



Liminal Solutions

Psychotherapy and Consulting, LLC

Starting Our Work Together Booklet: Psychotherapy Services Information and Contract

Welcome to my practice. I truly appreciate that you are giving me the opportunity to be of help to you. This booklet provides important information about my professional services and business policies. Please carefully read this information and ask me anything about it that you do not completely understand. Once you sign this booklet on the last page, it becomes a binding contract between us.

This booklet/contract answers many of the questions that clients often ask about psychotherapy. I believe that our work will be most helpful to you when you have a clear idea of what we are trying to do. This booklet/contract addresses the following:

- What will be the goals of psychotherapy?
- What are my methods of treatment?
- How long might therapy take?
- What are the risks and benefits of psychotherapy?
- How much do my services cost, and how do I handle money matters?
- What are some other important concerns?

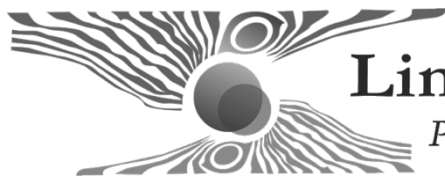
After you read this booklet/contract, we can talk together about how these issues apply to you. This booklet/contract is yours to keep. Please read all of it before our first meeting. Mark any parts that are not clear to you. Write down any questions you have, so that we can discuss them at our first meeting. After reading and understanding the content of each page, and when satisfied with my answers to your questions, please enter your initials at the end of each page. When you have read and have fully understood this booklet/contract, 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 that you should feel comfortable with the psychotherapist you choose and hopeful about the psychotherapy. When you feel this way, psychotherapy is more likely to be most helpful to you. Let me describe how I view psychotherapy.

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Initial that you have read this page ____/____/____



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 2 of 28

Although I use the therapeutic approaches best suited for each client, I generally draw most heavily from psychodynamic psychotherapy. Psychodynamic psychotherapy has been found to be effective for a wide range of mental health problems, such as anxiety and panic, depression, and stress-related physical disorders. Further, the benefits of psychodynamic psychotherapy have been found to deepen and grow after the completion of treatment.

Among the hallmarks of psychodynamic psychotherapy are the following:

- The understanding that each client is a unique individual, meaning that each client's values, self-understanding, and behaviors are based on that client's unique history.
- The encouragement of clients' exploration and discovery of their emotions, including the origins of their emotional difficulties. This is accomplished often through self-reflection and by using the relationship between the psychotherapist and the client as a kind of lens to understand more clearly the client's pattern of relationship challenges and successes. The psychotherapist can teach and help clients to engage in self-reflection and how to gain insights through the psychotherapy relationship.
- The recognition that we do not always fully understand the reason why we think, feel, or act the way we do. The difficulties we face often occur because we are not always and fully self-understanding and aware of the impact of our thoughts, feelings, and behaviors on others. The psychotherapist can help clients become more aware of unconscious factors that influence them and contribute to recurring themes and patterns—those that are self-defeating and those that are life-enhancing. With this increased self-awareness, clients can gain more control over their thoughts, feelings, and behaviors and make better choices.
- The recognition that our past experiences, particularly our early experiences and relationships with our caregivers and other attachment figures, contribute to how we relate to and experience people and situations in the present. The psychotherapist can help clients “connect the dots” between the past and the present. The goal is to empower clients to free themselves of views, attitudes, and behaviors formed in the past that are now self-limiting and unproductive, and preventing clients' achievement of their goals. Clients can then be empowered to live more fully in the present.

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Liminal Solutions

Psychotherapy and Consulting, LLC

Page 3 of 28

- The overall focus and purpose of psychotherapy is not only the relief from distressing thoughts, feelings, and behaviors, but also the development of clients' insights into their inner strengths and resiliency, and their acquisition of awareness, knowledge, and skills needed to lead lives of greater health and well-being.

To learn more about psychodynamic psychotherapy and its effectiveness, please use this link to information provided by the American Psychological Association:

<http://www.apa.org/news/press/releases/2010/01/psychodynamic-therapy.aspx>

The main goal of my psychotherapy is to assist my clients in their work towards healing. This work may entail my assistance of a client's recovery from trauma or from other kinds of problematic emotional or mental challenges. I work with adults individually and in groups. My contribution to the healing process is threefold: It is trauma-informed, strength-based, and solutions-focused. I help clients identify their most important issues, prioritize problems, and identify and maximize their strengths to find solutions to their problems.

My primary healing focus is not on techniques or methods. My primary focus is on you—my client. I will strive to engage with you in ways that you will feel truly seen, heard, and respected. I am committed to strengthening your empowerment, self-compassion, and self-confidence.

I will interact with you with an intentional recognition of certain qualities shared by all human beings, three of which have particular importance. One quality is the body's capacity for self-healing. Another quality is the interrelatedness of the mind and the body: what affects one, positively or negatively, will affect the other. Yet another quality is the interrelationship of our individual self with our social context. We are affected, for example, by our interactions with our family and the communities with which we closely identify, such as ethnic, racial, LGBTQ, religious, and spiritual communities.

I may take notes during our sessions. You may find it useful to take your own notes, to remember important points or the steps you plan to take. You may also wish to take notes in-between our sessions.

