

**PATIENCE D. STEVENSON, D.MIN.**  
Licensed Marriage and Family Therapist  
Licensed Professional Counselor

Clinical Member,  
American Association of  
Marriage and Family Therapy  
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Fellow, American Association  
[www.marriagematters.net](http://www.marriagematters.net)  
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### **IMPORTANT INFORMATION ABOUT YOUR THERAPY**

Therapy is most effective when clients understand aspects of the process in advance. What follows is information on some of the important ground rules and issues in therapy. Please read this document carefully and return it to your next therapy session if you have any questions. Please discuss any questions with me at that time.

**Scheduling Appointments:** I generally have office hours on Mondays through Thursdays at my Broad 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;
- 2) If a child has been neglected or abused, I **must** report this to the appropriate authorities for investigation;
- 3) If you have submitted a claim for insurance reimbursement, the insurance company may request information. To process the claim, you may wish to release this information;
- 4)

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. 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. It is my policy to discuss these decisions with clients before I act on concerns in these two areas.

**Consent to Record:** All clients are asked to sign a form giving consent to record. I routinely make audio or videotapes for the purpose of self-study, self-evaluation and professional growth. Occasionally these tapes are reviewed with an impartial clinical supervisor. No identifying data about you is disclosed to the supervisor. This time-tested process ensures better care for you, the client, and continued professional growth for me.

**Cancellations and Missed Appointments:** There are times when you may need to cancel an appointment. You must give at least 48 hours notice or you will be charged for the missed appointment. These fees are not reimbursable by insurance. I will not schedule another session until the charge is paid in full.

**Session Length:** Most therapy appointments last 50 minutes. Please bring your calendar to each session so we can schedule the subsequent sessions at the beginning of each session. If you wish to use more of your session time for therapy, you may wish to write your check in advance.

**Lateness:** I begin appointments at the scheduled time as often as possible and cannot make up client lateness at the end of the session. If I am delayed for a session, that time will be added at the end of the session.

**Telephone Calls:** Therapy is most effectively conducted in person. It is generally most helpful to keep your therapy to regularly scheduled appointments. In the case of an **emergency** I am available for very brief phone conversations of no more than five minutes. It may be necessary to schedule sessions more frequently if you feel the need

to make telephone contact in between sessions. If this is the case, I will be happy to schedule more frequent therapy sessions with you.

**Availability:** I am in the office Monday through Thursday. I check my voice mail several times during the day, usually from 8:00 a.m. to 8:00 p.m. Monday through Thursday.

**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 Monday.

**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, 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	610-402-8000
Muhlenberg Hospital	484-884-2200
Reading Hospital	610-378-6218

**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:

Denise Vanacore, PhD, CRNP 215-393-9200  
Director, Health Center  
51 Medical Campus Drive  
Lansdale, PA 19446

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

**Medications:** Some clients use medication to assist them with their healing process. I can work with your prescribing physician to offer suggestions about medications if you wish. 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 4-6 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. Later on, you and I will develop a treatment plan tailored to your specific goals. When developed, you will be asked to review and sign the Treatment Plan to ensure it meets your needs. The Treatment Plan will be used to guide your therapy and will be reviewed and updated as needed to reflect accomplishments and your changing needs.

**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 and terminate therapy prematurely, I will indicate this to your pastor 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. I am a Fellow in the American Association of Pastoral Counselors. I am also Certified by the National Board of Certified Counselors.

**Fees:** The current fee for the initial evaluation session is \$120. The fee for one individual psychotherapy session of 50 minutes is \$90, for one family session is \$120 and for one group session is \$40 per hour.

**Insurance:** I am a Licensed Marriage and Family Therapist and a Licensed Professional Counselor in the state of Pennsylvania. You may be able to request a Pastoral Counselor or Professional Counselor under your benefits plan. You will need to contact your claims representative to determine if any of these options are possible. I urge you to explore this with your insurance company or HMO. Many insurance companies are becoming more responsive to the expressed needs of their consumers. Upon many occasions you will get what you need if you are persistent and, at times, creative in your approach with insurance companies. If there is any way to use your benefits it is certainly to your advantage to do so. You, as the consumer, will need to advocate for yourself with your company. You may need to provide proof of my credentialing; such as my license number to practice as a Licensed Marriage and Family Therapist or Licensed Professional Counselor, status as a Fellow in the American Association of Pastoral Counselors, Clinical Member in the American Association of Marriage and Family Therapists or National Certified Counselor. I will be happy to provide this for you, along with necessary billing forms, etc... Ultimately, the relationship with the insurance company is with the patient. Regardless of any potential insurance coverage, the fee for each session is due at each session.

**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. I will leave a message on my office voicemail indicating whether or not I plan to keep scheduled sessions. (610-866-6647)

**Client Rights:** You have the right to:

- impartial access to treatment regardless of race, religion, gender, 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.

**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)

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Licensed Professional Counselor  
Clinical Member, AAMFT  
Fellow, AAPC  
National Certified Counselor**

### **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 recording (audio/video) and 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 voice mail 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 professional colleagues Joan Doherty, NCC, LMFT, LPC and/or Adrienne Ehle, NCC, LPC, in the event of sudden prolonged illness, 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.
- 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.

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Client Signature

Date

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Therapist Signature

Date

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