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*Practice Policies*

Welcome! I am giving you this letter in order to answer some questions that you may have about treatment with me and to inform you of some of my expectations of our meetings and how we will work together. Please go over this letter carefully and ask any questions you may have.

The following points will assist us in making our meetings as productive as possible.

- ❖ **MY BACKGROUND:** You are entitled to know about my qualifications to provide services to you and/or your child. I have a Masters Degree in Social Work from the University of Wisconsin-Madison and am fully licensed in North Carolina and Connecticut as a Licensed Clinical Social Worker (LCSW). I completed a postgraduate clinical training program in child and adolescent psychotherapy at Yale Child Study Center. I served on the clinical faculty at Yale Child Study Center and as a clinician at Yale-New Haven Psychiatric Hospital for several years and have been a therapist in full-time private practice since 2009.
- ❖ **MY PHILOSOPHY:** As a therapist my focus is on therapeutic stabilization and support. I use a variety of therapeutic orientations to assist clients to function optimally in their environments. Skill building, insight, and learning through relationship are major tenets of our work. Children often come to my attention during times of crisis in the family such as divorce, abuse or other legal proceedings and my goal is not to gather information for other parties to utilize in other contexts. I am not willing to provide testimony, depositions, or other information to parents, attorneys or other parties that is not related to the treatment of the child.
- ❖ **SEE YOUR DOCTOR:** Please have (or obtain for your child) a physical examination from your personal physician as soon as possible, if you have not already done so. It is important to make sure that none of the problems you (or your child) are experiencing are the result of physical health difficulties.
- ❖ **TIME OF APPOINTMENTS:** Each appointment is scheduled for 45 minutes. I am usually able to begin promptly at the scheduled time. If you arrive late for an appointment, we will still end at the regularly scheduled time. You will still be charged your full fee, even if the session is shortened because you are running late. If I am late, your session will still run the full length. During children's sessions, some parents choose to leave the building to run errands or wait in the car. Please discuss these arrangements with me and be sure to arrive back promptly by the end of session.
- ❖ **CANCELLING APPOINTMENTS:** Please provide me with at least 24 hours advanced notice if you need to cancel a session. **I do charge a \$50 cancellation fee for any appointments not cancelled within 24 hours ahead of time.** Please be aware that if you are using insurance, your insurance company will not reimburse for cancelled sessions or

session to which you do not show. You will be solely responsible for payment for these sessions. This fee may be waived in cases of emergency.

- ❖ **APPOINTMENTS CANCELLED BY THE THERAPIST:** There are times that I must cancel an appointment within a short amount of time, when my attention is required to address an emergency. I will call you as soon as I am aware of the situation. You will not be responsible for any fees for that session.
- ❖ **CONTACTING ME:** During the weekdays I can be reached at my office phone, 203-671-0275. I will return your call as promptly as possible, within 24 hours for non-urgent matters. If your concerns can not be sufficiently addressed in a brief phone call, I may suggest that you schedule an office visit so that we may discuss the issues more thoroughly. I will notify you in advance if I am away on vacation or at a professional meeting and I will inform you of how to reach me or a covering colleague. You are also welcome to email or text message regarding appointment scheduling only. I make every effort to return emails and texts promptly, but if you have a scheduling or other issue that needs more prompt attention please call instead.
- ❖ **EMERGENCY PROCEDURES:** If you feel that you are in crisis and need immediate attention, please contact me at 203-671-0275. Please do not email or text message issues of an urgent nature as I am not always able to respond promptly to emails and texts. If you cannot reach me or a covering colleague immediately, please dial 911, or go directly to your nearest emergency room.
- ❖ **FEES:** My standard fee for an initial assessment session is \$150, and for each psychotherapy session thereafter, \$125. This amount is the same if you attend the meeting alone or with other members of your family. Group psychotherapy is billed at \$50 per session. Standard hourly rates (\$125/hour) apply for court appearance, document preparation, and meetings outside the office, such as school meetings, including travel time. **Please note that these fees are usually not covered by insurance companies and will be billed directly to you.** You may pay by cash, check, or credit card at the end of each session. If you are having financial difficulties that prevent you from paying, please let me know so that we may discuss your individual situation.
- ❖ **INSURANCE:** I am an in-network provider for some but not all insurance companies. Please check with your insurance company to make sure that you understand the limits and benefits of the insurance coverage for our work together. I am happy to submit charges to your insurance company for our visits; however, please note that you are responsible for your estimated portion of payment at the time of the visit.
- ❖ **CONFIDENTIALITY:** In general, the law protects the confidentiality of all communication between a client and a therapist. However, there are several important exceptions of which you should be aware. Please read and sign the enclosed confidentiality statement. **PARENTS OF ADOLESCENTS PLEASE NOTE:** because of the vital importance of confidentiality to the therapeutic relationship, I ask that you waive the right of access to your adolescent's psychotherapy records.

- ❖ **STOPPING OUR SESSIONS:** Ideally, we should come to an agreement together of when we feel it is time to end our therapy. Normally, this is done in one of two ways: Setting a time frame at the start of treatment, or deciding during the course of therapy. If appropriate, we can set a goal of time-limited therapy. We will set treatment goals during our first few sessions and review our progress throughout the therapy. I will continue to be available to you, schedule permitting, should you need to resume therapy again in the future. It should be understood that you may, at any time, tell me that you wish to stop, for whatever reasons. If we are unable to continue our work together for any reason, I will provide you with contact information for other mental health service providers.

**In this packet you will find a form entitled “Acknowledgement of Receipt of Notices: Policies and Privacy Practices”. Please sign the form to indicate that you have reviewed both documents.**