

## Spotted Rabbit Creative Arts Therapy, PLLC

Sarah Beren, LCAT, Director

115 Metro Park | Rochester, NY 14623

phone (585) 430-9877 | fax (585) 486-5772



### **THERAPY PRACTICES & OFFICE POLICIES**

Please be aware that this document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them when we meet. When you sign this document, it will represent an agreement between us.

### **QUALIFICATIONS**

Sarah Beren graduated with a MS in Creative Arts Therapy from Nazareth College of Rochester and is a Licensed Creative Arts Therapist in the state of New York (LCAT # 001874).

Mark Rodgers graduated with an MS in Creative Arts Therapy from Nazareth College of Rochester and has a limited permit to practice creative arts therapy in the state of New York. Sarah Beren, LCAT is providing supervision and can be contacted with any questions or concerns.

### **THE PROCESS OF THERAPY**

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

During the course of therapy we will draw on various psychological approaches and theories according, in part, to the problem that is being treated and the assessment of what will best benefit you. In order for therapy to be the most successful though, you will have to work on things we talk about both during our sessions and at home. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy.

### **USING ART & MUSIC**

Visual and musical art making offers clients an alternate mode of self-expression and communication, often when words themselves are ineffective. Art also serves as a bridge between what we unconsciously know inside ourselves to what we present consciously outside ourselves. Creating art can be a way to create sensory integration and make body-mind connections we may have lost along the way. Art can be a beginning, something to start the conversation, but it can also be the end, a way to heal by creating. We have been trained in both traditional psychotherapy and creative arts therapy so art may not be a part of every session but it will play a role in your treatment to some degree. You do not need to be a professional artist. All we ask is that you allow yourself to remain open to the experience.

## **MEETINGS & PAYMENT**

Clients are expected to pay the fee at the conclusion of each session unless other written agreements have been made. Depending on your health care plan your treatment may qualify for out-of-network services and/or be eligible for FSA reimbursement. Payments may be made in cash (please have exact change), by check, or by credit card. Checks should be made out to *Spotted Rabbit Creative Arts Therapy, PLLC*. There is a \$15 charge for any returned checks. Please notify us if any problems arise during the course of therapy regarding your ability to make timely payments so that we may work through them together.

Appointments are typically scheduled in a 50-55 minute "therapy hour" and although many clients choose to come weekly, we will work together to create a therapy schedule that works for you. This may include sessions of a shorter or longer duration and/or sessions that occur more or less frequently. If there are financial concerns a sliding scale is available on an individual basis.

## **CANCELLATION POLICY**

Since the scheduling of an appointment involves the reservation of time specifically for you a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Except in the event of illness, personal emergency, or unsafe weather conditions the full fee will be charged for sessions missed without such notification.

## **CONTACT AND EMERGENCY PROCEDURES**

As providers in private practice we do not keep traditional office hours. We often cannot be reached immediately as we are with another client or at another job site. We will make every effort to return your email or call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you cannot wait for us to return your call, please call Life Line at 211.

## **Spotted Rabbit Studio Creative Arts, PLLC**

Mailing Address 115 Metro Park | Rochester, NY 14623  
Main Phone (585) 430-9877 | Fax (585) 486-5772

## **SARAH BEREN, LCAT**

Cell Phone: (585) 507-5774 | Email: sarah@spottedrabbitstudio.com

## **Mark Rodgers, Limited Permit Holder in Creative Arts Therapy**

Cell Phone: (585) 269-8292 | Email: mark@spottedrabbitstudio.com

Please know that email communication is vulnerable to unauthorized access as servers have unlimited and direct access to all emails that go through them. If you choose to contact us via email keep this in mind. Wireless phone companies have similar access to text messages. There is no guarantee that information sent via email or text messaging will remain confidential for these reasons. It is recommended that you use email and text messaging only for confirming, canceling or rescheduling appointments or in cases where you are notifying the therapist of arriving late and not for the transmission of sensitive therapeutic topics.

## **RECORDS AND YOUR RIGHTS TO ACCESS**

Both the law and the standards of our profession require that we keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when we assess that releasing such information might be harmful in any way. In such a case we will provide the records to an appropriate and legitimate mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained

readers. If you wish to see your records, we recommend that you review them in person so that we can discuss the contents. Such record reviews will be conducted at no charge however there is a \$.50 per page reproduction fee. Treatment plans, summaries, and progress notes will be faxed to any medical and/or mental health professional at your request at no charge. Should other professional time be spent responding to information requests not covered above the client will be charged an appropriate fee, made known to them in advance.

### **MINORS**

If you are under eighteen years of age, or are not your own legal guardian, please be aware that the law provides your parents/legal guardian(s) the right to examine your treatment records. It is our policy to request an agreement from parents/legal guardian(s) that they give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else or that you require additional medical or therapeutic treatment. In this case, we will notify them of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have with what we are prepared to share.

### **CONFIDENTIALITY**

All information disclosed within sessions and in written/visual records pertaining to those sessions are private and confidential and may not be revealed to anyone without your written permission. Exceptions to confidentiality exist as required by law only where there is a reasonable suspicion

- of child, dependent or elder abuse or neglect;
- that you are likely to harm yourself;
- that you present a danger of violence to others;
- that you are having a medical emergency.

You may give specific written permission, which can be revoked at any time, for me to talk to a specific person about your file. Depending on your reasons for seeking therapy, you may be asked to sign a release of information form for your primary physician and/or psychiatrist. By NYS law, medical evaluation is required if you have a "serious mental illness", which includes schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder, and autism.

Please note that if you wish to pay for services through private or public insurance coverage some confidential information must be provided in order to determine eligibility and authorization.

### **TERMINATION**

If at any point during psychotherapy we assess that we are not effective in helping you reach your therapeutic goals, we are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case we would give you a number of referrals that may be of help to you. If requested and authorized in writing, we will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, we will assist you in finding someone qualified, and if we have your written consent, we will provide them with the essential information needed. You have the right to terminate therapy at any time. It is advisable to schedule a final session of therapy to discuss termination.

By signing I acknowledge that I have read, understand, and agree to the policies stated above.

**Client** \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_

**Personal Representative or Guardian** \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Relationship to Client \_\_\_\_\_