

KAREN P. FREED, LCSW-C, BCD  
12007 Whippoorwill Lane  
North Bethesda, Maryland, 20852  
301-816-0978

## SCOPE OF SERVICES

Welcome to my practice. This document contains important information about my professional services and my business policies. This consent form is designed to answer some frequently asked questions. Please read it carefully and note any questions that you may have so we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### CLINICAL SERVICES

Our first few sessions will involve an evaluation of you and/or your child's needs. By the end of these sessions, I 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. As part of the evaluation and/or treatment, I may recommend further assessment, including psychological testing, family sessions and/or referral to other professionals (e.g. educational specialists, pediatricians etc.). If therapy is recommended, it is important to recognize that therapy involves a large commitment of time, money and energy.

Although psychotherapy is not easily described in general statements, the process can have benefits and risks. For example, because 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. For example, 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.

Please note that if at any time you have questions about any "ups" or "downs" you might feel, or about my procedures or have concerns about the process, you should bring them up for discussion.

If psychotherapy is agreed upon, **for children**, I will usually schedule one 45-minute session per week at a time we agree on, although, at times, sessions may need to be more frequent or they may need to be longer. When working with minors, I include parents in the treatment in some capacity. Depending on the presenting problem, that is the issues related to why you are seeking help, I may recommend family sessions, regular parent counseling sessions or joint meetings held on a less regular basis. **For adults** we will decide together the frequency of sessions, based on the treatment needs. Usually this takes the form of one 60-minute session per week

In general, the privacy of all communications between a patient and clinical social worker is protected by law, and I can only release information about you to others with your written permission. Sessions with any minor with whom I work are also confidential, which is essential to my successful work with children and adolescents. Minors are free to discuss their sessions, if they choose, with anyone, but I am bound to keep private any communication obtained during a therapy session. However, there are a few exceptions to this rule. If the client threatens harm to himself/herself, I am obligated to break confidentiality and inform parents. Additionally, if a client is threatening bodily harm to another, I am required to take protective action. If child abuse or neglect is revealed during any evaluation or therapy sessions, I am required by law to notify the appropriate government authority or agency.

#### CONTACTING ME

I may not be immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. After business hours, in general, I may not be able to return your call until the next business day. If you are difficult to reach, please inform me of some times when you will be available.

If you are unable to reach me and feel that there is a psychiatric emergency and you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health professional on call.

If I will be unavailable for an extended time, I will provide, on my voice mail, the name and phone number of a colleague to contact, if necessary.

Your signature below indicates that you have received a copy of this document, you have read it and that you agree to abide by its terms during our professional relationship.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Client, Parent or Legal Guardian)