

PATIENCE D. STEVENSON, D.MIN.  
Licensed Marriage and Family Therapist  
Licensed Professional Counselor  
Clinical Member, American Association of Marriage and Family Therapists  
Phone: 610-248-5587  
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Web: [www.marriagematters.net](http://www.marriagematters.net)  
539 Center Street  
Bethlehem, PA 18018

### IMPORTANT INFORMATION ABOUT YOUR THERAPY

Therapy is most effective when clients understand aspects of the process in advance. Please read this document and discuss any issues with me when you schedule your first appointment.

**Scheduling Appointments:** I generally have office hours Mondays through Thursdays and Saturdays at my Center Street Office. When working with special circumstances (such as family members coming from a distance for a joint counseling session) I will do my best to accommodate scheduling needs. These sessions will need to be worked out in advance.

**Confidentiality:** Your counseling sessions are private and confidential. There are a few exceptions to confidentiality that you need to be aware of:

1. If you intend to harm yourself or another person, I must act to protect you and others from harm. This may include notifying the potential victim, notifying the police or seeking appropriate hospitalization. I may be required to contact family members or others who can provide protection.
2. If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, I am required by law to file a report with the appropriate state agency.
3. In response to a court order or otherwise required by law.
4. To the extent necessary, to make a claim on a delinquent account via a collection agency.
5. To the extent necessary for emergency medical care to be rendered.
6. If you have submitted a claim for insurance reimbursement, the insurance company will request information. If you wish to use our insurance benefits, in order to process claims, you will need to release this information.
7. As a counseling professional, I am regularly involved in peer consultation groups and supervision groups with other trained professionals. With the help of other trained counselors I may review your circumstances and plan for ways to help you. Your name and unique identifying characteristics will not be disclosed. This review is designed to help me grow and improve my professional skills and be the most help to you I can. The other therapists in the group are also bound by professional confidentiality.

Cancellations and Missed Appointments:

Psychological services are most effective when meeting times are regular and consistent. The time scheduled for your appointment is assigned to you and you alone. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. In addition, you are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

Session Length: Most therapy appointments last 45 minutes. There may be times you may wish to schedule an extended session (75 minutes), especially for couples or family sessions.

Availability: I am often not immediately available by telephone. While I am usually in the office during normal business hours, I do not answer the phone when I am with a client. If you need to reach me between sessions, or in an emergency, you have the right to a timely response. You may leave a message on my confidential voicemail at any time and your call will be returned as soon as possible or by the next business day under normal circumstances. I am in the office Monday through Thursday and Saturdays. I check my voice mail several times during the day, usually from 8:00 a.m. to 8:00 p.m. Monday through Thursday and Saturdays. I will make every attempt to inform you in advance of any planned absences, and provide you with a name and phone number of the therapist covering my practice.

On Fridays I am out of the office. I will try to return any telephone calls within 24 hours Monday through Thursday. I do check my voice mail over the weekend. However, if you call over a weekend, please specify whether you need me to return your call that day or if you can wait until I return to the office on the next business day.

Emergencies: During your intake or as emergencies arise in the course of therapy we will plan a strategy together to assist you in handling difficult situations. If an emergency arises outside of a regularly scheduled session, please call my voice mail. If you do not hear back from me in a reasonable amount of time, call 911, contact your local crisis hotline or go to your closest hospital emergency room.

Lehigh County Crisis Intervention	610-782-3127
Northampton County Crisis Intervention	610-252-9060
Berks County Crisis Intervention	610-478-4900

St. Luke's Hospital	610-954-4500
Lehigh Valley Hospital	484-884-2200
Reading Hospital	484-628-8000

Consultations: It will occasionally be necessary to involve another professional in your treatment. It will be necessary for you to sign a written release form to enable me to request a consultation with another professional such as a psychiatrist, family physician or other type of specialist. I will discuss the process with you regularly.

