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# RESTORATION COUNSELING

*of Rochester, pllc*

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## **Important Information for You about Counseling**

*Welcome!* You have been given this sheet because in the near future you will be working through the counseling process. I thought it would be helpful for you to have the following information to help answer any questions/concerns you may have regarding services; I also need to know that you understand and agree to the terms of these policies.

### **About Counseling:**

Most people seek counseling because they recognize that they need some help in being able to face a certain challenge - or they find themselves stuck in a particular dilemma. The counseling process is designed to help individuals resolve their problems with some assistance. The process involves your active involvement as well as personal efforts to understand your thoughts, feelings and behaviors.

There are both benefits and risks associated with counseling and therapy. In addition to symptom reduction, potential benefits of psychotherapy include the improved ability to identify problematic areas, evaluate reasonable options and take action in an honest manner. You may also learn important things about yourself, acquire helpful life management skills and integrate past and present learning toward higher functioning.

Risks of the process however, might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage or dating relationship intact). While it is expected that therapy will be helpful, there is no guarantee of any specific outcome; therefore, it is vital that you discuss any questions or concerns about the treatment process with me during the therapy process.

### **About Privacy: Please refer to the Notice of Privacy Practices**

### **Communication (Please read carefully):**

- **Phone/Text:** You may call me at 585-733-9465 at any time. If you are contacting me regarding an emergency, including a last-minute cancellation, please do not use text. If you would like a return call, please leave a voice mail message, including your name, number, and the best time to return the call. I generally return calls within 24 hours, longer delays may occur on weekends, holidays, and when I am out of town. I may also need to contact you by phone regarding scheduling or other matters. If calling you at home or at work and leaving a message for you would present a problem for you with regard to confidentiality it is important you let me know beforehand. I provide brief emergency telephone consultations at no cost. However, if you wish to speak to me for more than ten minutes, you will be asked to schedule a face-to-face appointment. If you call me more than twice per week, you will be asked to schedule an appointment.
- **Mail:** I may need to contact you through the mail. If mail presents a confidentiality problem for you, it is your responsibility to make alternative arrangements.
- **Fax:** While I do not own a fax machine, I may need to utilize faxed communication to receive Consent to Release Information forms to and from other providers.

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585-733-9465 | WWW.RESTORATIONCOR.COM | JOYCE@RESTORATIONCOR.COM

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- **E-mail:** You may e-mail me at joyce@restorationcor.com. I use this e-mail address only for routine matters, such as scheduling appointments. I do not use e-mail to discuss the content of your psychotherapy or other protected health information. My e-mail goes through a server that is not encrypted to protect health information. It is possible that a third party could gain unauthorized access to any message you send or receive from me. If you are contacting me regarding an emergency, including a last-minute cancellation, please do not use e-mail.
- **Text:** You may text me at 585-733-9465. The same protocol applies to texting as e-mail. When using texting please use your name so that I can easily identify you.
- **Social Media:** You are welcome to read anything I may post on the Internet, but please be aware that I do not knowingly engage in two-way interaction with clients or former clients on any form of social media. I do not friend clients or former clients on Facebook. This professional boundary has been established for your protection.

**About Appointments, Fees & Cancellations**

The time spent in session will most often be limited to these private counseling sessions, which are typically 53-60 minutes. Fees for individual and family sessions are \$160.00. Payment is expected at the time of your visit and can be made by cash, check or credit card. 24-hour cancellation notice is requested if you are unable to keep an appointment, this will permit me to reschedule your meeting promptly and will also allow for your vacated appointment to be used in a productive manner.

**About Satisfaction**

Your work in counseling will be rendered in a competent manner and consistent with accepted ethical standards. While it is impossible to guarantee specific results regarding your counseling goals, we will work together to achieve the best possible results for you. If, however, at any time you are dissatisfied with the services, please let me know and I will make every effort to resolve your concerns. Should you be unable to resolve the matter I may direct you to another similar therapist in the Rochester area or request to use your work/school Employee Assistance program, if available.

**If you have any questions concerning the information above, you may ask about them. Please sign and date this form; if you like a copy can be made for your personal file, I will also keep a copy in your file.**

*I have read and understand the above policies and procedures and agree to abide by them.*

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**Signature of Patient/Client** **Date**

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**Signature or Parent, Guardian or Personal Representative \*** **Date**

- *If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

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**Signature of Staff Member** **Date**

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