

MND Therapy Services
Mary “Nicki” Drotleff, M.S., LCMFT
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PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy. The goal is your well-being. There are also certain limitations to those rights that you should be aware of. As your therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Act of 1992, I may legally speak to another health care provider only in the event of an emergency. I will always act so to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose. You may revoke that at any time. You may request anyone you wish to attend a therapy session with you.

I discourage the use of e-mail and texting as a way of communication between us. Neither method of communication is completely confidential. Internet service providers retain logs of communication and there is the possibility that a system administrator can view these. Should you send or I receive information pertaining to you electronically, a copy of that communication will be printed and placed in your treatment record.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I think I will have to put these into effect.

1) I have good reason to believe that you will harm another person. I am required to attempt to inform that person and warn them of your intentions. I must also notify the police and ask them to protect your intended victim.

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2) I have good reason to believe that you are abusing or neglecting a child, a vulnerable adult or if you give me information about someone else who is doing this. I am required by Maryland State law to contact Child Protective Services or Adult Protective Services. Generally I will discuss my concerns with you and encourage you to make the call with me. You may decline to call but I will have to. I will inform you when I will be making the call.

3) I have good reason to believe that you are in imminent danger of harming yourself. I will share my concerns with you and we will take steps to ensure your safety. If this fails I will call the police to assist.

4) You inform me of the behavior of another named health or mental health care provider and that behavior consists of: some form of sexual contact with a patient or yourself or the health care provider is impaired in some manner by cognitive, emotional behavioral or health problems. I am required to report this behavior to the Maryland State board that has granted a license to that individual. I would inform you before taking this step.

II. Other Rights

You have the right to ask questions about anything that happens in therapy. I will answer your questions and am always willing to discuss how and why I am doing what I am doing and to look at alternatives. If there is something you feel would be helpful that you want to try we can do that. If I make a suggestion for a task that you are not comfortable you have the right to inform me that you are not comfortable. We will talk about your hesitation so that I can fully understand your hesitancy.

If you feel that I am not the right therapist for you, I am happy to refer you to someone else. You are free to terminate the therapy at any time.

My Training an Approach to Therapy

I earned a Master of Science in Family and Community Development from the University of Maryland in College Park in 1981. I am licensed as a Marriage and Family Therapist (#LCMO39) in Maryland. My area of expertise is adolescents, couples and families with special training in Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

My approach to therapy is eclectic, drawing on family systems theory of functioning and change. I use techniques that focus on strengthening the hierarchy and the subsystems of the family: couple, parent/child subsystem.

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I use techniques from Brief Strategic Family Therapy, Solution Focused Therapy and communication skills from John Gottman. I also utilize Motivational Interviewing techniques when indicated. For those clients who fall into the category of experiencing PTSD, I use Trauma Focused Cognitive Behavioral Therapy.

I believe that the answers to resolving the problems that have brought you to therapy are within you. It is my job to guide you to discovering those answers.

Most of the time both the therapist and the client know when it is time to end therapy. However there are instances when this is not the case and they are:

- a) I have judged that you need an expertise that I do not have. I will discuss this with you and give you referrals to others whom I think have the expertise to help you address the issues.
- b) We have contracted to do a specific number of sessions. We will outline what work can be done and focus only on that piece. I will keep track of our sessions and inform you when we have one session left.

Your Responsibilities as a Client

You are responsible for arriving at the scheduled time that we agreed upon. Sessions generally last for 45 minutes. Payment for therapy is due at the end of the session. If you arrive late we will end on time and you will be responsible for the full amount of the payment. If you miss a session without canceling or cancel with less than 24 hours notice you must pay for the session at our next regularly scheduled meeting. The answering machine has a date and time stamp which will keep track of your call. The only exception to this would be for inclement weather (snowy or icy roads) or if someone you are the caregiver for has suddenly fallen ill. If you no-show for two consecutive sessions and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make you time slot available to another individual.

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Client Consent for Psychotherapy

I have read the Psychotherapy Information Disclosure Statement. I have had sufficient time to consider its contents and have been able to ask any questions I may have had. I understand the limits to confidentiality required by law. I consent to use of a diagnosis if needed. I agree to pay the fee of _____ per session. I have read and understand my rights and responsibilities as a client and my therapist’s responsibilities to me. I agree to enter therapy with Mary “Nicki” Drotleff. I understand that I may end therapy at any time.

Client
Signature _____ Date _____

Therapist
Signature _____ Date _____