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Liminal Solutions

Psychotherapy and Consulting, LLC

Page 4 of 28

By the end of our first or second session, I will tell you how I see your case at that point and how I think we should proceed. I view psychotherapy as a partnership between us. You define the problem areas to be worked on; I use my specialized knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor for a shot. It requires your full involvement and active participation. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I will expect you to tell me about important experiences, what they meant to you, and what strong feelings were involved. This is one of the ways you are an active partner in psychotherapy.

I expect us to plan our work together. In our treatment plan, we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both honor and work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your psychotherapy will be practicing new skills that you will learn in our sessions. I will ask you to practice those skills outside our meetings. Occasionally, we will work together to set up homework assignments for you. For example, I might ask you to do certain activities, keep records, and read articles to deepen your understanding. You may have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change.

Personal change will sometimes be easy and quick, but more often it will be slow and difficult, requiring repetitions and your continued efforts to keep trying. There are no instant, painless cures and no “magic pills” for changing old, established habits and attitudes. However, you *can* learn new ways of looking at your problems and your strengths that will be very helpful for changing your feelings and reactions and achieving your goals.

How Long Psychotherapy Might Take

I cannot estimate the amount of time it will take you to achieve your treatment goals. Following a few sessions, some clients may feel that they have not made any gains, but later on they discover that things are starting to fall into place. Other clients may feel that they are benefiting from psychotherapy from the very first



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 5 of 28

session. Some clients take a few progressive steps, but then retreat. It is not uncommon for clients to resist change because they have been thinking, feeling, and acting the way they do for a long time.

Although I cannot estimate the length of time we will meet for psychotherapy, I do anticipate meeting with my new clients for 50 minutes once a week, for at least 3 to 5 months. When we both feel that you are very close to achieving your treatment goals, we will meet less often for a few more months. Psychotherapy then usually comes to an end. The process of ending psychotherapy, called “termination,” can be a very valuable part of our work and well worth spending our time on. Stopping psychotherapy should not be done abruptly or casually, although either of us may decide to end it if we believe it is in your best interest.

Your participation in psychotherapy is voluntary and you may stop your psychotherapy at any time. If you wish to stop psychotherapy, I ask for your agreement now that you will meet with me at that time for at least one more session, to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our options. If you would like to take a “time out” from psychotherapy to try out your new learnings and skills on your own, we should discuss this. We can design a “time out” so that it can be more helpful.

The Risks and Benefits of Psychotherapy

As with any powerful treatment, there are some risks as well as many benefits of psychotherapy. You should think about both the benefits and risks when making any treatment decisions. During the initial sessions and later on in the course of psychotherapy, you may remember unpleasant events, and experience considerable discomfort, such as strong feelings, anxiety, depression, and insomnia. I may challenge some of your assumptions or propose different ways of thinking about or handling situations. This may cause you to feel upset, angry, or disappointed. Sometimes, a client’s problems may feel like they are worse after the beginning of treatment. Attempting to resolve issues that brought you into psychotherapy may result in changes that you did not originally intend.

Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 6 of 28

guarantee that psychotherapy will yield positive or intended results. All of these should be weighed against the costs of not changing and continuing as you are.

While you consider these risks, you should also know that many benefits of therapy have been shown by scientists in hundreds of well-designed research studies. Most clients will find their symptoms greatly lessened, will feel more confident and relaxed, and will improve their daily functioning. People who are depressed may find their mood lifting. Other clients may no longer feel afraid, angry, or anxious.

In psychotherapy, people have a chance to talk things out fully until their distressing feelings are relieved or the problems are resolved. Clients' relationships and coping skills can improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as an individual, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I will not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Psychological assessment (with or without administering tests) can increase our understanding of your personality, psychological dynamics, intellectual and emotional resources, or other areas. It may help us design or improve your psychotherapy. If this seems beneficial, I will discuss it with you and get your consent before proceeding.

Consultations

If you could benefit from a treatment that I cannot provide or from other kinds of therapies that could complement and strengthen our psychotherapy work, we will discuss these options and, with your consent, I will provide you with contact information for those therapists. You have a right to ask me about other treatments, their risks, and their benefits. Keep in mind that I cannot prescribe medication. Based on what I learn about your problems, I may recommend a medical exam 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 another professional, I will coordinate my services with him or her and with your own primary care physician if you give me your consent (a signed *Authorization to*

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Liminal Solutions

Psychotherapy and Consulting, LLC

Page 7 of 28

Release Confidential Information and Records form) to do so.

What to Expect from Our Relationship

Psychological services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations of my services and your compliance with our treatment plan and medication (if applicable).

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a psychotherapist and a client, and I will abide by these. Let me explain these limits, so you will understand that they don't apply just to you and me.

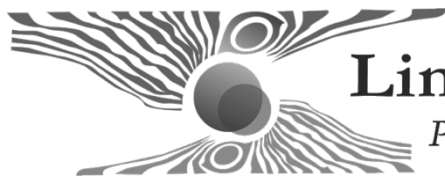
First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, I am licensed to practice psychology in Maryland. Maryland laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in a few unusual situations. I explain what those are in the “About Confidentiality” section of this booklet/contract. For example, I endeavor not to reveal the identity of my clients. This is part of my effort to maintain your privacy.

