

Practice Statement

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Practice Philosophy

My approach to therapy is to offer compassion and insight around the issue(s) that interfere with your life satisfaction or cause distress in your life. I am trained to offer you ways of seeing and resolving problems using therapy models that have proved to be helpful for others. Additionally, I will endeavor to encourage and support your personal strengths and the skills you already have in our work together.

It is important that you know that sometimes people feel worse before they feel better when they begin therapy. We may be exploring issues that have been difficult for you to confront for a long time, and bringing these to the surface can sometimes feel uncomfortable. This doesn't mean therapy isn't helpful for you or that it isn't working. The potential benefits to you include a deeper understanding of yourself and your personal history, a better idea of what changes you want to make in your life and how to make them, and some concrete tools for making these changes a reality.

Financial

Fees: I offer a 50-minute therapy hour. I may take a few extra minutes with you at my discretion. I ask for payment of my fee at the time of service. If you are having financial difficulties, please let me know so that we may discuss the possibility of a payment plan.

I also offer 90-minute sessions. These are sometimes helpful for clients who are doing intensive work, who live and/or work out of town, or who are unable to come to my office regularly. Please let me know if you are interested in this option.

Cancellations: I charge for the full session for a late cancellation (less than 24 hours) or a no show. Other clients may be waiting for an appointment and I have a set number of hours to offer each week, so I appreciate your being respectful of my time. I understand that unforeseen circumstances may arise and I may grant an exception in an emergency at my discretion.

Insurance: You are responsible for payment of each session at the time of the visit. If you require reimbursement from your insurance carrier, you will want to verify your coverage prior to our first session. If you ask me, I will provide you with a statement you may submit to your insurance to request reimbursement. I am required to offer a diagnosis and other information about you that your insurance company requests that proves "medical necessity." It is important that you know this in advance. If you have questions about this, please don't hesitate to ask.

I cannot guarantee the privacy of your information if/when I submit documentation to your health insurance company. This information is usually faxed or mailed by me and I have no control over how it is opened or received. Once I release information to them it should be handled according to their privacy policies.

Emergency Coverage: If I am out of town I will check voice mail while I'm away, or to leave information so you may contact a licensed professional colleague in my absence. The information about how to make contact with my colleague will be left on my voicemail. Payment will go directly to him/her if you use his/her services. I cannot guarantee availability for emergency sessions or services. It is important that you know this before we begin therapy.

If you have an emergency, you are directed to go to the nearest emergency room.

Other phone numbers you may find helpful:

JACKSON COUNTY MENTAL HEALTH CRISIS LINE: 1-888-279-8188 or 1-888-279-2132

ALCOHOLIC ANONYMOUS: 816-471-7229 or 913-384-2770

DOMESTIC VIOLENCE NETWORK: 816-995-1000

JOHNSON COUNTY MENTAL HEALTH EMERGENCY
AFTER HOURS: 913-384-3535

METROPOLIAN ORGANIZATION TO COUNTER SEXUAL
ASSAULT: 816-531-0233

NATIONAL SUICIDE PREVENTION HOTLINE: 1-800-273-8255

(DO NOT USE THIS NUMBER IF YOU HAVE A PLAN TO SELF-HARM. GO DIRECTLY TO YOUR NEAREST EMERGENCY ROOM.)

About Your Therapy

Confidentiality: The content of what we discuss in therapy will be held in the strictest confidence, in accordance with my professional ethics. There are situations in which I must disclose your information. Please refer to my Notice of Privacy Practices, which will be given to you when you first become a client.

There are privacy exceptions, which are dictated to me by law and ethics:

1. If you tell me you are going to hurt yourself or someone else.
2. If I suspect child or elder abuse has occurred.
3. If a court order requires disclosure.

In my work with minor children, I will ask from time to time to meet with the parents to offer information regarding the child's progress and to share ideas about how they might help their child. If there are issues that need to be worked out between parent and child, I will suggest a joint meeting or ongoing joint therapy sessions. Therapy for children often involves helping parents better cope or respond to the needs of children.

Occasionally I seek consultation with other professionals to insure that I am providing the best service possible. When I do this I omit any identifying information to protect my clients' confidentiality.

Legal proceedings: I do not normally testify in court and I prefer that you not engage me as

your therapist if your intent is to seek support for a legal matter that may take you to court. My role as a therapist is to help strengthen individuals and families in a therapeutic setting and I am not able to fulfill this role if I am in court. I do not perform custody evaluations, and I will usually encourage mediation rather than litigation for optimized mental health.

I will write letters as needed (with your signed consent) to verify attendance at sessions and summarize the work we are doing.

Relationship Outside of Therapy

I do not engage in relationship with my clients outside the office. I do not “Friend” or otherwise engage my clients using social media. If I receive a Friend or other request to connect with you online I will ignore it. This does not mean I don’t like you. This is a practice I engage in with all my clients and it protects your boundaries as well as my own.

Please understand that many clients prefer to keep this therapeutic relationship confidential and feel uncomfortable seeing me out in the community, which does happen from time to time. If I see you in public, I will only acknowledge you if you acknowledge me first. I respect that you have a right to privacy in this relationship, even when you are outside this office.

Electronic communication

Because I can’t guarantee your privacy via e-mail, I prefer to limit our online communication to scheduling appointments and sending you initial paperwork. On occasion we may agree to schedule via text as well. I will not discuss your progress or treatment in texts or in e-mails. I encourage you to protect your personal information by not communicating to me online about the issues you bring to therapy. This is for your protection.

Ending therapy: If you wish to end therapy, I encourage you to let me know. Communicating about termination is an opportunity for us to practice open communication and it allows me an opportunity to wish you well and offer you encouragement for the future. My goal is to help you better manage your own life, so please feel encouraged to keep the conversation open about termination. If you aren’t benefiting from therapy, I appreciate hearing from you directly. I encourage and welcome an open dialogue about your progress.

I have read and understand the Practice Statement set out above and agree to the policies and conditions contained therein.

_____ Date _____

_____ Date _____

_____ Date _____

Mary Bradley, LSCSW, LCSW

Therapy for Minor Child

I give permission for my child, _____, DOB _____, to receive psychotherapy services from Mary A. Bradley, LSCSW, LCSW, in agreement with the above policies and conditions.

Parent or Guardian

Date _____