

Practice Policies for Curtis Counseling LLC
Deborah W Curtis, LICSW
51 Pleasant Street #D
Newburyport, MA 01950

Cancelation Policy

Please remember there is a \$100 charge for NO SHOWS or cancellations given in less than 24 hours unless you are ill or there is a genuine emergency. When you make an appointment the time is reserved for you. Any unpaid fees after 3 months will be turned over to collections. If you are experiencing financial difficulties please speak to me directly.

Limits of Confidentiality

You are protected by state law and professional ethics regarding confidentiality of communications between yourself and a therapist. At times I do request a release to other clinicians you are seeing so that I can provide the best care to you. Information can only be revealed when you have a signed release. Please note if you are using your health insurance for these sessions that you authorized the insurance company to examine your records when you signed for your insurance policy. In certain situations the law requires the therapist to reveal confidential information to others. These situations are: 1. When disclosure is ordered by a judge. 2. If I become aware of suspected or current emotional, physical, or sexual abuse or neglect of a child, elderly or disabled person and 3. When a client threatens to harm him/herself or others, or to property (I must also notify any identifiable potential victims)

Telephone accessibility

I can be reached at 978-572-1449 from 9:00am-4:00pm Monday through Thursday. As I do not answer the telephone during sessions, I encourage you to leave a confidential voicemail at this number. I will attempt to return your call within 24 hours. If an emergency situation arises, please call 911 or go to the nearest hospital emergency room.

Electronic Communication

You may use my email address deborahcurtis03@gmail.com for scheduling and administrative functions. However, be aware that email and text are not secure forms of communication, and I cannot ensure confidentiality of any form of communication through electronic media. I do not perform therapy over email or text. Please do not use electronic methods of communication to discuss therapeutic content and/or request assistance for emergencies. For emergency situations, call 911 or go to the nearest hospital emergency room.

Social Media and Telecommunication Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I understand and have read these policies and have had the opportunity to ask questions.

_____ date _____
client

_____ date _____
client

therapist: _____ date _____

