

Emily Markowitz, LCSW
Markowitz Counseling
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Disclosure Statement

I am a Licensed Clinical Social Worker with a Masters in Social Work from New York University and a Bachelor of Fine Arts from The Pratt Institute. I have over 15 years of experience as a psychotherapist working with individuals and couples.

My commitment

I pledge to help my clients with the depth of my decades of experience, skill, training and insight. I am committed to meeting you where you are, to understand how you think/feel and how your situation is effecting you. I will help you find your goals and guide you in the process of taking action steps to meeting those goals whether they are internal changes you are looking for or external.

What therapy looks like:

Usually clients seek me out for help making a significant change in their lives. Whether it involves getting through a difficult transition, finding increased meaning in life or reducing symptoms (anxiety, depression, low energy). I strive to help clients cope with challenges and to thrive in the face of pivotal life transitions: To enter and be in their lives in a dynamic way.

We usually meet for an initial session for me to understand what is happening for you and to determine if I can help with the issues you are bringing in. This is also for you, the client, to determine if I am a good fit for you as your therapist.

From then on we work together in the most practical, efficient way for you to move ahead in your life. Clients usually choose to meet once a week for one hour. I am flexible regarding how and when you would like to come in and be in therapy. You are in charge of your therapy. I work in an engaged, empathic, direct and interactive way. Sometimes I will make suggestions that I think will be helpful to you. In general I encourage short term work and self reliance.

CONFIDENTIALITY

In general, the privacy of all communications between a client/clients and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated

to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

Cancellation Policy

I have a 24 hour cancellation policy for all appointments. I will need to bill for sessions cancelled with less notice unless there is an emergency.

Fees

Unless you are a member of an insurance I am a provider for (see rates page) all sessions are self pay and payment is due at each session. My fee is \$110 for each 1 hour therapy session. All insurance copays are due at each session.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____