**Information for Clients of The Stewart Center** (version 9/2014)

Welcome to The Stewart Center! We appreciate you giving us the opportunity to be of service to you, your child, or your family. This brochure answers questions that clients often ask about assessment and therapy. We believe our work will be most helpful to you or your child when you have a clear idea of what we are trying to accomplish together.

This handout talks about the following:

* The goals, risks and benefits of assessment and therapy.
* Our methods of treatment and how long therapy might take.
* How much our therapy and assessment services cost.
* How we handle money matters.
* Other important areas of our relationship.

After you read this handout, we can talk in person about how these issues apply to you or your child.

This handout is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this handout, we will ask you to sign it at the end. One of us will sign it as well and make a copy, so we each have one.

**About Assessment**

We believe you should feel comfortable with the assessment process and hopeful about the information that will come from assessment. When you feel this way, the assessment process is more likely to be very helpful to you, your child, or your family.

We view the assessment process as a way to learn about an individual’s strengths and challenges. By identifying these strengths and challenges, we can recommend specific courses of treatment aimed at remediating the challenges or reducing the impact that the challenges have on someone’s life. The assessment process can also answer questions that you may have about yourself or your child. Answering questions about development, personality, or behavior can also lead to more informed decision making and future planning for yourself or your child.

Before we begin the assessment process, we will meet with you and determine your specific goals or questions for the assessment. When we assess someone, we must always have a reason for doing so. Then, only administer the specific measures needed to answer that question or tell us more about the reason for assessment. At our meeting where we determine what measures will be most helpful, we will give you a specific estimate for the cost of the assessment. Most assessments cost anywhere from $975 to $1,250, but could be more expensive depending on the specific questions and age of the individual to be assessed.

The assessment takes place over several sessions so that you or your child does not get too tired. If you or your child are not your usual selves on the day of evaluation, please let us know. There is nothing you or your child needs to do to “prepare” or study for the assessment; however, we recommend that the person being evaluated get a good night’s sleep and eat breakfast before the evaluation. If you or your child take medication regularly, you should also take this medication on the day of the evaluation unless we have told you otherwise. You may want to pack a drink and snacks for breaks. If your child is being assessed and wears glasses or a hearing aid, please make sure these are with the child on the evaluation day. It may help to prepare your child for the assessment by telling him or her that they are “going to do some school work and some fun things with someone new.”

You will receive the results of every test that we do with you or your child in the form of a written report. We usually give this report at a feedback meeting where we can discuss the results and what they mean as well as answer any questions that you may have. If your child is assessed, the feedback meeting typically occurs with the parents; however, we are happy to provide developmentally appropriate feedback to your older child. Just let us know and we will gladly schedule a second appointment. When at all possible, both parents are requested to attend our meetings.

**The Benefits and Risks of Assessment**

As with any powerful knowledge, there are some risks as well as many benefits with assessment. You should think about both the benefits and risks when making assessment decisions. For example, because of an assessment, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. During the assessment process, clients may be asked to do things that are hard, such as difficult math problems and puzzles or talk about difficult feelings or times. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone seeking assessment as weak, less capable, or impaired. Assessment may cause disruption to a marital relationship and sometimes may even lead to a divorce. Sometimes, an adult client’s problems may temporarily worsen after receiving assessment results. When a child is assessed, parents may experience feelings of grief, disappointment, sadness, or anger after receiving assessment results. Most of these risks are to be expected when people are receiving information about questions or difficulties in their lives. Finally, even with our best efforts, there is a risk that the assessment may not fully answer the question or provide the answer that you hoped for.

While you consider these risks, you should know also that the benefits of assessment have been well accepted as worth the risks. People who have been struggling may find their mood lifting when they learn why things have been difficult for them. Parents may feel relief that they have a diagnosis for their child and treatment recommendations. Some people’s relationships and coping skills may improve greatly when they learn about their own strengths and challenges. Family relationships may improve as parents learn how to best help their children. The stress of school may be reduced when recommendations for the school are applied. We do not take on clients that we do not think we can help by making informed treatment recommendations. Therefore, we enter our relationship with optimism about the assessment process.

**About Therapy**

We strongly believe you should feel comfortable with the provider you choose for yourself, your family, or your child, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you. Let us describe how we see therapy.

Our theoretical approach is based on developmental, cognitive, behavioral and ecological principals. Developmental refers to the physical, emotional, social, and behavioral stages that each individual goes through as they mature. Cognitive refers to the patterns of thinking and beliefs that we all have about the world, ourselves, and others. Behavioral refers to the outward and inward patterns of behavior that are observed or inferred by our actions, and ecological refers to the interactions of important systems that we all live in, such as our families, schools, and communities. We believe that each of these principals work together to create a person’s unique ways of thinking, feeling, and behaving.