One of my goals as a psychotherapist is to serve my communities, which means that you may see me in non-therapeutic contexts. If we were to encounter one another on the street, at an event, or in a setting outside of our psychotherapy sessions, you are welcome to acknowledge me if you feel comfortable doing so. To protect your privacy and confidentiality, I will not initiate greeting you or nod my head in greeting you. I am not ignoring or disrespecting you; it is a way to maintain the confidentiality of our relationship. If the confidentiality of your psychotherapy is of importance to you, I suggest that you consider how you will practice confidentiality. Should you have other preferences for how we might handle our encounters in public settings, I invite you to ask about my preferences or clarify your preferences.

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Liminal Solutions

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Page 8 of 28

Here are some of my preferences: I prefer not to accept invitations to clients' family gatherings, such as parties or weddings. In general, I have found it to be wise not to exchange gifts with clients. My intention is not to be mean, rude, or disrespectful, but rather to prioritize, maintain, and respect the *professional* nature of our relationship.

If you ever become involved in a divorce or custody dispute, or any other legal matters (such as a lawsuit over injuries), I want you to understand and agree that I will not provide my records, evaluations, depositions, or testimony in court. I cannot serve you as your psychotherapist and in a forensic role at the same time without contributing to conflicting priorities and confusing obligations. There are several reasons for this:

- (1) I may not possess the professional skills to make decisions about issues besides those we deal with in psychotherapy;
- (2) psychotherapy often involves full disclosure of information that you might not want to have revealed in court;
- (3) if you are holding back information in your psychotherapy sessions because of that fear of future disclosure, our work will not be as productive as it could be;
- (4) my statements will be seen as biased in your favor because we have a psychotherapy relationship; and
- (5) what I might say in testifying or when being deposed might change our psychotherapy relationship, and I must put our relationship first.

If you want custody evaluations and recommendations, I will be happy to refer you to those professionals with this expertise.

About 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 are kept private. That is why I ask you to sign an *Authorization to Release Confidential Information and Records* form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not let anyone know that you are in treatment with me without your agreement.

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed to others without the client's written permission.

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Page 9 of 28

However, if you ever want me to share information with someone else (such as your primary care physician or family members), I will ask that you sign the *Authorization to Release Confidential Information and Records* form that meets certain legal requirements imposed by HIPAA and by Maryland law. You and I will review and discuss these forms before you sign them and give your consent.

There are other situations that require your provision of advance and written consent. With your signature on this document that you are currently reading—that is, *Starting Our Work Together Booklet: Psychotherapy Services Information and Contract*—which is a document of informed consent, you provide consent for those activities, which include exceptions to confidentiality. These exceptions are as follows:

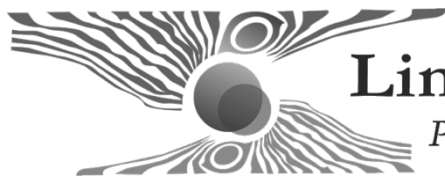
- When I believe that you are in immediate danger of harming or killing yourself, I am permitted to disclose information to others as necessary to prevent the danger or threat of danger.
- When I believe that you are going to harm or kill another person/s, I am required by law to take action to inform the intended victim/s and appropriate law enforcement authorities.
- When you reveal to me or when I have reasonable cause to suspect that any child has been abused or neglected—either currently or in the past—I am required by law to report this to the appropriate county and state authorities.
- When you reveal to me or when I have reasonable cause to suspect abuse, neglect, exploitation, or self-neglect of a vulnerable adult or legally incompetent person, I am required by law to report this to the appropriate county agency.

In each of these cases, I am required to take actions intended to protect the individual/s at risk and make reports to the appropriate authorities. Only the specific and relevant information must be disclosed, and I will not share unnecessary information with authorities and other outside parties. If you are discussing something in your psychotherapy session that might require me to convey that information to authorities (such as a hospital or safety services), then I will discuss this with you.

Other times/situations which are exceptions to confidentiality are:

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Initial that you have read this page ____/____/____



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 10 of 28

- When I am ordered by a court of law to release information, I am required to provide that specific information to the court.
- When a court of law refers you to me for psychotherapy, the results of the treatment ordered may have to be revealed to the court.
- If you are or become involved in any kind of lawsuit or administrative procedure (for example, worker's compensation), that includes consideration or investigation of your mental health, you may not be able to keep your records or psychotherapy private in court.
- If you participate in group psychotherapy which I facilitate, I ask that each member of the group to make a promise to keep confidential whatever occurs or is said in the group's psychotherapy sessions. However, I cannot guarantee that other members of the group will keep their promise.
- With my intention to provide you the best treatment that I can, there will be occasions when I may request consultation with another licensed mental health professional. During such consultations, I will refrain from revealing your identity. The consultant is likewise bound by law to keep the information about you confidential, although the exceptions to confidentiality are also applicable to the consultant.

Also, during those times when I am away or unavailable to you (such as when I am on vacation), my psychotherapy practice will be covered for emergency situations by an appropriate, qualified professional. With your consent, I may inform the on-call professional who is providing this coverage about your situation to facilitate your attainment of appropriate support should you need it when I am away or unavailable.

