

**Sheila Ramsey, PhD, MSW**  
301-379-1210

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## **NEW CLIENT INFORMATION FOR COUNSELING SERVICES**

The following will provide you with information about the practice including: my experience and educational background; the philosophy of the practice and the therapeutic methods employed; the office policies and procedures; and your rights and responsibilities. I hope you will find it helpful and that it will answer any questions you may have. If you need further information or clarification, please don't hesitate to ask. I look forward to working with you!

**PHILOSOPHY:** My psychotherapy practice is based on the desire to help adults develop healthy relationships, feel connected to the significant people in their lives; manage emotions in a healthy manner, communicate effectively, understand and fulfill individual needs, feel contented in life and be empowered to tackle life's many challenges. The underlying philosophy is rooted in my belief of people's inherent strength and resilience and thus the capability to make their life better and overcome their difficulties. I offer a supportive and warm environment where everyone from all cultures and backgrounds are welcome, can be heard, can get support, guidance and understanding while also developing healthy coping skills and strategies to manage their situation.

**GOALS AND PROCESS OF THERAPY:** Therapy is a treatment process that uses specialized techniques of caring, listening and providing support, insight, guidance and/or suggestions. The therapeutic process involves exploring feelings, motivations, dynamics of relationships and methods of change and has been designed to offer effective help for people suffering from a wide range of difficulties, such as emotional distress, depression, anxiety, conflicts in relationships, fears, a significant loss, life transitions or career/academic difficulties. Therapy can also be helpful in fulfilling aspirations for personal growth or self-improvement. Clients with disorders that require medical intervention by a physician or psychiatrist will be referred to the appropriate professional and consultation with me would continue, as appropriate.

After an initial consultation and assessment (1-3 sessions), I work with you to determine which interventions will work best to empower you to reach their goals. An important goal in the therapeutic process is to help individuals, couples and groups identify problems and concerns, develop insight, understanding, and compassion for themselves and others, recognize their own strengths and the positive aspects of their lives, as well as develop new coping skills, discover new ways to feel contented in life and to develop strong, healthy, connected relationships. These goals along with those developed by the client will be re-evaluated over time and changed. During the therapy process, a client may have emotional responses and reactions that are unfamiliar and some emotional responses may be difficult to experience. However, these reactions may be beneficial to the client in the long run, and also may benefit the couple or the family, as a whole. The emotional discomfort that may be caused by therapy is usually temporary and will ultimately diminish in time. There is no guarantee as to the outcome of therapy and some people may even experience no improvement or even think things are worse.

## **POSSIBLE BENEFITS OF THERAPY**

- Develop balance, harmony and mastery in your life.
- Develop understanding about yourself and make changes, accordingly.
- Develop healthy interactions with others and therefore more satisfying relationships.
- Resolve conflicts in personal relationships.
- Learn new skills to combat depression, anxiety and stress.
- Develop understanding and acceptance of yourself.

- Develop better communication skills.
- Develop better parenting skills.
- Learn to manage your emotions, including anger, sadness and worry.
- Feel good about yourself and your accomplishments.
- Adjust to life transitions more easily.

**EDUCATIONAL BACKGROUND: SHEILA A. RAMSEY, PHD, MSW**

- **DC License, #LC50078440** -- DC Board of Social Work
- **VA License, #0904006832** -- State of Virginia

**Degrees:** M.S.W. (Master of Social Work) University of Maryland, 2003;  
PhD (Health Counseling) University of Maryland, 1993

**Memberships:** Greater Washington Society for Clinical Social Workers (GWSCSW); Washington Society for Study of Eating Disorders and Obesity (WSSEDO)

**Former Board Member, WSSEDO**

**Former Faculty Member – Georgetown University Dept. of Medicine; University of Maryland**

**THERAPIST OBLIGATIONS:** Your therapist will practice within the scope of her competence using skills and techniques acquired through clinical education, supervised experience, peer consultation and continuing education courses. Areas of competence involve an eclectic approach including but not limited to the use of cognitive-behavioral techniques; short and long-term psychotherapy; insight-oriented therapy; attachment-based therapy; family systems theory; and skills training for stress, emotions management, communication and relaxation. Other techniques may be added which have proven efficacy.

Your therapist follows the privacy provisions of state and federal laws and rules and of our profession's ethical standards. You have the right to know, through discussion with your therapist the policies and practices regarding the uses and protection of the information you will share with me and the limitations of privacy of your information. I may make changes in my policies and practices but if I do, I will inform you. Please keep a copy of this for your records.

**DUAL RELATIONSHIPS:** Therapists have an ethical responsibility NOT to develop personal friendships with clients or their immediate family members during the course of therapy and for a minimum of two years following the end of treatment. If a potentially confusing, harmful or inappropriate relationship is arising or has arisen, your therapist will take reasonable steps to resolve it with due regard for the best interests of the client and maximal compliance with the Ethics Code.

**CLIENT RIGHTS AND RESPONSIBILITIES**

- **In the case of an emergency**, if you are unable to reach your therapist, we trust you will choose another option which may include one of the following:
  - **If your therapist is out of town or inaccessible for any reason, she will have a back-up therapist for you to contact.**
  - **If it is life threatening, dial 911 or go to your local hospital IMMEDIATELY**
- You have the right to be informed of my assessment of your problem and to know available counseling alternatives. You also have the right to understand the purpose of the professional services we recommend, including an estimate of the number of counseling sessions, the length of time involved, the cost of services, the method of counseling, and the expected outcome of counseling.

