



THE POSTPARTUM STRESS CENTER

1062 Lancaster Avenue, Suite 2 • Rosemont, PA 19010
610.525.7527 • postpartumstress.com

The Postpartum Stress Center Office Policies and Consent to Psychotherapy

Please review the following information carefully as this packet contains important information about office policies and procedures as well as expectations for therapy. Feel free to discuss any questions or concerns you may have with your individual therapist. Welcome to The Postpartum Stress Center!

Therapy provides an opportunity for a number of benefits to the client including improved relationships, ability to cope with stressors, and resolution of the issues that you initially presented when you started the therapy process and those that arise along the way. It is our goal to ensure that you are provided with a safe space in which you feel as comfortable as possible discussing symptoms and events that may be difficult to talk about. We hope that in our environment you will feel able to honestly discuss your thoughts and feelings so that we can help you take steps towards gaining insight and coping skills aimed at improving the quality of your life.

Keep in mind that in the course of your treatment your therapist may challenge assumptions or perceptions about yourself, your situation, or your thoughts about others. Sometimes this may cause you to feel upset or may inspire you to make changes in your perspective or life that you did not intend when initially coming to therapy. These changes can feel easy and immediately beneficial or can involve a longer period of adjustment. Most people who come to therapy find that the experience of engaging in change and processing feelings triggered by change is helpful and positive.

Throughout the therapy process, you may expect your therapist to ask for your feedback regarding your experience. Each of our therapists brings diverse skills to the therapy room and we may find that certain interventions are more effective than others. Sometimes more than one approach can be useful and we welcome your opinions on what works and what feels unhelpful. You are encouraged to ask questions if at any time you are concerned with anything that happens in your session and if you are unsatisfied with your treatment experience or decide that your therapist does not feel like a good fit you are free to leave therapy with our without requesting referrals to a different therapist or practice.

All therapists at The Postpartum Stress Center, LLC have specialized training in the identification and treatment of perinatal mood and anxiety disorders and reproductive mental health. Some therapists have additional training in other specialty areas. We aim to match you to the therapist who will best fit your needs, but if your therapist feels you could benefit from meeting with a different professional for a different type of specialized treatment, we may suggest a referral to another clinician.



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Confidentiality & Limits of Disclosure

Both information shared during sessions and written records pertaining to sessions are confidential and will not be discussed with another person without written permission, except where disclosure is required by law. Disclosure may be required by law when there is reasonable suspicion of child, dependent, or elder abuse of any form, when there is reasonable suspicion that a client presents as a danger to self, or others, or when a client's family member communicates to the client's therapist that the client presents a danger to self or others. Please note that all therapists at the Postpartum Stress Center are Mandated Reporters responsible for notifying Pennsylvania child protective services of suspected emotional, physical, sexual, or neglect abuse of a child. A court of law may also order the release of records or may require that your therapist testify in a case involving your mental status.

In couple and family therapy confidentiality does not apply between the couple or family members unless agreed upon mutually. Your therapist will use his or her clinical judgement when revealing information and will discuss limits of confidentiality in couples and family therapy at the outset of your work together. Finally, therapists at The Postpartum Stress Center are in regular professional consultation with each other regarding their clients in order to ensure that the highest and most expert level of care is provided. Confidentiality is fully maintained during these structured interactions between therapists.

Emergency:

If there is an emergency during therapy, or in the future after termination that causes your therapist to become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the emergency contact person whose name you have included on your intake paperwork.

Therapy Sessions and Fees:

Each therapy session at The Postpartum Stress Center, LLC is 45 minutes in length. If you arrive late for your session your therapist may offer to extend past your 45 minute session time, but this accommodation cannot be guaranteed or expected.

Session fees/ insurance co-pays are due at the time of service and are payable by check, cash, Mastercard, or Visa. Our senior therapists do not accept insurance and will discuss their cash fees with their individual clients. All other therapists at The Postpartum Stress Center, LLC accept Aetna, Highmark, and Independence Blue Cross insurances. We are happy to provide statements for you to submit to your insurance if we are not within your network.

The Postpartum Stress Center, LLC requires a minimum of 24 hours notice for rescheduling or cancelling an appointment. Clients using their insurance will be charged a \$50 fee for a reschedule or cancellation within 24 hours and clients paying out of pocket will be charged a full session fee. Please refer to The Postpartum Stress Center Fee Agreement for additional detail.



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Termination & Length of Treatment:

It can take a few sessions for a therapist and a client to develop a good rapport and to establish goals for treatment. We generally find that whether the therapist you are seeing can be helpful to you becomes clear within one to four sessions. The length of treatment varies widely from person to person. Questions about your course of treatment can only be answered by your therapist with your individual needs in mind.

If at any time you wish to seek a different opinion, specialty treatment, or different style of therapy, please know that you will be provided with referrals and a Release of Information document that you can choose to sign. This document enables your therapist at The Postpartum Stress Center, LLC to provide any information that may help you to transition your care to a new provider if you consent for this collaboration to occur.

Typically a client and a therapist will determine together when to decrease frequency of therapy sessions or to terminate treatment. A plan for termination over a period of a few or many sessions to conclude therapy will be established. If at any time it feels like you and your therapist are not a good fit, you may ask for a referral to a different therapist or your therapist may offer to provide a referral to a therapist who may be better positioned to help you.

Contacting Your Therapist:

Due to the nature of our work your therapist is often not immediately available by phone and your calls will typically be answered by our voicemail which is monitored frequently. We will make every effort to return your call on the same day you leave a message. Please include some times when you are readily available on your message.

Some therapists at The Postpartum Stress Center, LLC prefer to utilize email as a main resource for communication. It is important for you to be aware that emails we exchange become part of our clinical records and therefore a part of our documentation on your case. We request that email primarily be used for the purposes of scheduling. If you need to reach your therapist for a clinical reason, please reach out to him or her and request that he or she make contact by phone to discuss your clinical concern.

Your individual therapist will provide instructions for the most efficient way to reach him or her. If you feel you are unable to wait for a return call or email due to an emergency or symptoms that cause you to feel unsafe we encourage you to present to your emergency room or to reach out to your physician. In the event that your therapist will be out of the office due to an extended illness, family related leave, or vacation, contact information for resources will be provided.



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Non-Discrimination and Complaint Procedures:

The Postpartum Stress Center, LLC is fully committed to conducting all activities in strict conformance with Codes of Ethics relevant to our professional organizations (American Psychological Association, American Counseling Association, National Association of Social Workers). The Postpartum Stress Center, LLC further complies with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of clients.

While The Postpartum Stress Center, LLC goes to great lengths to assure fair treatment for all and attempts to anticipate problems that may arise, there will be occasional issues which require intervention and/or action on the part of The Postpartum Stress Center, LLC. To file a formal grievance for which action on the complaint is expected, The Postpartum Stress Center, LLC requests that you submit a detailed, written report describing the circumstances that led to the issuing of your complaint. Please submit complaints to Executive Director, Karen Kleiman, MSW, LCSW at kkleiman@postpartumstress.com or reach her by phone at 610-525-7527 ext. 2 with questions or concerns.

Consent To Treatment

I have read the above information carefully and consent to treatment at The Postpartum Stress Center, LLC.

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____