If your records need to be seen by another professional, or anyone else, I will discuss this with you. If you agree to share these records, you will need to sign the *Authorization to Release Confidential Information and Records* form. This form will be completed to include exactly what information is to be shared, with whom, and why. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 10 years after our last meeting. Before records are destroyed, I will notify clients in advance so that they have the opportunity to obtain their records, if they so desire. Until 10 years after our last meeting, I will keep your case records in a safe place and make them available when you authorize their release. After I destroy your records, I will retain a



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Page 11 of 28

one-page summary of the dates of treatment, number of sessions, why you came to see me, diagnoses, and any outcome information I have.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to let me transfer your records to another clinician who will make sure they are kept safe, confidential, and available when you want them, and then destroy them someday.

If you participate in group psychotherapy which I facilitate, and you want to have my records of this psychotherapy sent to anyone, these records can be released only if you and all of the group participants sign the *Authorization to Release Confidential Information and Records* form.

As part of cost control efforts, health insurance companies will ask for information about your symptoms, diagnoses, progress, and outcomes. My policy is to provide only as much information as the insurance company will need to reimburse you. This information will become part of your permanent medical record. I will let you know whether an insurance company has asked for this and what information it has requested. If the insurance company does not get the information it asks for, it may refuse to reimburse you. Please understand that I have no control over how this information about you and your records are handled once they leave my office. For more on these issues, please read my *Notice of Privacy Practices*.

You can review your own records in my files at any time. You may add to them to correct errors or provide more information; however, I cannot delete any information from your records. You can request copies of your records for yourself or for another person related to your treatment (such as your primary care physician), but you will first have to sign an *Authorization to Release Confidential Information and Records* form. Also, you will have to assume the fees for copying and, when applicable, the actual mailing costs (see the section below, "Fees, Payments, and Receipt/Statements"), and assume the risks of loss of confidentiality when you receive and store your copies.

If I believe that it might be in some way harmful for you to view your records, I may suggest that we review them together or that I provide you with a summary of the records in place of the entire record. We will review my summary together in order that I can provide additional explanation for the content immediately and as needed.



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Page 12 of 28

In some very rare situations, I may temporarily remove parts of your records before you see them. This may happen if I believe that the information will be harmful to you, but I will discuss this with you. I ask you to understand and agree that you may not examine records created by anyone else that you have had sent to me.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail, or phone you at a more private location or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements that suit you.

My Background

Since June 2017, I have had my own office for the independent practice of clinical psychology. I am trained and experienced in doing one-on-one and group psychotherapy with adults (18 years of age and over). My clinical training took place in a clinic for mandated youth, a community-based assessment clinic of a medical school, community mental health clinics, and a private psychiatric hospital. I hold these qualifications:

- I have a doctoral degree in clinical psychology from The School of Psychology of Fielding Graduate University, whose program is approved by the American Psychological Association (APA).
- I completed an internship in clinical psychology, approved by the Association of Psychology Postdoctoral and Internship Centers.
- I am licensed as a psychologist in Maryland.
- I am a member of the American Psychological Association and of the Maryland Psychological Association.

About Our Appointments

All appointments are scheduled only by telephone conversation.

The very first time I meet with you, we will need to give each other a lot of basic information. For this reason, I usually schedule 1–2 hours for this first meeting. So that we can be prepared for our first meeting and respectful of our valuable time, I

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Liminal Solutions

Psychotherapy and Consulting, LLC

Page 13 of 28

ask that new clients read and complete the new client forms (listed below) before our first meeting, and bring their completed forms with them to our first meeting. These forms can be accessed and printed from my website. Alternatively, if clients prefer and tell me, I will mail the forms to their mailing address. We will review all of these forms before signing them at our first meeting. Please ask me any questions you have about them.

The new client forms are as follows:

- *Starting Our Work Together Booklet: Psychotherapy Services Information and Contract* (the form you are currently reading). Given the size and format of this booklet, I mail it to new clients.
- *Client History*. With this form you provide me with information about your past and current experiences.
- *Authorization to Release Confidential Information and Records*. With this form, you give consent to me to speak to another person about your history or treatment. In the event that you would like this to occur, we will sign this form together after reviewing and specifying on the form the information that you would like communicated. Any other aspects of your treatment or life will remain confidential.
- Health Insurance Portability and Accountability Act (HIPAA) Forms. I am required to provide you with these forms that describe your privacy rights and my procedures for protecting your privacy.
 - *Notice of Privacy Practices* (Unabridged Version). Please read. There is nothing for you to complete on this form.
 - *Notice of Privacy Practices* (Brief Version). Please read. There is nothing for you to complete on this form.
 - *Consent to Use and Disclose Your Health Information*. Please read. With your signature on this form, you acknowledge that you have been informed about my procedures and practices to protect your privacy and that you have been informed about your privacy rights.

Following our first meeting, we will usually meet for a 50-minute session once or, possibly, twice a week, and afterwards less often. We can schedule meetings at times convenient for both of us. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

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Initial that you have read this page ____/____/____



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 14 of 28

Cancellations and No-Shows

Once an appointment is scheduled, this time is specifically reserved for you. I consider our meetings to be very important and make them a priority over other activities and I ask that you do the same. An appointment is a commitment to our work. A cancelled appointment slows our progress, so please try not to miss sessions if you can possibly help it. Your session time is reserved for you.

We agree to meet at my office and to be on time. If I am ever unable to start on time, I ask for your understanding and promise that you will receive the full time agreed to or be charged proportionately. 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.

It can be very difficult for me to fill a cancelled session, so you will be charged the full fee for sessions cancelled with less than 72 hours (3 days) notice, for other than the most serious reasons. Your insurance will not cover this charge.

