

# Paul Ruffer, LICSW & LCSW-C

*Licensed Clinical Social Worker & Certified Imago Therapist*  
DC license #LC30055, Maryland license #13575, New York license #1536535

1627 K St, NW, Suite 400  
Washington, DC 20006

165 Duane St.  
New York, NY 10013

## INFORMED CONSENT

What follows are principles, policies and procedures that will spell out important information you need to be aware before beginning psychotherapy with me.

### 1. PHILOSOPHY:

I regard promoting consciousness of self and of one's relationships to others as a core task of the psychotherapeutic process. Toward that end, my commitment is to accompany and guide you to the best of my ability and employ clinical paradigms and processes best suited to assist you, based on your personality and clinical goals. My primary task is to form a therapeutic alliance with you and commit myself to be honest, authentic and ethical in our work together. There will be times when you are seeking answers to issues with which you are struggling that I do not have. What I can and will do at those times is to help you connect to your own feelings and inner wisdom wherein, experience has taught me, often you can find the understanding and wisdom you are seeking. If ever I feel I am not helping or can not help you, I will tell you and, if you wish, help you find another therapist with whom to work. In agreeing to work together, I commit to always respect and honor your feelings and process and expect you to do the same as well as commit to not do anything to hurt or harm yourself or others.

### 2. CONFIDENTIALITY:

Everything which takes place in the course of our therapy is confidential. I cannot release any information to anyone without your written permission. If you are involved in couple's therapy, both partners must sign off before I can release information.

There are, however, some built-in exceptions to your confidentiality:

- A. **Insurance:** If you are seeing me through your insurance company, I will be required to provide them with basic information regarding your treatment, such as symptoms, diagnosis and prognosis. On your initial patient information form you will authorize me to share this and other personal information with ProPsych Billing Solutions who does all my insurance billing.
- B. **Legal mandates for breaking confidentiality:** In certain circumstances, I am required by law to break your confidentiality: Specifically, when there is reasonable suspicion of child abuse (a minor under 18 years of age), elder abuse (someone over the age of 65), if you pose an imminent risk of serious physical harm to yourself or another person or a government agency is requesting your

health information. The notice of Privacy Practices I'm required to provide to you under HIPPA will explain these regulations in greater detail.

- C. **Consultation:** Occasionally I find it necessary to seek outside consultation on certain issues with another licensed professional. In these instances, I use no identifying information verbally and provide no written documentation.
- D. **Collections:** If you fail to pay me the fees due, I may release your name and the amount owed to a collection agency. You will be warned before this step is taken.

### **3. RECORD KEEPING:**

Like all professionals, I maintain a case file on your treatment that includes basic identifying information, a record of all financial transactions, and progress notes. These are kept in a locked file during your treatment and in a secure facility for seven years following the termination of your treatment.

### **4. QUALIFICATIONS:**

I am a Licensed Clinical Social Worker and a Certified Imago (couples) Therapist and Advanced Clinician. I am not qualified to dispense medication – for this you must see a psychiatrist or general practitioner. I will be happy to make a referral if this is necessary.

### **5. TREATMENT LENGTH:**

It is very difficult to determine treatment length at the outset, but it is always a useful discussion to have. Your treatment length will be affected by a variety of factors: your symptoms, goals and resources (time, money and/or insurance benefits), the success of our working relationship, and a variety of external circumstances. Risks in treatment include the following: increased distress, disruption of previous world-views, and the possibility that the treatment may not be effective. That said psychotherapy has also been shown to significantly reduce feelings of distress and improve one's significant relationships as clients learn to better understand and manage their challenges, problems and feelings. Nonetheless, you have the right to terminate at any time, though depending on the circumstances I may suggest at least a few sessions to allow for a successful termination.

### **6. TREATMENT ALTERNATIVES:**

There are many ways for people to become more healthy psychologically, and psychotherapy is but one of them. I may make suggestions for empirically sound treatment alternatives, such as medication, 12-step or other group meetings or a different form of psychotherapy (family, couple's or individual). I am also open to supporting you in whatever outside resources you have found or will find which are useful to you, such as spiritual practices or alternative healing methods.

## **7. COUPLES THERAPY:**

As a certified Imago therapist and advanced clinician a substantial percentage of my practice is with couples. My protocol when working with couples to meet in double sessions that are 90 minutes in length with each partner billed for one of those two sessions (which heretofore insurance has always covered). While I cannot guarantee a successful outcome with every couple with whom I work, I do insist, as a condition of contract, that every couple with whom I work agrees to not subpoena me or my records in the event of a divorce. This critical condition of contract is necessary to preserve the safety, honesty and mutual respect that is required to do couple's work. By signing this agreement you commit to not make or seek court disclosures of therapy communications or transactions at any time, now or in the future. Should this agreed upon condition of contract be breached and I or my records are subpoenaed my fee for document preparation, depositions or testifying at a trial is \$500 per hour, including travel time to and from court or a deposition. If such a situation occurs I will insist that a retainer of \$5000 be paid in advance to cover 10 hours of my time. I will immediately return whatever balance remains upon completion of your legal proceedings. However, if the retainer is used up and more of my time is required, I will request and need to receive another \$5000 retainer before doing that work.

## **8. FEES:**

My fees for private pay clients are \$175.00 per 45 minute individual hour and \$350 per a 90 minute couple's hour. All fees, including copays, are due at time of service. Clients are responsible to provide their insurance with the necessary information to ensure timely authorization and payment. You are ultimately responsible for your bill, and if your insurance company does not pay you will be expected to. Cash or checks are acceptable. If you wish to write a check, please make it payable to me and have it written out before we begin our meeting so we do not need to end early to allow you time to write it.

## **9. CANCELLATION & RESCHEDULING POLICY:**

I require a 48-hour notification for a schedule change or cancellation. If I do not get 48 hours notice but you can accommodate an available appointment slot I have during that week or I can fill your time with another client, you will not be charged. If I cannot, you will be responsible for a cancellation fee, not just your copay, as I cannot bill your insurance company for a no-show or late cancellation. While I am entitled to bill my full \$175/45 minute individual session or \$350/90 minute couple's session fee, I have adjusted my cancellation fee for insurance clients to \$80/45 minute session and \$160/90 minute session. This rule applies even for completely unavoidable circumstances, such as illness. I regret having to do this, but I have found that I cannot absorb everyone's emergencies.

**10. EMERGENCY ACCESS:**

If you are experiencing an emergency and cannot reach me at (202) 461-3981 or (240) 460-2717 please proceed to your nearest hospital's emergency room or call 311 for your local crisis hotline numbers.

I understand and agree to these terms and conditions, which constitutes my informed consent,

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
(Date)