

Mollie Montgomery, LCSW
Individual and Family Therapist

Contact: mollie@mmontgomerylcsw.com, 347-927-0698, mmontgomerylcsw.com
Virtual Office: <https://doxy.me/mmlcsw>

Welcome:

Welcome to therapy with Mollie Montgomery, LCSW. I am excited to join you on your journey and commend you for your courage in seeking support. People arrive at therapy for a myriad of reasons and thus the course of treatment looks different for every person. My view of our internal system is that in an environment conducive to growth and healing; one that emphasizes safety, compassion, and support, we naturally move in the direction of health, healing, and wholeness. Thus, I view my role as a therapist to create, hold, and protect that space with you so that whatever arises in our work together is met and addressed. I do this through offering presence, wisdom and insights from ongoing trainings and readings from a multitude of therapeutic and mindfulness practices. It can be hard to define the therapeutic process, however movement towards restoring and recovering your core true self will always guide our work. Additionally, In my role as your therapist I agree to act ethically as spelled out in the NASW Social Work code of ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics>).

Your Treatment Rights and Responsibilities:

Signing this contract is a statement of understanding and agreement to the following regarding your rights and responsibilities around therapeutic treatment with Mollie Montgomery, LCSW: I am here by my own free will and choice. I will actively participate in sessions and am able to prioritize therapy at this point in my life and I understand the potential risks and rewards of entering therapeutic treatment. I agree to have an active say in the therapeutic work, process, and goals and should questions or concerns arise in the process I will bring those to the therapeutic space to ensure my comfort and safety. I understand that should I choose to end services with Mollie Montgomery, LCSW I can ask for proper termination and/or referrals to other services that better fit my needs. I understand Mollie Montgomery, LCSW takes session notes tracking therapeutic process and that I have a right to access those notes at any time.

Consent for Billing:

By signing below you agree to pay _____ fee for the 55-minute sessions on the day of your session. I use a HIPPA-compliant payment application called IvyPay that accepts both credit cards and HAS/FSA cards. You have the right to request a monthly invoice for your own records and/or to submit to insurance for out-of-network coverage or towards your deductible. In the event you need to cancel a session please provide at least 48 hours' notice or you will be charged the full session fee.

Confidentiality:

Your personal information will not be used or distributed for any purpose. If you would like me to collaborate with other service providers or individuals you have the right to give written consent for this to happen. The only limit to your confidentiality is if you disclose you have a plan to hurt yourself seriously, hurt someone else or that you have knowledge of a child being abused. As a mandated reporter by law I am required to report these

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situations to external authorities for your safety and the safety of others, however I will not exercise this intervention without your knowledge. Given the growing use of online platforms for the therapeutic process and in general, please note all sessions will be conducted using a HIPPA complaint video and/or audio platform. Communication conducted outside of session will be kept private, however email/text is not a HIPPA complaint form of communication. Please keep this in mind with what information is shared in writing via text and email. Lastly, please note I will not engage in any internet or social media searches about you.

Communication Outside of Session:

I am accessible by email outside of session times for non-emergency logistical planning (e.g., scheduling) and will answer at my earliest convenience. In the event of an emergency, to ensure proper and timely care, please call emergency services and use the resource below or other resources.

NYC Well: text "WELL" to 65173, or call 1-888-NYC-WELL (692-9355)

Your information:

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Monthly Invoice: Y / N

Preferred method of contact: _____

*Emergency Contact: _____

*(*This is not a required field. By providing emergency contacts name and information I consent to Mollie Montgomery, LCSW connecting with my emergency contact in case of emergency.)*

Signature: _____

Date: _____