If you need to cancel an appointment, please note that you must do so by either talking with me by phone or by leaving a voicemail message on my phone at 410-699-0093. *Leaving a message using a text will not constitute a cancelation, regardless of when the text is sent.* Also, unless we can agree to re-schedule your canceled appointment to another time in the same week, it is assumed that your next appointment will be at your regular time and day the following week (or the following two weeks if you are scheduled every other week).

Fees, Payments, and Receipt/Statements

Payment for services is an important part of any professional relationship. This is particularly true in psychotherapy in which we seek to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid. Meeting this responsibility shows your commitment and maturity.

As a psychologist, one of my core values is that my psychotherapy services be made available for people across economic circumstances. I recognize that privilege, oppression, and life circumstances can impact a person's income and



Liminal Solutions

Psychotherapy and Consulting, LLC

Page 15 of 28

costs of living and, in my practice, I endeavor to address this in part through my use of a sliding fee scale.

For my one-on-one clients, my regular fee for our first session (1-2 hours) is \$150.00. For the sessions that follow (each 50 minutes), my regular fee is \$125.00 per session.

My sliding fee scale is available to all of my clients. To participate in this sliding fee scale, simply read the fee scale provided in the table below and then locate the amount that is matched to your total yearly income—that is, the total of all your family's yearly income sources. My goal is to allot space in my schedule to accommodate people with low income or particular need. If you have questions about determining your fee, please call me for more information. I can also provide referrals if we cannot create an alternative fee schedule.

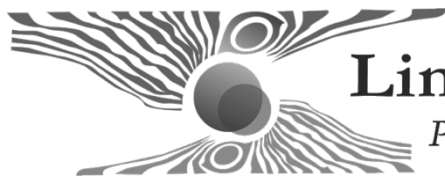
Sliding Fee Scale for Individual Clients as of June 2017

Total Yearly Income (Sum of All Income Sources)	First Session/ Intake Fee	Fee for Each Subsequent Session
\$100,000 and up	\$150.00	\$125.00
\$90,000 to 99,999	\$140.00	\$115.00
\$80,000 to 89,999	\$130.00	\$105.00
\$70,000 to 79,999	\$120.00	\$95.00
\$50,000 to 69,999	\$110.00	\$85.00
\$30,000 to 49,999	\$100.00	\$75.00
Less than \$30,000	\$90.00	\$65.00

I re-evaluate my fees each January based on changes in the costs of running my practice, and I implement the fee change in April. You will be notified several months in advance of any changes.

S. Ileana Lindstrom, PhD, Licensed Psychologist (Maryland Lic. # 05741)
818 High Street, Suite #4 Chestertown, MD 21620-1152
410-699-0093 www.liminalsolutionspsychotherapy.com

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Page 16 of 28

Please select and mark one of the following:

- ☐ I choose to pay the regular fee for our first session (1-2 hours) which is \$150.00 and the regular fee for each of the sessions that follow (each 50 minutes) which is \$125.00 per session.
- ☐ I choose to participate in the sliding fee scale which applies to the first session (1-2 hours) and each session that follows (each 50 minutes).

Using the sliding fee scale table on page 15, please enter the information that matches your situation:

My family's total yearly income is in the range of:

\$_____ to \$_____.

I agree to pay \$_____ for my first session (1-2 hours)

and

I agree to pay \$_____ for each of the sessions that follow (each 50 minutes).

Regular psychotherapy services:

Please pay for each session at its start. I have found that this arrangement helps us stay focused on our goals and works best. It also allows me to keep my fees lower, because it cuts down on my bookkeeping costs.

I accept cash or check as payment options. If paying by check, please make checks payable to Liminal Solutions Psychotherapy and Consulting, LLC. I suggest that if you pay by check that you make out your check before each session begins, so that our time will be used fully. Other payment or fee arrangements must be worked out before the end of our first meeting. Your acceptance of this policy, signified by your signature at the end of this booklet/contract, will ensure that your payments will always be up to date and made in a consistent and timely manner.

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Page 17 of 28

If you pay by check, you should know that there will be an additional \$32.00 fee for checks returned to me for insufficient funds.

I do not accept insurance as a form of payment for services. *You, the client, are responsible for the payment for all of my services, regardless of payments you may receive from your health insurance or from any other sources.*

For clients who have health insurance coverage other than Medicare or Medicaid: I can provide for you—at your request—a detailed receipt/statement at the end of each month or at the beginning of the following month. This receipt/statement will contain the required information for you to submit to your health insurance company in order for you to receive reimbursement, if your policy permits. The receipt/statement will include standard diagnostic and procedure codes, the dates and times we met, my charges, and your payments.

Telephone consultations:

If I need to have telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for your regular psychotherapy services. We will discuss this in advance, so we can set rules that are comfortable for both of us.

Extended sessions:

On rare occasions and schedule-permitting, it may be better to go on with a session, rather than to stop or postpone work on a particular issue. We will discuss and agree to do this before we proceed. This extension time will be charged on a pro-rated basis. It is likely that your insurance will not pay for this extra time.

Reports and Letters:

I will not charge you for my time spent writing simple reports to your health insurance company. However, I will have to bill you for any extra-long or complex reports the insurance company might require, and also for letters written, with your consent, as necessary to correspond with your insurance company or with professionals pertaining to your treatment. Your insurance company will not cover these fees.

