

Albuquerque Psychiatry & Psychology, LLC

Welcome to APP, an outpatient group practice since 1967

We are a group of individual Providers who practice together sharing office space and staff. We are not a clinic. We support each other and look forward to supporting you as you move forward with your goals.

The practice of therapy or counseling can result in a number of benefits to you in addition to a possible resolution of the concerns that led you to us. Sometimes progress is fast but more often it's slow and sometimes painful. You may become angry, depressed, anxious, or feel challenged. You might even feel worse than when you first started. You may be asked to question long-held beliefs and behaviors. This is normal. Don't drop out of therapy if you feel discouraged. Discuss it with your therapist along with any other concerns that may arise.

Therapists often utilize several therapeutic "techniques" or approaches. But one of our most important tools is the relationship we develop with you. Research has shown again and again that this relationship - between therapist and client - is often one of the most important factors in healing. Counseling should be an active process - especially for you. This means we will want and encourage your complete participation, honesty and openness.

Some general information:

- You will be asked to fill out an intake form prior to your first session. This helps your provider get to know you and understand your goals in therapy. It also help your therapist "diagnose" you, which is required by your insurance company.
- Psychotherapy sessions are between 50-60 minutes. Other types of services will vary. You and your practitioner will decide when and how often to meet. If you need to speak to your provider between sessions, please call our office: 247-1921. During regular business hours, our staff is here to direct your call. After hours, our answering service will take your message. If an emergency exists, your provider or another practitioner from our office will be in touch with you. Additional resources include the NM Mental Health crisis line: 1-855-662-7474; your nearest emergency room or 911.
- We block out time for you. If you do not show up for your session, you will be charged \$75. If you must cancel your appointment, please do so before 12 noon the business day before your appointment to avoid a charge of \$75.
- There may be a charge for services such as phone calls, texts, emails, the writing reports, letters or filling out forms.
- We require payment at the time of your appointment. This includes the total charge of your session (if you are not covered by insurance); your co-payment, co-insurance, or payment toward your deductible. Our financial policies are covered in more detail later in this document.
- Your therapist may wish to refer you for a medication evaluation if you are agreeable.
- Your confidentiality is very important. Please know that state law requires your therapist to report all cases of abuse and neglect to minors or vulnerable adults, and all cases in which there exists a danger to you or others. General feedback and treatment progress may be reported to the parents/guardians of children under 14 years. Children 14 years and above must provide written consent for their therapist to share information with parents/guardians. More information on confidentiality can be found in the Notice of Privacy Practices pages.
- Questions about your treatment should be directed to your therapist. Questions about office practices should be directed to APP Office Manager Christa Keller. You will be asked to sign in several places in this document as acknowledgement that you have read and agreed to the information provided. If you would like copies of any of these pages, please ask!

Client's Bill of Rights

You have the right to:

receive respectful treatment that is intended to be helpful to you;

a safe environment, free from sexual, physical or emotional abuse;

report unethical or illegal behavior by a practitioner;

full disclosure about fees for additional services by your provider, policies about cancellations and no show fees;

ask questions about your therapy and receive information about your progress;

refuse recording that may be suggested by your therapist;

refuse to answer questions or disclose information you choose not to reveal;

know the limits of confidentiality and the circumstances in which a provider is legally required to disclose information to others;

know if there are supervisors, students or others with whom your provider will discuss your case, no names used;

inspect or receive copies of your file, including your diagnosis and treatment.

I have read this information and choose to receive treatment at APP. I will ask questions and address any concerns I might have.

Signature of Client 14 years and older

Date

Signature of Parent/Guardian for clients under 18 years

Date