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An Overview of This Practice

I am fully licensed in the State of Florida (#11113) as a Licensed Clinical Social Worker and am certified by the National Association of Social Work. I have a doctoral degree in English (1993) and a Masters degree in social work (1998).

Most people are clear about one thing when they seek therapy: They want to feel better. Therapy can help you to make major life decisions—or respond to difficult situations—with wisdom, grace and calm. Taking the time to look closely at your life can prevent a great deal of suffering and confusion, and can help you to create the life you really want.

My role as psychotherapist is to understand your perspective and to help you see alternative ways of thinking, doing and being. By looking closely at habitual patterns of thinking—especially constricted ways of thinking and behaving that are often unconscious—we can work together to help you to be more mindful of what is actually happening in the present moment, which is the only moment over which any of us have any control.

It takes enormous courage and determination to change patterns of thinking and behaving—even if they no longer bring you happiness. Most of us resist change, even if we are unhappy with our present situation. I can help you make the process of positive change and growth less painful and more productive.

If either one of us feels that we are not a good "fit" therapeutically, I will be happy to provide you with a referral to another therapist. Additionally, it is an ethical precept that I need to refer you to someone else if we reach a point where you are not experiencing growth.

Dual Relationships

The National Association of Social Work's Code of Ethics prohibits "secondary relationships" between counselors and their clients. This means that our relationship is solely a professional one, limited to the time we spend in sessions. Because of this code, and because of my own belief that responsible therapy has a distinct, protective boundary around us as counselor and client, I am prohibited from having social or business relationships with clients outside the context of therapy.

Confidentiality I treat any information shared with me during sessions with great respect. You are entitled to confidentiality, and that privilege is protected both by state law and by the National Association of Social Work's code of ethics. I work with local psy-

chotherapists who may serve periodically as a professional sounding board and support for my practice; on occasion I will share information - without identifiers that would reveal your identity - to test my perspective or to ask for other perspectives in difficult situations. Beyond that relationship, except in the situations that follow, I will not tell anyone about your treatment, or even that you are a client, without your written permission. Your verbal communication and clinical records are strictly confidential except for:

Information you and/or your child or children report about physical or sexual abuse of a minor or an elder person; in such cases I am obligated by Florida State Law to report this information to the Florida Department of Children and Families

If you provide information that informs me that you are in danger of harming yourself or others,

Where you sign a release to have specific information shared,

Information shared with your insurance company to process your claims.

If you are in treatment with another clinician, such as a physician who is monitoring medication, I will ask your permission to speak with him or her so as to facilitate optimal treatment. In rare situations, Licensed Clinical Social Workers can be ordered by a judge to share client records.

Emergency Situations

I do not provide emergency coverage. If an emergency arises for which the client or their guardian feels immediate attention is necessary, the client or the guardian needs to contact the emergency services in the community for those services. I will follow those emergency services with counseling and support to the client or the client's family.

Dial 911 for any life-threatening emergency.

Length of Sessions

Except for our initial meeting, sessions will be 50 minutes long. I will generally schedule 75 minutes for our initial session. This allows us to complete some paperwork and for me to take a more in-depth history. Please be on time for sessions; given my schedule (and yours), we need to end on time even if we haven't started on time. If you need to cancel or reschedule an appointment, I am happy to accommodate this as long as you give me 24 hours' notice. I charge a full fee for cancellations without notice. In the case of an emergency that prevents you from coming to the office, we can, if you wish, hold our session over the phone.

Fees and Insurance

My fee for sessions with individuals is \$150 per 50-minute session, \$200 for the initial session, which usually runs 75 minutes.

Sessions with couples and families require more time and generally last for 90 minutes. The charge for a 90 minute session is 270.00.

I charge at my session rate for lengthy phone calls, emails, and travel time (if I am traveling to see you on site). I accept cash and check payments, but do not accept credit card payments.

I employ a professional medical billing service - TGH Billing Service, Inc. - to file insurance claims for my patients. If you go to TGHBS.com, and select the "Patient" tab, you will be directed to a secure page where you can enter your health insurance information. Make sure to choose me as your provider on the drop down list. Once completed, hit "send" and your information will be securely delivered to TGH Billing Service. They will check your insurance coverage and inform you and me of what your mental health coverage will be.

Please be aware that—except for patients eligible for benefits under medicare—I require payment in full at time of service. After filing your claim, my billing service will direct your insurance company to send any reimbursement directly to you. If you are eligible for medicare benefits, you will be responsible for paying any co-pay at the time of our session.

Health insurance companies require that I provide them with a diagnosis before they will agree to reimburse you. Please be aware that any diagnosis given to an insurance company will become a permanent part of your records. I/we have read and understood this form and have received and understood Gretchen G. White's HIPAA privacy policies (3 pg. total, not including following signature page).

Consent To Treatment and Privacy Policy Signature Page

I have read and understood Gretchen White's Consent to Treatment and HIPAA Privacy Policies:

Signature of client _____

Printed name(s) of client _____

Signature(s) of client _____

Date _____

Parent/Guardian of minor child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone: _____

Email: _____

Client's date of birth _____

Preferred means of contact _____

Printed name of person responsible for payment _____

Signature of person responsible for payment _____

Please do not provide me with contact information that you do not want me to use!