Nurse Practitioner:  
CRNP

Denise Vanacore, PhD,  
Director, Health Center  
51 Medical Campus Drive  
Lansdale, PA 19446

215-855-2289

Psychiatrists:

Dr. Eric Becker  
610-882-8050  
Gateway Professional Center  
2045 Westgate Drive, Suite 402  
Bethlehem, PA 18017

Dr. Corazon Guerra  
610-252-4440  
2030 Lehigh Street  
Lafayette Towers, Suite 212  
Easton, PA

Dr. Abel Gonzalez  
610-882-2053  
2299 Brodhead Road  
Bethlehem, PA 18020

Medications: Some clients use medication to assist them with their healing process. I can work with your prescribing physician to collaborate in your treatment. However, the responsibility for medication or any organic condition lies solely with the physician. I do not have the ability to prescribe medication.

Treatment Planning: The first 1-3 sessions are generally for me to gather information and for us to develop rapport. During these sessions, information will be discussed to clarify your therapeutic goals and objectives. During this time we will **decide if I am the best person to provide the services you need in order to meet your treatment goals.** If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. If you are unhappy with what is happening in therapy at any time during our work together, I hope you'll talk with me so that I can respond to your concerns. Such feedback will be taken seriously and with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.

Termination: There is no set time for how long therapy lasts; this is determined by mutual agreement between the client(s) and myself. Some clients come for a few sessions and stop, while others stay much longer and work on core personality issues. Many clients find that after 3-6 months of good therapy their

initial symptoms cease. Some choose to stop treatment here, while others choose to remain to work on other issues. Therapy may end any time the client wishes. However, it is very important that when you begin to think about ending that you discuss that with me in advance of doing so. This is an important phase of treatment, since issues of separation and closeness are important themes in our lives and therapy, and I encourage you to discuss this area freely.

Referral: As a courtesy, and with your written permission, I routinely acknowledge the individual who referred you to me. I do not disclose the contents of your therapy; I merely indicate that you followed through on their original recommendation to come to me for therapy. If you are referred by your home pastor or rabbi and terminate therapy prematurely, I will indicate this to your pastor or rabbi in order for him or her to make another appropriate referral.

Licenses and Credentials: I am licensed in the state of Pennsylvania as a Marriage and Family Therapist and as a Professional Counselor. I am currently a Clinical Member of the American Association of Marriage and Family Therapy. I have a Doctor of Ministry in Ministry to Marriage and Family from Eastern Baptist Theological Seminary, a Master of Divinity from Gordon-Conwell Theological Seminary and a Master of Arts in Pastoral Counseling from Moravian Theological Seminary. I have a Post-Graduate Certificate in Marriage and Family Therapy from the Counseling Institute Program. I am certified to administer the Myers-Briggs Type Indicator, an instrument recognized as a reliable indicator of personality type and preference. I am also certified to administer the Prepare/Enrich Premarital/Marital Inventory, a valuable and time tested tool in helping couples understand significant aspects of relationships. I am an ordained pastor in the United Church of Christ.

Fees: Psychotherapy sessions are 45 minutes and billed at my standard fee, available by request, or at the contracted insurance rate. Session fees or insurance co-pays are payable at time of service unless alternative arrangements have been arranged. Fees will be reevaluated periodically. You will be responsible for paying the entire fee if your insurance fails to authorize units of service or if no units of service are available to you. Moreover, legal fees are not billable to insurance companies and will be charged to the patient directly (eg. court evaluations, court appearances). Should a balance accrue and no payment is received, I reserve the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency.

Insurance: I accept payment directly from insurance companies, and am a participating provider in several managed care preferred provider plans listed on my website or available at my office. In the event that I am not a participating provider in your managed care plan, my services may be reimbursable and I will provide you with a statement upon your request that you may submit to your insurance to obtain out-of-network reimbursement or reimbursement from a health savings account.