Report/Letter Writing: (based on 30-60 minutes).....\$60.00

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Page 18 of 28

Record Copying and Mailing:

Provided I have your written consent to send a copy of your psychotherapy records to another professional, such as your primary care physician, my fees for copying and mailing a copy of your psychotherapy record are as follows:

**Record Copying Per Page.....76¢/page
Plus Actual Cost for Postage**

I require advance payment for record copying and mailing fees.

Other Services:

Charges for other services, such as hospital visits, consultations with other psychotherapists and other health care professionals, or any court-related services (such as consultations with lawyers), will be based on the time involved in providing the service including my travel time (door-to-door) *at your regular fee schedule as per our agreement and signatures on this booklet/contract*. Some services may require payment in advance.

I realize that my fees involve a substantial amount of money, although they are reasonable when compared to fees charged by similar professionals in the community in which we practice. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon financial arrangements will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end our psychotherapy relationship. You have a responsibility to pay for any services you receive before we end our psychotherapy relationship.

I do not permit my clients to carry a balance of payment due that equals the total amount of their fees for two psychotherapy sessions. If your unpaid balance reaches that amount, I will notify you by mail. If you are unable to pay this balance within 10 days of the date of the mailed notification, we will discuss whether it makes sense to pause your treatment with me or develop another strategy so that you can avoid acquiring additional debt. Please let me know immediately if any problem arises during the course of psychotherapy regarding your ability to make timely payments.

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Page 19 of 28

For clients who pay for my services with cash: I will provide you with a receipt of your payment at the time of payment.

For all clients: At the end of treatment and when you have paid for all sessions, I will send you a final receipt/statement for your tax records.

If there is any problem with my charges, statements, your insurance, or any other money-related point, please bring it to my attention immediately. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Are a Medicare Beneficiary

I am not enrolled as a Medicare provider. As such, I have “opted out” as a provider. If you are a Medicare beneficiary and you would like to receive my psychological services, you and I will not be permitted to submit claims to Medicare and we will not receive reimbursement from Medicare for my psychological services.

Recognizing this status, should you agree to receive my psychological services and agree to pay for them out-of-pocket, you and I are required to complete and sign a “private contract” which I will provide to you. Your signature on the private contract and on this booklet/contract indicates your acceptance of full responsibility for the payment of my fees for my services.

Please understand that you have the right to obtain Medicare-covered services from health care providers who have not opted out of Medicare. Also, please understand that you are not compelled to enter into private contracts that apply to other Medicare-covered services offered by other health care providers who have not opted out. In other words: should a Medicare beneficiary sign a private contract with me, it does not mean that Medicare will not cover other healthcare-related services provided to the same beneficiary by others who have not opted out. For example, if I refer a client who is a Medicare beneficiary to have an evaluation by a psychiatrist who has not opted out of Medicare, the services the client receives as a result of the referral could be covered by Medicare (if they are services that Medicare ordinarily covers).

Please indicate whether or not you are a Medicare beneficiary: ☐ Yes ☐ No.



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Page 20 of 28

If You Are a Medicaid Beneficiary

I am not enrolled as a Medicaid provider. If you are a Medicaid beneficiary and you would like to receive my psychological services, you and I will not be permitted to submit claims to Medicaid and we will not receive reimbursement from Medicaid for my psychological services. Recognizing this status, should you agree to receive my psychological services and agree to pay for them out-of-pocket, you and I will complete and sign an agreement to that effect which I will provide to you. Your signature on this agreement and on this booklet/contract indicates your acceptance of full responsibility for the payment of my fees for my services.

Please understand that you have the right to obtain Medicaid-covered services from Medicaid-enrolled behavioral health providers. In other words, you can receive behavioral health services for free by selecting a provider that is enrolled in Medicaid's network. You can find Medicaid providers by calling Beacon Health Options at 1-800-888-1965, or by visiting the Beacon Health Options website at:

http://maryland.beaconhealthoptions.com/participants/participant_home.html

Also, please note the following: Should a Medicaid beneficiary sign an agreement with me to pay out-of-pocket for my services, it does not mean that Medicaid will not cover other healthcare-related services provided to the same beneficiary by other providers who are enrolled in Medicaid. For example, if I refer a client who is a Medicaid beneficiary to have an evaluation by a psychiatrist who is enrolled as a provider in Medicaid, the services the client receives as a result of the referral could be covered by Medicaid (if they are services that Medicaid ordinarily covers).

Please indicate whether or not you are a Medicaid beneficiary: ☐ Yes ☐ No.

If You Have Health Insurance Other Than Medicare or Medicaid

I have chosen not to join or participate in any health insurance plans or panels, which means that I am an "out-of-network provider."

Health insurance plans may reimburse you for psychotherapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or "Behavioral Health," or under "Treatment of Mental



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Page 21 of 28

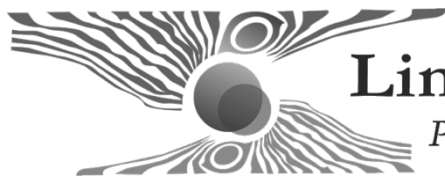
and Nervous Conditions.” Or call your employer’s benefits office to find out what you need to know.

