frequency will depend on the nature of your problem and individual needs. My fee is \$150 for the initial evaluation and \$120.00 for standard visits unless other arrangements are made. Because your appointment time is reserved for you, you will be charged for appointments that are not cancelled 24 hours in advance, unless there are circumstances we would both define as an emergency. If you do not pay your bill, I reserve the right to give your name and the amount due to a collection agency.

I do accept payments from many insurance providers and I agree to take the contracted fees that they set. So there are no surprises, it would be prudent to call your insurance provider and request the information about what your policy will cover. I will bill directly to your insurance provider. Prior to your first appointment you must complete and sign all intake forms. These forms can be found on my website. At the time of your first sessions, you must provide me with a copy of both your photo ID and your insurance card.

If you ever wish for me to write any reports, other than insurance treatment plans, my hourly fee is the same as the therapy fee on a prorated basis. I do charge for phone calls that are longer than 10 minutes on a prorated basis. If I am ever called to court on your behalf, or to write documents for the court, my fee is \$240 including any driving time.

I currently use a billing service for client and insurance billing. You may contact Peggy Smith, my billing agent, at (208) 376-7724 for more detailed information. Please note that because I outsource my billing, there may be some brief delays in the sharing of information between my billing agent and my office. However, accounts are carefully updated on a frequent basis, so we are making every effort to inform you of your current balance based upon usage of services, payments received, and benefit explanations provided to us by your insurance provider. Kindly inform us of any discrepancies or concerns in accounting you may encounter, and we will attempt to resolve them promptly.

### CONFIDENTIALITY

Federal and State laws require everything we discuss in therapy be kept confidential unless the patient gives written consent to the contrary. However, there are few situations where I am ethically and legally bound to make an exception. They include:

- If you are a danger to yourself or others
- If the information provided involved the physical or sexual abuse of any vulnerable person including a child under the age of 18, or an older adult
- If your records are subpoenaed by the courts

### TREATMENT OF MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a client under the age of 18 unless there is an agreement between the client and the parent(s) allowing me to share only general information about treatment progress and attendance. All other communication will require the minor's agreement, unless I feel there is a safety concern. In this case, I will discuss these issues with the client before I take action.

### **EMERGENCIES**

I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency during non-business hours and you cannot reach me at my office or on my cell phone, please call 911, or go to the nearest hospital emergency room.

I am away from the office a few times a year. During those times, I will either return messages to my cell phone, or will have someone covering my practice.

### **MY QUALIFICATIONS**

I am a Licensed Clinical Social Worker in the state of Idaho, LCSW-1219. I have been in private practice in psychotherapy since January 1, 1981. I have a Master's Degree in Social Work from the Smith College School for Social Work in North Hampton, MA in 1981. I hold advanced certification in Psychoanalytic Psychotherapy and Psychoanalysis awarded by the Institute for Psychoanalytic Psychotherapy and certification by the National Association for the Advancement of Psychoanalysis.

From 1992 to 1999 I practiced in Seattle. While there, I was elected president of the Northwest Alliance for Psychoanalytic Study (1996). This more than 400 member organization offered major conferences with well-known analysts from around the world, as well as monthly professional meetings, training sessions, and study groups. It also sponsored an annual conference, the Forum, where local therapists presented their work.

Prior to my work in Seattle, I maintained a private psychotherapy practice, as well as working at the Institute of Pennsylvania Hospital. This hospital was the first psychiatric hospital in the nation founded by the well-known psychiatric reformer Benjamin Rush and, Chairman of the Board, Benjamin Franklin. While there, Dr. Richard Kluff, one of the leading experts in the field of trauma and the president of the institute, invited me to be a member of a five person team. Dr Kluff lead the team to develop and initiate a specialized inpatient program for those suffering from post-traumatic stress and dissociative disorders. During my tenure on the Specialty Unit, I gained the recognition in the trauma community throughout the United States as a specialist in the treatment of psychiatric disorders associated with physical and sexual trauma as well as treating survivors of torture.

### **MY APPROACH TO TREATMENT**

Psychoanalysis and clinical social workers have advanced training and expertise in helping people navigate their way through life's difficulties, including such common sources of distress as anxiety and depression, relationship difficulties, family and career conflicts, psychological pain caused by physical illness, work stress, childhood abuse, and low self-esteem. My practice as a clinical social worker is fairly general, meaning that I have the training and experience to treat a wide range of psychological experience and expertise, I will help to locate a more appropriate treatment source.

One of the tools that I am trained to use in psychotherapy, which involves regular face-to-face meetings with the therapist. In this confidential and safe setting, clients have the opportunity to explore personal issues with someone who has a neutral stance and has educated listening skills. This leads not only to a deeper understanding of personal issues, it promotes conditions that go beyond symptom relief and make long lasting change possible.

### **CLIENT CONSENT TO PSYCHOTHERAPY**

The relationship between patient and therapist is characterized by mutual regard in relation to candor, trust, and respect. This statement affirms that regard by attempting to clarify our respective responsibilities. As a therapist, I will make every effort to be aware of your comfort level as we work together to understand and explore your feelings in relation to the ways in which you seek to grow and change, I ask you to tell me honestly about your sense of your progress in this venture. That is, about what is, or is not working for you.

It is important that you are aware that therapy has emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in our beliefs or behaviors can be scary and sometimes, disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you. Most people who take these risks find that therapy is helpful.

I (write your name) \_\_\_\_\_ have read the statement above. I have had an opportunity to ask questions and have them answered to my satisfaction. I have also read and understand the HIPPA policies attached to this statement, which are yours to take with you. By signing this statement, I agree to all office policies including HIPPA and give consent to treatment with Stanley A Zuckerman, NCPsyA., L.C.S.W

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_