Insurance companies require a formal diagnosis with their claims. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV. There is a copy in my office and I

will be glad to let you see it to learn more about your diagnosis, if applicable.

Snow: In the event of snow, assume that I will keep the scheduled session unless you hear from me. Please call me as soon as you have determined whether or not you can safely travel to my office for our scheduled appointment.

Client Rights: You have the right to:

- impartial access to treatment regardless of race, religion, gender, sexual orientation, ethnicity, age or handicap;
- personal dignity and respect in the provision of care and treatment;
- request the opinion of a consultant at your expense;
- individualized treatment including:
- provision of adequate humane treatment, regardless of the source of financial support;
- provision of service in the least restrictive environment;
- provision of an individualized treatment plan;
- active participation of children and their parents, relatives or guardians in planning for treatment.
- **ask questions about any aspect of the therapy and about my specific training and experience.**
- **expect that I will not have social or sexual relationships with clients or with former clients.**

My mission is to:

- provide a ministry of reconciliation and healing, where you are invited to carefully examine who you are and where your journey may be taking you
- be open to the Spirit and to the transforming power of God, secure in the knowledge that we are accepted and acceptable just as we are, but are looking for the hand of God in the process of our growth, redemption and healing
- help create an environment where you can grow, heal and consider changing your understanding of your life, yourself and your relationships
- journey with you in your joy and your pain, lend you some courage for the hard steps necessary for growth, healing and change
- be open to my own continued personal and professional growth

I look forward to working with you to help you address your concerns. Psychotherapy has repeatedly been shown to help people with many different problems make long-term and lasting changes in their lives. You can feel proud that you have made the courageous decision to pursue this process.

This information is required by the Board of Social Workers, Marriage and Family Therapists and Professional Counselors, which regulates Marriage and Family Therapists and Professional Counselors.

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors  
P.O. Box 2649, Harrisburg, PA 17105-2649  
Phone - (717) 783-1389

Fax - (717) 787-7769  
[socialwo@pados.dos.state.pa.us](mailto:socialwo@pados.dos.state.pa.us)

Rev 12/16

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Clinical Member, AAMFT

#### ACKNOWLEDGEMENT OF FACTS TO KNOW & FINANCIAL AGREEMENT

I have been given a copy of Important Facts about Your Therapy and have had the opportunity to discuss any questions. My signature below indicates that I understand and accept that information and:

- consent to case presentation for purposes of Clinical Supervision and Professional Consultation.
- have reviewed my client rights.
- give permission to have my personal physician contacted, if/as necessary.
- give permission to have my referral source contact to thank them for the referral, if/as appropriate.
- have been informed of the fee and that I am responsible for all fees, regardless of whether this service is covered by my insurance or not.
- have set a fee of \$\_\_\_\_\_ for each session, independent of insurance coverage, and agree to pay my therapist at the time of service.
- understand how to contact my therapist via cell phone and that in the case of an emergency it is my responsibility to contact my psychiatrist, crisis intervention center, or local hospital emergency room if it is inappropriate to wait until my message is received and my call returned.
- give my therapist permission to have access to and to carry with her, in transit to and from this office, my complete client file.
- give my therapist permission to give access to my file and phone numbers to her professional colleague, Joan Doherty, NCC, LMFT, LPC, in the event of sudden prolonged illness, family emergency, disability or death.
- if I have chosen to submit my therapy receipts to my insurance company that I give my permission for my therapist to release my dates of service, diagnosis (if appropriate, and as given by consulting psychiatrist) and in some cases, my treatment plan.
- I give permission for my insurance company to reimburse my therapist if she is under contract with them.
- if I am a member of a church and have been referred by my pastor, my pastor will be notified that I have begun therapy and again if I end prematurely, in order for her or him to make another appropriate referral.
- if I am in premarital counseling, I hereby give my permission for my referring pastor to be given a summary of my Prepare/Enrich report and any significant issues resulting from the premarital counseling sessions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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