If you choose to use your health insurance: Instead of filing claims for you, I will give you—at your request--a receipt/statement for my services at the end of each month or at the start of the following month with the information the insurers need in order to pay you back, if allowed by your insurance policy. This information will include standard diagnostic and procedure codes, the times we met, my charges, and your payments.

Regarding your health insurance, please keep the following in mind:

1. Your health insurance policy is a contract between you and your insurance company, and does not guarantee payment for my services. I had no role in deciding what your insurance covers. Your employer decided which services will be covered, which will not be covered, and how much of what you pay me will be reimbursed, if any. You are responsible for checking your insurance coverage, deductibles, payment rates, and so forth. Your insurance coverage is between you and your insurance company; it is not between me and the insurance company.
2. You—not your insurance company or any other person or company—are responsible for paying the fees you and I agree upon.
3. As a service to you, I will provide information about you to your health insurance company only with your informed and written consent; that is, with your signature on this booklet/contract and on the *Authorization to Release Confidential Information and Records* form. I will do my best to maintain the privacy of your records, but I ask you to understand that I have no control over what happens to the information about your treatment or your treatment records once these are shared with your health insurance company.

It is a good idea to call your health insurance carrier and find out—in case you do not already know--if you have mental health coverage included in your policy. It is suggested that you review your coverage with your insurance agent/representative and make certain you thoroughly understand his or her answers.



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Page 22 of 28

Here are some helpful questions to ask your insurance agent/representative:

- What are my mental health benefits?
- With an out-of-network provider: How much will my insurance policy reimburse me for each of my psychotherapy sessions and for how many psychotherapy sessions in total?
- Is approval for mental health coverage first required from my primary care physician?

Although I do not have a contract with your health insurance company, it may reimburse you a part of my fees as an out-of-network provider.

Please check here to allow me to speak with your health insurance company if it contacts me, to provide information to help you collect reimbursement benefits (if any):

☐ Yes ☐ No

If You Are Insured by a Health Maintenance Organization (HMO)

I do not participate in any HMOs. If you are enrolled in an HMO, you are typically required to see health providers who participate in that HMO. There are, however, situations in which you may be able to see a health provider who does not participate in an HMO. These situations may complicate billing and reimbursement between HMO-enrolled clients and health providers, such as myself, who do not participate in HMOs.

In order to minimize billing and reimbursement complications, you and I will discuss the issues and make informed decisions based on the following steps during our first session:

1. Let me know if you have an HMO policy.
2. Let me know if you were referred for psychotherapy by your primary care physician.
3. If you were not referred for psychotherapy by an HMO-participating primary care physician, I will ask you to:
 - (a) call your HMO to confirm that it considers the services provided by a non-participating psychologist as “a non-covered service” and
 - (b) make note of the name of the HMO representative you spoke with and the date of your call and provide me with the person’s name and date of your call.

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Page 23 of 28

Please check one: ☐ I have an HMO policy. ☐ I do not have an HMO policy.

If you do have an HMO policy, please indicate here if you were referred for psychotherapy by your primary care physician: ☐ Yes ☐ No.

Contacting Me

If you need to contact me between sessions, call my business cell phone number: 410-699-0093. Please be aware that communications using cell phones are not fully secure and not fully confidential. I will not communicate with my clients by email or by text message because use of these forms of communication entails risks to your confidentiality.

I cannot promise that I will be available at all times. For example, I do not take phone calls when I am with a client. I will do my best to respond within 24 hours, unless it is a weekend or holiday. Should I be unavailable when you call, my phone will be answered by voicemail. I am the only person who has access to this voicemail. I will personally respond to your voicemail message as soon as I am available, but always within one business day of receiving your phone call. If I don't return your message within one business day, please assume that a mechanical problem has occurred and phone me again.

Please leave your message clearly with your name, telephone number, and state the purpose of your call. If you have an urgent concern, mention this when you are leaving your message.

I find that telephone psychotherapy does not work as well as face-to-face psychotherapy, and so I do not participate in it. I will generally suggest that we meet in session if you call with an urgent problem.

During times when I am scheduled to be away for a few days or longer (such as when I am on vacation), another professional will be available to help you in times of crisis. I will provide you in advance with that professionals' name and contact information.



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Page 24 of 28

In cases of life threatening emergency or psychological emergency and you cannot reach me immediately by telephone, you or your family members can call:

- **Maryland Crisis Hotline: 1-800-422-0009**
- **Eastern Shore Crisis Response Services: 1-888-407-8018**
- **National Suicide Hotline: 1-800-SUICIDE (1-800-784-2433)**
- **9-1-1**

Or, you should go to your nearest hospital emergency room.

Social Media Policy: Online Communication and Interactions

- Because I strive to protect your confidentiality and to preserve the *professional* nature of our psychotherapy relationship, I will not accept friend or contact requests from any of my current or former clients on any social networking site.
- On occasion, social networking sites might suggest that you and I connect, or they might send an invitation to you. Know that I will never intentionally initiate this, and I encourage you to delete or ignore these so-called contacts if you receive them.
- I will not make any social networking contact requests of former or current clients. I also will not follow current or former clients' blogs, tweets, or other social media or internet postings. If you think it would be valuable for your treatment to share with me aspects of your online life, you are welcome to discuss these with me in your psychotherapy sessions.
- My practice has a website on which I may post psychotherapy-related resources, such as articles. I do not participate in Facebook, Twitter, or other social networking sites.
- You may find my name or the name of my psychology practice on sites such as Yelp, or other sites which list businesses, such as psychotherapy practices. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites examine content on

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Page 25 of 28

search engines for business listings and automatically add listings, whether or not the business has intentionally added itself to the site.

