



JENNIFER BALLERINI, PSY.D

Helping People Build Better Relationships

ABOUT PSYCHOTHERAPY

Therapy is a change process that can help you feel better, improve your relationships, and fulfill your potential as a person. As part of this process, you will connect with potentially painful thoughts and emotions, and may experience some distress. This is a normal and often necessary part of emotional healing and growth, not unlike the muscle soreness you experience when you start a new exercise program. With that said, if any part of our treatment makes you feel uncomfortable or overwhelmed, please share that with me so we can make any necessary adjustments.

It's important to your success that we build a safe, collaborative, and warm working relationship together in therapy. I value feedback and collaboration in my relationships with my clients, and I strive to create an environment where you feel safe talking about all of your feelings and needs.

Counseling works best when it is consistent, so I typically recommend weekly sessions to get the best and quickest results. How long you'll need treatment will depend on your goals, your personal history, your current level of functioning, and your commitment to doing the emotional work required to get the results you want. Successfully changing old patterns or growing new parts of ourselves requires not just wanting things to be different, but great courage, vulnerability, and dedication.

THERAPY FEES

I charge \$175 per 50-minute psychotherapy session. You can pay for your sessions via cash, check, or Venmo. (Venmo users: My user name is @Dr-Jennifer-Ballerini. To keep your information private, please send payments "to participants only" and don't friend me on the app.)

Please have your payment ready at the start of each session, and make all checks payable to Jennifer Ballerini, Psy.D. There will be a \$20 additional fee for any returned checks. Any outstanding balances must be paid prior to scheduling further appointments.

SCHEDULING & CANCELLATIONS

Once we agree on an appointment time, I will reserve that slot for you on a regular basis. If you are unable to come to your session, **please give me at least 24 hours notice, or you will be charged for the missed session.** Out of courtesy to me and to my other clients, **please do not come to the office when you are sick.** If you would still like to meet, but think you might be contagious, I'd be happy to meet with you via phone or video conference.

CONFIDENTIALITY & PRIVACY

All of our discussions and my records of our treatment are confidential. I will not inform anyone about any aspect of your therapy unless you ask me to do so. I also will protect your identity in any professional consultations that I seek. The law requires me to disclose information: (1) if I suspect that a child or elderly person is being neglected or abused; (2) if you are in danger of seriously hurting yourself or someone else; (3) in response to some subpoenas or court orders. **Please note that confidentiality does NOT apply between couple or family members who are seeking treatment with me.** I have a "no secrets" policy and use my clinical judgment in deciding whether to divulge information you disclose to me individually.

You may communicate with me via phone, email, text, and video, however you do so at your own risk and release me from liability. **These methods may not be secure or HIPAA-compliant,** and I suggest you only use them to check in about scheduling issues. Please do not email or text me anything personal or sensitive—it isn't secure and I recommend talking about anything important in person.

EMERGENCIES & AVAILABILITY

I am available during regular business hours, and you can expect me to respond to any messages you leave within 24 hours on weekdays. Another therapist will be available for consultation when I am out sick or on vacation; that person's name and number will be on my voicemail while I'm out. If you have a life-threatening emergency at any time during our treatment, call 911 immediately.

I understand these policies and I consent to treatment.

PRINTED NAME _____ SIGNATURE _____ DATE _____