- If, for any reason, you become dissatisfied with or are unsure about the therapy, you may be honest with your therapist about your concerns so that these issues may be discussed openly.
- You have the right not to be discriminated against in the provision of professional services on the basis of race, age, gender, ethnic origin, disabilities creed, or sexual orientation. You have the right to not be subjected to verbal, physical, or sexual harassment.
- You have the right to end therapy at any time but I encourage a final, termination session to review progress and to discuss recommendations for the future.
- You agree to come on time and attend scheduled appointments, as agreed upon, and work collaboratively with your therapist so that you may reach your goals.

#### **THERAPIST RIGHTS AND RESPONSIBILITIES**

- The right to information needed to provide appropriate care.
- The right to be reimbursed, as agreed, for services provided.
- The right to provide services in an atmosphere free of verbal, physical, or sexual harassment.
- The right and ethical obligation to refuse to provide services which are not indicated.
- The right to change the terms of this notice at any time, with the understanding we will inform clients of any changes.

**CONFIDENTIALITY:** All information discussed during therapy is held strictly confidential. By law, information about clients may only be released upon written consent of all parties treated or the person's parent or guardian, **with the following exceptions:**

- You have signed a Release of Information Consent Form for specific individuals or agencies;
- There is a court order, signed by a duly appointed or elected judge, for release of your records;
- You are perceived to be a danger to yourself or others;
- When your therapist has reasonable cause to believe that a child or vulnerable adult is being neglected or physically or sexually abused;
- Reporting of alleged practitioner sexual misconduct;

In order to give you the highest quality service possible, I consult regularly with other professionals about our work with clients. I only refer to clients on a first name basis (if that) and am happy to disclose to you the names of professionals with whom I may consult regarding your situation.

If you are receiving services from other health care professionals I may need to confer with them about your assessment, counseling plan, and progress for the purpose of coordinating your care.

I keep all records for seven years after the last date of service and after that destroy them to protect your confidentiality.

If you have been directly referred to me by a pastor, physician, or another therapist, I may, as a good business practice, thank him or her for the referral.

#### **OFFICE POLICIES AND PROCEDURES**

**APPOINTMENTS:** Therapy sessions are scheduled for 50-60 minutes, a "clinical hour". Please notify me **24 hours in advance by phone (301-379-1210) if you cannot keep your scheduled appointment in order to avoid being charged the session fee.** I have limited openings to meet with clients and this provides some time to fill the session, if possible. If your appointment is on a Monday, please call and leave a message by **Friday, 5:00 pm.** If not notified 24 hours in advance by phone, **you will be charged your regular fee for the missed session, as previously stated,** unless there are unusual, extenuating circumstances where you could not possibly have notified your therapist in time (like a car accident or other emergency).

**E-MAIL COMMUNICATION GUIDELINES AND SOCIAL NETWORKING GUIDELINES:** It is important to remember that e-mail communication is not confidential: it has the potential to be saved on servers and in computer hard-drives. However, it is very convenient to use e-mail to change or coordinate an appointment. We will use this method if a phone call is not possible. **If a client does not want to have e-mail communication, it is up to the client to inform me of this request.** In general, it is not my practice to use e-mail as a form of communication for therapy. I will accept e-mails from clients in-between sessions, as long as they do not take more than a few minutes to read.

Social networking is something that is becoming more commonplace. However, it is my policy that I will not “friend” a client nor search for information about you.

**FEE INCREASES:** During the course of your treatment, it may become necessary to increase fees. Fees will be reviewed periodically and will be increased no more than once during any calendar year. You will always be notified at least 30 days prior to any change in fees.

**FEE REDUCTIONS:** If your financial circumstances change significantly during the course of your treatment (e.g. job loss), please discuss this with me so that we can arrange a possible reduction in your hourly fee.

### **PAYMENT FOR SERVICES**

**Payment is due in full at the time of service (either at each session or monthly – please let me know your preference)**

**Payment can be made by check or cash. Checks should be made out to Sheila Ramsey, PhD, MSW**

**Financial Statements Sent to Clients:** At each session, a receipt will be given to clients that documents the appropriate information needed for submission to insurance companies. Monthly statements, appropriate for submission to insurance companies reflecting all charges, payments, diagnostic codes, and procedure codes, can be provided if requested.

### **SERVICES AND FEES**

Initial Diagnostic Interviews:	60 mins - \$120.00	90 mins - \$180.00
Individual/Family/Couples:	50-60 mins - \$120.00	30 mins - \$60.00
Group Therapy:	60 mins - \$60.00	90 mins - \$70.00
Consultations:	30 mins \$60.00	60 mins. \$120.00
Report Writing/Letters:	Prorated \$1.00 per minute/minimum \$30.00	

Charges for extended appointments will be assessed at the above rates (\$45.00 per 15 minutes). This rate also includes between-session telephone calls lasting 10 minutes or longer, which is not covered by insurance.

I also charge for our time when asked to write up evaluations and summary of treatment (see above).

**INSURANCE COVERAGE:** I do not participate with any insurance company so it is the responsibility of the client to obtain information about their insurance plan and benefits and to submit all claims for reimbursement. I will provide you with a receipt that will have all of the necessary information required for insurance reimbursement.

Please do not hesitate to discuss any of this with me.