If you should find my listing on any of these sites, please be aware that I am not requesting a testimonial, rating, or endorsement from you as my client. I am ethically and legally obligated to protect your confidentiality, and I will not respond to these postings. I encourage you to discuss your thoughts and feelings about our work during your sessions with me at any time.

Regarding my contact and social media policies: My goal is to protect your privacy and the work we do together. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions in any context, please feel free to mention them to me during our sessions.

If I Need to Contact Someone about You

If I become concerned about your personal safety and/or if I believe that you are in immediate danger of harming yourself, I am permitted by law to disclose information to others as necessary to prevent the danger or threat of danger.

For my use in the case of such emergencies, please write down the name and information of your chosen contact person/s in the blanks provided:

Name: _____ Relationship to you: _____

Address: _____

Home phone #: _____ Cell #: _____ Work #: _____

You may give me the name and contact information of more than one person:

Other Important Points

- You may not make any kind of electronic recording of our sessions without my written consent.

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Page 26 of 28

- As part of the confidentiality that I offer you, I ask you not to disclose the name or identity of any other client being seen in this office.
- Child issues: I cannot provide babysitting services or supervision of children during your psychotherapy sessions with me. Unless children can be accompanied and supervised by an adult in the waiting area while you are in psychotherapy sessions in my office, please do not bring children with you.
- Property issues: You will be charged for any damage to property in my office or damage to the Brian E. Bainbridge Health Building by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.
- Information on progress and outcomes: Towards the end of your psychotherapy and about 6 months after our last session, I will ask you to respond to a brief set of questions that I will either hand or mail to you. These questions will ask you to look back at our work together and let me know what was helpful and not helpful about your psychotherapy. Your responses and evaluations will help me to gauge the effectiveness of my work and make improvements as needed. I ask that you agree, as part of entering psychotherapy with me, to complete and return these questionnaires and to be honest about what you tell me.
- Records issues: If, as part of our psychotherapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but I may retain copies.

If I am unable to provide continuing care to you due to my illness or disability, I will make arrangements with other fully qualified and confidential clinicians for your immediate care and for maintenance of your records. These arrangements are in effect as long as I am in practice.

Statement of Principles and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) and by Maryland laws.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me as soon as possible. Our work together will be slower and harder if your concerns with me are not worked out when they arise. Some issues that arise between us may be clinically relevant to other relationships in your life. I will make every effort

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Page 27 of 28

to hear any complaints you have and to seek resolution. If you feel that I (or any other psychotherapist) have treated you unfairly or have broken a professional rule, please tell me. You can also contact the state licensing board under which any therapist practices (psychologist, psychiatrist, licensed professional counselor, or social worker). Staff members there can help clarify your concerns or tell you how to file a complaint.

The name and contact information of my state licensing board are as follows:

The Maryland Board of Examiners of Psychologists

410-764-4787

mdh.psychologyboard@maryland.gov

Given my professional interests and training, my skills and competency as a psychologist are primarily related to and best suited for psychotherapy with adults and, as such, I do not treat children or adolescents. In my practice as a psychologist, I do not discriminate against clients because of any of the following factors: age; sex/gender; sexual orientation; marital, committed partnership, or family status; race; color; religious beliefs; ethnic origin; place of residence; veteran status; physical ableness status; health status; or criminal record unrelated to present dangerousness. This is a personal commitment, as well as a requirement by some federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Our Contractual Agreement

I, _____ (name of client or legal representative of the client), indicate by my signature below that I have read or had read to me the issues and points in this booklet/contract. I have discussed those points I did not understand, and have had my questions answered to my satisfaction.

I understand that no specific promises have been made to me by you, the psychotherapist, about the results of treatment, the effectiveness of the procedures you use, or the number of sessions necessary for psychotherapy to be effective.

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Page 28 of 28

I understand that any of the points mentioned in this booklet/contract 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 booklet/contract, I can talk with you about them, and you will do your best to answer them. I understand that after psychotherapy begins, I have the right to withdraw my consent to psychotherapy at any time, for any reason. However, I will make every effort to discuss my concerns with you before ending psychotherapy with you.

By signing below, I agree to act according to the points covered in this booklet/contract, but this does not waive any of my rights.

_____/____/____
Signature of client (or legal representative of client) Date

Printed name

Relationship to client:

☐ Self ☐ Legal guardian/representative

I, S. Ileana Lindstrom, PhD, a licensed psychologist, have met with this client (and/or his or her legal guardian or representative) for a suitable period of time, and have informed him or her about the issues and points raised in this booklet/contract. I have responded to his or her questions. I believe this person fully understands the issues and points, and I find no reason to believe that this person is not fully competent to give informed consent to treatment with me. I agree to enter into psychotherapy with the client, as shown by my signature here.

_____/____/____
Signature of Psychologist Date

I truly appreciate the chance you have given me to be of professional service to you and I look forward to a successful psychotherapy relationship with you.

- ☐ Copy accepted by client/client's legal guardian/representative
☐ Copy kept by psychotherapist

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