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New Client Information

Welcome to my therapy practice. The following will provide you with information about my practice, office policies and procedures. I hope you will find it helpful and that it will answer many of your questions. Please do not hesitate to ask me for clarification or more information. Signing this document will represent an agreement between us.

Psychological Services: What to Expect

My approach to therapy is warm, engaging, collaborative and positive, with an initial goal of developing a trusting and supportive connection. During initial visits, we can discuss whether I am the best person to provide the service you need in order to meet your goals. If we decide to continue working together, we will tailor therapy to your needs, or the needs of your child or family. I utilize a variety of therapeutic approaches, primarily cognitive behavioral therapy (CBT), psychodynamic theory and family systems theory. Regardless of the approach, I strive to create a safe space that invites honesty, insight, creativity and even humor. I will stay in collaboration with you as we proceed to develop treatment goals and to track how we are progressing towards those goals.

Therapy is not always a comfortable process. Strong feelings may emerge and difficult conversations can occur. There are, however, many benefits to therapy, including the improvement of relationships, enhanced self-esteem and reduction of anxiety and depression. We will discuss the risks and benefits of therapy in our first session, and I will continue to provide support and assistance with decision making as we progress.

Sessions and Fees

Therapy visits are typically \$180 per session. For longer sessions, I will pro-rate accordingly.

Payment is expected at the time of service. Payment can be made with cash or checks. Credit cards (Visa or MasterCard) will be accepted on a case-by-case basis. Statements showing dates of visits, charges and payments will be provided at the end of each visit upon request.

I do not participate in any managed care or insurance agreements, including Medicare. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled.

Cancellations

Once an appointment is scheduled, that time is reserved for you. You are responsible for payment of sessions, unless 24 hours notice of cancellation is provided.

Telephone Sessions

Telephone sessions are an option if issues arise which prevent travel to the office, or contact is needed before the next scheduled session. Phone calls of 15 minutes or more are billed at the normal hourly rate, prorated for the duration of the conversation. Keep in mind that insurance does not typically reimburse for telephone sessions.

Confidentiality

All information discussed during therapy is held strictly confidential. By law, client information may be released only upon written consent of all parties treated, or by a minor's parent or guardian, with the following exceptions:

- You have signed a Release of Information Form for specific individuals or agencies;
- There is a court order for release of your records;
- You are perceived to be a danger to yourself or others;
- You are suspected of abusing or neglecting children or vulnerable individuals; or

- You report that you were physically or sexually abused when you were under the age of eighteen.

When meeting with couples, in order to provide the safest environment possible, it is my policy not to release information requested for divorce proceedings. When you sign this document, you are agreeing not to subpoena my records for any purpose in the process of a divorce. In cases of clear, observable abuse that I have witnessed, I may agree to release information if I feel it is appropriate. I also do not testify or provide information for child custody proceedings. I do this in order to protect the therapeutic experience for children.

Contact Information

I can be reached by phone, fax or email. Please note that I cannot assure the confidentiality of the email system. For this reason, you may choose not to send confidential personal information via email.

Phone: (202) 244-5121

Fax: (202) 265-1111

Email: erica@ericabergertherapy.com

Emergencies

In the case of an emergency and you are unable to reach me, I recommend using one of the following options:

- For life threatening situations, dial 9-1-1 or go to your local hospital IMMEDIATELY;
- Call a 24-hour hotline: DC 1-888-793-4357 (or Mobile Crisis Team: 202-673-9300)
- If suicidal and needing immediate help, dial 911 or 1-800-SUICIDE (1-800-784-2433)
- Montgomery County Crisis Line: 240-777-4000; VA Crisis Link: 703-527-4077

Consent Agreement

I have read the terms and conditions outlined in this document. I understand them, and I agree to be bound by them.

Client (or Parent/Guardian for a Minor) Signature: _____

Printed Name: _____

Date: _____

Therapist Signature: _____

Date: _____