



*Debra Neumann, Ph.D.*  
*Psychologist*

**Debra A. Neumann, Ph.D.**  
Licensed Psychologist  
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## Office Policies

1. Session length is 45 minutes.
2. Appointments are scheduled weekly or more often. Regular attendance at meetings is necessary for you to experience the positive changes that psychotherapy may offer you.
3. Your fee is \_\_\_\_\_ per session. Fees are due and payable at the beginning of every session. I do not bill insurance companies directly. If you wish, I will provide you with an itemized statement that you can submit to your insurance for partial reimbursement of the costs of therapy
4. Appointments cancelled with less than 48 hours notice will be billed at regular session rates.
5. I generally take 3 – 6 weeks of vacation during the year. I also take additional time away to pursue continuing education. I will inform you well in advance of my absences and engage another clinician to provide emergency coverage while I am away. You may want to schedule your vacations at times that coincide with the times I will be away to cause the least disruption to your therapy.
6. Your privacy and the confidentiality of our sessions are very important. You need to be aware that, although most of the information you share will be kept in utmost confidence, there are situations where I am required by law and ethical principles to break that confidence. The Notice of Privacy Practices form describes in detail ways in which your personal health information may be used, with and without your explicit consent.
7. Psychotherapy is a joint endeavor, the results of which cannot be guaranteed. Talking about your problems during sessions may result in afflictive and unpleasant feelings and thoughts. Sometimes resolving the problems that led you to seek treatment results in changes that you did not originally intend, such as the ending of relationships. While change may be swift and dramatic, at times it may seem that your situation is not improving, or is even getting worse. This may indicate that our therapeutic relationship is not working out for you and that changes need to be made. Or it could indicate that real progress is being made by getting at core underlying issues that need to be addressed in your life. Please tell me about any unfavorable reactions that you are experiencing, so that we can sort out what is happening.

I have read and understand these statements and any questions have been addressed to my satisfaction. I agree to participate in psychotherapy with Dr. Neumann based upon these policies.

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(Printed name)

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(Signature)

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(Date)