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Information and Consent

Welcome!

I am so pleased to have been chosen to begin this therapeutic journey with you. It is my belief that the therapeutic alliance is critical to our work together and I believe that our partnership must be one based on mutual understanding and respect.

This document will provide you, the client, with information about myself as a practitioner, the manner in which therapy will be provided, as well as all procedural information related to our work together. Please read through this document carefully, and initial and date the bottom of each page to indicate your acknowledgement and agreement with the information contained in this form. Should you have any questions or concerns, please do not hesitate to discuss them with me..

About Julian

I hold a BA in English from the University at Buffalo, in Buffalo, NY as well as an MSW from Howard University in Washington, DC. In addition to these degrees, I am a Licensed Independent Clinical Social Worker in Washington, DC. (LC50081459).

Professional Counseling Services

If you have ever been in counseling before or heard about the therapeutic process from another person, you may know that therapy can take many different forms, based on the theoretical orientation, and specific training of the therapist. Therapy can be conducted in a variety of modalities, including individual, family, and groups. The services I provide include individual, and couples counseling with adults. Although my practice involves work with diverse issues and concerns, I have specific training in working with issues of trauma, grief and loss, gender identity and sexual orientation, as well as anxiety, and depression. While I view each client uniquely and treatment is always tailored to meet the needs and personality of each individual, my therapeutic approach reflects assorted influences stemming from my training in internal family systems, person centered, mindfulness and cognitive behavioral theories of psychotherapy.

Engaging in counseling services can be a highly rewarding process wherein you are able to identify and adjust thinking patterns, maladaptive beliefs, or behaviors that do not serve you or others well. However, as with any process that involves considering difficult, unpleasant, and sometimes traumatic experiences, there are risks involved. Throughout the therapeutic process you may, at times, experience an increase in uncomfortable feelings such as sadness, anger, loneliness or frustration. It is important to note that the emergence of these feelings is often a necessary part of the healing process and that discussing these feelings in sessions as they arise will be critical to the therapeutic process.

Finally, counseling services are based on a professional, rather than personal relationship between therapist and client. Therefore, with your best interests in mind, it is important that our contact be limited to our counseling sessions together or telephone conversations related to your treatment.

Confidentiality

All of the what is discussed in therapy is strictly held confidential between the therapist and the client. In order to protect your confidentiality and in adherence to professional ethical standards, I cannot and will not identify you as a client of mine or reveal any information about you or your treatment

without your written permission except in the following circumstances, which require me by law and ethical standards to disclose otherwise confidential information:

1. If you report an imminent intent to seriously harm yourself or another person;
2. If you reveal information that indicates that a child is being abused or neglected;
3. If I am court ordered by a judge.

In these situations, I am ethically, and legally bound to attempt to ensure the physical safety and security of all individuals concerned and, in some cases, this may entail reporting this information without your permission. While these situations are rare, should they arise, I will make the effort to discuss it with you before taking action, except in cases in which doing so may result in additional danger or harm.

Although the choice to share personal information about your treatment is yours, collaboration among the professionals working as a part of your team many times can be very beneficial to your progress. If there is a person with whom you would like me to collaborate or consult with on your treatment (medical doctor, psychiatrist, case manager, etc.), please complete a consent for Release of Information form, which may be found on my website or which I can provide to you.

In order to provide you with the best services possible and in accordance with professional Social Work ethics, I occasionally participate in peer supervision/consultation with other mental health professionals in order to receive feedback and treatment strategies best support my clients. In these situations, I never reveal client names or other information that may otherwise endanger your confidentiality and the mental health professionals with whom I consult are also legally bound to the same confidentiality protections as well.

Finally, due to the nature of my practice, on occasion, there is the possibility that you may see someone you know in the waiting room or coming to/leaving a session. My office will do its best to ensure that all efforts are made to avoid these situations, when possible. While no information about another person's treatment will ever be discussed, you are encouraged to explore your feelings relative to these situations if they arise.

Appointments & Cancellations

Typically, clients are seen on a weekly basis. However, based on specific needs or progress, this frequency may be increased to twice weekly or reduced to bi-monthly in certain cases.

Regardless of the frequency of appointments, the typical length of sessions ranges between 50 and 55 minutes for standard individual, or couples counseling sessions.

It is important to your progress that you keep scheduled appointments and that in the event that you must cancel, your appointment is made available for another client who may need to be seen. Therefore, if you need to cancel your scheduled appointment, you are asked to do so at least 24 hours in advance of the scheduled appointment. For appointments that are not cancelled **at least 24 hours in advance**, you will be charged the full rate of the scheduled session.

On rare occasions, it may be necessary for me to cancel or reschedule a session with you due to inclement weather, illness, or other emergency. In these cases, every effort will be made to inform you as quickly as possible and to reschedule for a different time that is convenient for you. In the event of a scheduled vacation, I will inform you at least one week in advance and will provide the contact information of another therapist should you need to be seen during this time. However, as always, in the event of a crisis, you are encouraged to call the District of Columbia Crisis Line at 1-888-793-4357 or go to your nearest emergency room.

Fees, Insurance, and Payment

The standard fee for a 50-55 minute session is \$175 dollars. Extended, 90-minute couples sessions are billed at a rate of \$250 per session. Payment for all counseling services, other than the amount covered by insurance is due at the time of session. However, due to my belief that all those invested in treatment should have the opportunity to engage in the counseling process, a reduced rate may be able to be arranged for those who are committed to counseling but unable to pay the standard rate. In cases where a reduced rate is in effect, additional paperwork will be required. Payment not rendered at the time of service without advanced arrangements, may result in termination of the counseling relationship.

I participate in Care First, Blue Cross PPO insurance plans, which I will bill, however copayment amount is due at time of service. If for any reason insurance refuses payment, you will be charged the full amount of \$175 for the session. Upon request, I can and will provide a monthly statement of services provided and fees paid that you may submit to your insurance plan for possible reimbursement for other insurance plans. In cases where this is requested, please be aware that reimbursement is not guaranteed and a clinical diagnosis that will remain a part of your permanent insurance record is typically required.

Payment for professional services following each session can be given in the form of cash, personal check, credit card or through your cash app. In all cases you will be provided a receipt for your payment, which may also be used as documentation to send to your insurance company for possible reimbursement.

Acknowledgement of the Conditions Set Forth in this Packet

If you have read through the information above and are comfortable with the information, policies,

and procedures discussed, please take a moment to sign and date this form. When we meet together for the first time, you will have the opportunity to ask any further questions that you may have and I will also sign the form below. You will receive a copy of this information for your records and the original will remain in your file in my office.

CLIENT SIGNATURE

DATE

JULIAN R. HARRIS, MSW, LICSW

DATE

