

# CATHERINE MCCALL, M.S., L.M.F.T.

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Licensed Marriage and Family Therapist;  
Clinical Member, American Association for Marriage and Family Therapy

**Welcome.** As you come to discuss your personal life, I want to share with you some of my office policies. Please read them carefully. If you have questions, I will gladly discuss them with you.

## **Confidentiality**

1. All information you share with me in psychotherapy is held in confidence. It can be revealed to others only with your consent. The few exceptions to this right to privileged communication (which is protected by Georgia statute) are situations in which I am required to inform others, e.g., concerning ongoing child or elder abuse, or imminent threat of physical danger to yourself or others, or if I am ordered to do so by a judge in a court of law. If you have been referred by The Pastoral Institute EAP, the final exception concerns information that they may require in order to cover you. In these situations I review with you what their requirements are and what information is appropriate to share with them. Again, this is done only with your consent.

2. In an effort to enhance my skills as a psychotherapist, I often seek supervision or consult with peers about my work; your identity will be carefully protected in such an instance.

## **Appointments**

Appointments are usually made with me personally. Alicia Gray, our Office Manager, may occasionally set up an appointment. Since this time is held for you, if you need to cancel an appointment, this needs to be done 24 hours before the scheduled time. Except in extraordinary circumstances, missed appointments and those canceled without 24 hours notice will be billed my regular fee. Mental health care requires the collaborative effort of both you and your therapist. When a client does not keep the scheduled appointment or cancels without the required 24 hour notice, not only does the client miss an opportunity for treatment, but someone else is denied the opportunity as well. I have a voice mail on which you can leave a message at any time.

## **Charges**

Unless you are referred by The Pastoral Institute's EAP Program, payment of my professional fee is due in check or cash at the time of service. It is advisable to arrive with your check written and leave it on the coffee table in my office at the beginning of each session. Thus, your valuable therapy time is not distracted, and my break between your session and the next can be used fruitfully. If you need a statement at the end of each session, in order to file for insurance coverage and receive a reimbursement, please let me know and I will have it ready for you.

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I am not a participating provider for any managed care organization, although I am often considered an out-of-network provider. I have chosen not to participate for several reasons: 1) I do not feel your confidentiality is adequately assured when reporting detailed information about you to care managers who store it in large computer systems; 2) Case managers and business interests of the organization dictate clinical decisions affecting your therapy, not you and I; and 3) Managed care organizations often require large amounts of paperwork and pay very low fees.

## **Therapeutic Approach**

While working with adults, adolescents, children, couples, groups and families, I may draw on a variety of strategies from various theoretical orientations and treatment modalities. My goal is to maintain a holistic vision that takes into account the psychological, physical, social, and spiritual influences that affect you. One major benefit that may be gained from participation in the process of psychotherapy is a greater understanding of oneself, one's relationships, and one's personal goals and values. This may lead to greater maturity and higher levels of life satisfaction. Other benefits relate to the probable outcomes resulting from resolution of the specific concerns brought to therapy.

In working to achieve these potential benefits, therapy will require that firm efforts be made to change and may involve the experience of significant discomfort. The therapeutic resolution of unpleasant events or painful relationships can temporarily arouse or intensify feelings of fear, anger, depression, frustration, and the like. Efforts to improve relationships between family members, marital partners, and other persons can similarly lead to discomfort or to unanticipated relationship changes. As is the case whenever an individual is engaged in a process of change and growth, connections with significant others may be improved and/or disrupted as changes are integrated.

## **Termination**

Many new clients ask how long they will need to be in therapy. The answer is case-specific, and is usually determined by client and therapist working together and deciding upon a termination date, bringing the therapy relationship to closure. There are also times when people elect not to return to therapy for reasons they do not share with the therapist. Thus, if I do not hear from you to reschedule for two weeks after a session or a canceled appointment, our therapeutic contract is voided and should you wish to re-engage in therapy with me in the future, you would need to initiate negotiation of a new contract.

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## **My Absences**

I will make every effort to give you several weeks notice when I have a planned vacation or will be out of town for a speaking engagement or professional event. I will also advise you when there is another therapist on call, whose name and phone number will be on my voice mail should you need assistance while I am gone. In the event that I may be called out of the office for an emergency, I will always do my best to contact you myself or to have a colleague or Alicia Gray, our Office Manager, contact you in due time.

## **Crisis Calls**

I check my voice mail several times a day from 9 a.m. to 8 p.m. during the week, and I do not carry a pager. If there are emergency-type issues going on in your life, tell me and we will discuss how to handle them in the context of your therapy. Always, if there is a life-threatening emergency and you are unable to reach me, dial 911 or go to the nearest hospital emergency room.

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## **Consent for Treatment**

There are **two** copies of this form in your packet. **Please sign both copies**, indicating that you have read and agree to the confidentiality statement, office procedures, fee and payment policy, and consent to treatment above. Give one copy to me and keep the other for yourself. If you have questions about any of this material do not hesitate to ask.

I am aware that the practice of psychotherapy is not an exact science, and I understand that no guarantees have been made to me regarding the results of psychotherapy with Catherine McCall. I hereby agree to collaborate with her for the purpose of assessment and evaluation of my current situation and to work together to identify appropriate goals and methods of achieving them. I understand that over the course of therapy, assessments and recommendations will be fully explained and that I have at all times the option to accept or reject such suggestions. I understand that I may discontinue my involvement in therapy with Catherine McCall at any time and for any reason. (Please inform me of such a decision.) I hereby voluntarily apply for and consent to professional service provided by Catherine McCall. Since I have the right to refuse services at anytime, I understand and agree that my continued participation implies voluntary informed consent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **For The Pastoral Institute EAP Clients:**

Catherine McCall has my permission to provide The Pastoral Institute with any reasonable and customary information required by them for my coverage.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_