



Hillary Schultz Therapy, LLC

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ADDITIONAL OFFICE POLICIES

Preferred Method of Contact:

We ask that you contact us by phone or email only. Please do not text message us as that is not a secure form of communication. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Please know, all communication between you and your clinician will be documented in your treatment record.

Infectious/Communicable Issues:

It is a policy of Hillary Schultz Therapy, LLC that if any client is currently suffering from/dealing with a communicable or infectious issue (ie, contagious illness, scabies lice, bed bugs, etc.), the client may not attend in-office sessions, and must have infectious/communicable issue treated and rid, prior to returning to the office. This policy is for the safety of other clients, staff and building tenants/guests.

Litigation Limitation:

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is a AGREED that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, State or Federal disability claims, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Hillary Schultz Therapy, LLC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. No party shall attempt to subpoena my testimony or my records for a deposition or court hearing of any kind for any reason. Therefore it is understood by all parties that if they request services, they are expected not to use information given to the therapist during the therapy process for their own legal purposes or against any of the other parties in a court or judicial setting of any kind. If a client is involved in or anticipates being involved in any court matter, it should be discussed with the therapist. Considering all of the above exclusions, if it is still appropriate, upon your request, Hillary Schultz Therapy, LLC will release information to any agency/person you specify unless Hillary Schultz Therapy, LLC concludes that releasing such information might be harmful in any way

Consultation:

Hillary Schultz Therapy, LLC consults regularly with other professionals as required by licensure regulations regarding patients; however, the patient's name or other identifying information is never mentioned. The patient's identity remains completely anonymous, and confidentiality is fully maintained.

CLIENT NAME _____

Intake Date: ____/____/20____

Emergency Mental Health Crisis:

If you are in need of immediate, emergency mental health care or in need to talk to someone immediately please go to your local emergency room or call your local law enforcement office (ie, police or sheriff) by dialing 911.

I have reviewed this policy and agree

Client signature

Date

CLIENT NAME _____

Intake Date: ____/____/20____