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Welcome to my practice. I am pleased to have this opportunity to work with you. This handout answers questions that clients often ask about therapy. After you read this handout, we can talk in person about how these issues apply to you. When you have read and understood this handout, I will ask you to sign it at the end. I will sign it as well and make a copy so we each have one.

## **ABOUT PSYCHOTHERAPY**

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My approach is based on cognitive behavioral principles. Cognitive Behavioral Therapy (CBT) is a structured and directive approach to psychotherapy that ultimately aims to provide individuals with symptom relief. The basic tenet of CBT is that our emotions and behaviors all interact with our thoughts. CBT aims to help the individual identify and restructure his or her perceptions, in order to bring about positive emotional and behavior change. It also provides individuals with tools to modify unwanted behaviors and to manage excessive stress and anxiety.

CBT for sleep disorders (insomnia, CPAP compliance, nightmares, narcolepsy, circadian rhythm disorders) tends to be short term and may also include the use of light therapy, changing the timing of your bed and wake times, and relaxation strategies.

CBT therapy can be short or long-term. Many of my clients see me once a week for 3 to 4 months and after symptoms decrease we meet less often (sometimes even less frequently for insomnia treatments). Other clients choose to remain in therapy for longer periods of time and regularly set new goals. For example, I often have clients who present with both anxiety and insomnia. Although the insomnia treatment may only take a few months, many clients may choose to stay on in therapy to work on any remaining anxiety. You are free to discontinue treatment at any time but it would be best to discuss with me any plans to end therapy before doing so.

Psychotherapy is not like a medical doctor visit. Instead, it calls for active participation on your part. In order for the therapy to be most successful, you will have to practice the things you learn during sessions and at home.

## **RISKS AND BENEFITS OF THERAPY**

As with any treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Clients in therapy may have problems with people important to them. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. In addition, some behavioral sleep medicine treatments may increase feelings of fatigue and sleepiness in the first few weeks -- this is a very normal part of the treatment process and I will work to help you with this. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who have insomnia may see their sleep improve as well as their mood. Others may no longer feel afraid, sleepy, depressed, angry, or anxious. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

## CONSULTATIONS

Your first few sessions will likely involve an evaluation of your needs, and I will usually schedule an initial 45-minute consultation session with you to begin this process. By the end of the evaluation, I will be able to offer you some first impressions of how therapy might proceed. Therapy involves a large commitment of time, money, and energy, so you should select your therapist after careful consideration. If you have questions about the procedures, and/or the recommendations made during the consultation, you should discuss them with me whenever they arise. If any doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam, overnight sleep study, or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by other professionals, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not as successful as expected, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

## ABOUT OUR APPOINTMENTS

Follow-up therapy sessions last for 45 minutes and occur once a week, perhaps less often depending on the presenting problem and availability. We can schedule meetings for both your and my convenience. I will tell you at least three weeks in advance of my vacations or any other times we cannot meet. An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

## CANCELLATION POLICY

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least **24 hours notice**. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know well in advance. If you start to cancel sessions, I will have to charge you for the lost time unless I am able to fill it. Your insurance will not cover this charge. **You will be charged the full fee for sessions canceled with less than 24 hours notice, including the intake consultation.**

## IF YOU NEED TO CONTACT ME

Due to the nature of the work, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail. I check my messages regularly and will make every effort to return your call within 24 hours, with the exception of weekends and holidays. In emergencies, please call and listen to my voicemail **(914-325-8464)** for instructions. My voicemail is confidential. If you are unable to reach me and feel that you are unable to wait for me to return your call, please contact your family physician, the nearest emergency room, or call 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary .

## E-MAIL

If you elect to communicate with me by e-mail at some point in our work together, please be aware that e-mail is not completely confidential. All e-mails may be retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. **Clients must not use e-mail in a medical or psychiatric emergency.**

## CONFIDENTIALITY

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you will be kept private. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is **not** protected:

- 1) If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
- 2) If I believe a child or a vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.
- 3) If you are suing someone or being sued or if you are being charged with a crime, and you tell the court that you are seeing me; I may then be ordered to show the court my records. Please consult your lawyer about these issues.
- 4) If you have been referred by the court or an agency of the court, I may be required to furnish information to them.
- 5) If you are in couples therapy as part of the treatment you and your partner may have individual sessions with me from time to time. What you say in those individual sessions will be considered to be part of the couples therapy and may be discussed in joint sessions. Do not reveal anything you wish to be kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

There are two situations in which I might talk about part of your case with another therapist. First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a “release of information” form. This form states exactly what information is to be shared, with whom and for what reason(s), and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

## **BILLING AND FEES**

My fee is \$350.00 per 45-minute session, and my initial 45-minute consultation fee is \$400.00. You are responsible for paying in full for your sessions weekly. I have found that this arrangement helps us stay focused on our goals. **You may pay with either cash, check (made out to “Shelby Harris, PsyD, PC.”) or credit card. Please pay for each session at the end of each meeting.**

At the time of payment I will provide you with a receipt. The receipt may be used for health insurance claims, in order to receive reimbursement for “out-of-network” services. Please contact your health insurance provider to obtain information on how to submit the receipt. If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. I am not willing to have clients run bills or balances for more than one week's worth of sessions. If you eventually refuse to pay your debt for sessions missed without the above-mentioned cancellation notice or for overdue session balances, I reserve the right to give your name and the amount due to a collection agency.

I will prorate the hourly fee for other professional services you may need, such as telephone calls of extended length (e.g. for consulting with professionals involved in your care, with your permission) and preparation of reports or treatment summaries. If you become involved in legal proceedings that involve my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350.00 per hour for preparation and attendance at any legal proceeding.

Please note that I reserve the right to increase the fee for my services, depending on factors such as changes in cost-of-living. I will, of course, discuss these matters with you before making any changes in the fee structure. If you cannot continue therapy due to fees, I will refer you to a less expensive, alternate source of help if necessary.

## **INSURANCE REIMBURSEMENT**

I do not belong to any insurance panels and am therefore considered an out-of-network provider. If you plan to use out-of-network mental health coverage, I will fill out any necessary forms required and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. However, you are ultimately responsible for treatment costs, not your insurance provider. It is very important that you find out exactly what mental health services your insurance policy covers. You should be aware, however, that most insurance companies require you to authorize your therapist to provide them with a psychiatric diagnosis. Sometimes I will have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This will become part of the insurance company files and will probably be stored in a computer. I will provide you with a copy of any report he or she submits, if you request it.

## PROFESSIONAL RECORDS

The laws and standards of treatment require that I keep Protected Health Information (PHI) about you in your clinical record. Except in unusual circumstances, you are entitled to receive a copy of your records if you request it in writing, which will be provided to you in the form of a report of your diagnosis and treatment. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Therefore, I recommend that you initially review them with me, or have them forwarded to another mental health professional so you can discuss the contents.

## OUR AGREEMENT

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure and I understand its contents. I have discussed any points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

I also acknowledge that I have been provided a copy of "New York Notice Form: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information," and have therefore been advised of how health information about me may be used and disclosed by Dr. Shelby Harris, and how I may obtain access to and control of this information.

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Signature of client (or person acting for client)

Date

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Printed name

Relationship to client:   ☐ Self   ☐ Parent   ☐ Legal guardian

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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Signature of therapist

Date