The most central ideas in our work are that people are good and on unique paths to fulfilling their potential. The goals of our treatment are to help our child, family, and adult clients reach their potential by maximizing their strengths and working around or remediating their challenges.

The type of therapy we generally do is called Cognitive-Behavioral Therapy. Though, depending on the particular needs of the individual, other specific therapies may be used. Most of those therapies are also closely related to Cognitive-Behavioral Therapy.

By the end of your first or second session, your provider will tell you how he or she sees your case at this point and how they think treatment should proceed. We view therapy as a partnership between the provider and client. You define the problem areas to be worked on; we use some special knowledge to help you make the changes you want to make. Therapy is not like visiting a medical doctor. If we work with you, it requires your very active involvement. If we work with your child, it requires you and your child’s very active involvement. It will take you and/or your child’s best efforts to change thoughts, feelings, and behaviors.

You and your provider will plan your work together. In the provider’s treatment plan, he or she will list the areas to work on, goals, methods to use, time and money commitments and agreements, and some other things. Your provider expects you both to agree on a plan and work hard to follow it. From time to time, you and your provider will look at your progress and goals. If you or they think it is needed, together you both can change the treatment plan, its goals, or its methods. If we are working with your young child, this process takes place with you. With older children, the process may involve you and your child, or may just involve your child. We will determine who is involved in this process at our first meeting.

Your provider will usually take notes during your meetings. You may find it useful to take your own notes, and also to take notes outside the office. You could also tape-record these meetings to review at your leisure at home.

An important part of your therapy will be practicing new skills that you or your child will learn in sessions. We will ask you and/or your child to practice outside our meetings, and we will work together to set up homework assignments. We might ask you or your child to do exercises, keep records, and read to deepen your learning. You or your child will probably 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. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and we will need to work together and keep trying. There are no instant, painless cures and no “magic pills.” However, you or your child can learn new ways of looking at your life that will be very helpful for changing your feelings and reactions.

Most of our clients see their provider once a week for 3 to 4 months. After that, we meet less often for several more months. Then, therapy usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in you or your child’s best interest. If you wish to stop therapy at any time, I ask that you (*and* your child if he or she is the client) agree now to meet then 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 choices. If you would like to take a “time out” from therapy to try things on your own, we should discuss this to make such a “time out” be more helpful.

**The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions for you or your child. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as sick or even someone to avoid. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you or your child.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may 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 persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. These benefits have been shown in studies with children and adults with a variety of cultural backgrounds and many different problems. We can discuss the research relevant to you or your child’s unique situation at one of our first meetings if you would like. We do not take on clients we do not think we can help. Therefore, we enter our relationship with optimism about our work together.

**What to Expect from Our Relationship**

As a professional, your provider will use his or her 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 psychological provider and a client, and we will abide by these. Let me explain these limits, so you will not think they are personal responses to you or your child.

First, all providers at The Stewart Center are licensed and trained or in training to practice psychology—not law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require your provider to keep what you tell him or her confidential (that is, just between us). You can trust them not to tell anyone else what you tell them, except in certain limited situations. We explain what those are in the “About Confidentiality” section of this handout. Here, we want to explain that we try not to reveal who our clients are. For example, if you and your provider meet on the street or socially, they may not say hello or talk to you very much. Their behavior will not be a personal reaction to you or your child, but a way to maintain the confidentiality of the relationship. This is part of your provider’s effort to maintain you or your child’s privacy.

Third, in your best interest, and following the APA’s standards, your provider can only be your provider. They cannot have any other role in your life. They cannot, now or ever, be a close friend to or socialize with any of their clients. A provider cannot be a provider to someone who is already a friend. They can never have a sexual or romantic relationship with any client during, or after, the course of therapy. They also cannot have a business relationship with any clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, we want you to understand and agree that you or your child’s provider will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your provider’s statements will be seen as biased in your favor because you have a therapy relationship; and (2) the testimony might affect the therapy relationship, and providers must put this relationship first.

Even though you might invite your provider, he or she will not attend your family gatherings, such as parties or weddings. Per our professional code of ethics, you or your child’s provider will not celebrate holidays or give gifts; may not notice or recall your birthday; and may not receive any of your gifts eagerly. Finally, your provider and other employees of The Stewart Center will reject ‘friend’ requests from you or your child on social networking sites. This is our way of maintaining your privacy, keeping our professional relationship from becoming personal, and modeling appropriate boundaries with adults for our clients who are minors.

If you could benefit from a treatment one of us cannot provide, we will help you to get it. You have a right to ask us about such other treatments, their risks, and their benefits. Based on what your provider learns about you or your child’s problems, he or she may recommend a medical exam or use of medication. If they do this, they will fully discuss their reasons with you, so that you can decide what is best. If you are treated by another professional, your provider will coordinate services with them and with your own medical doctor.

If for some reason treatment is not going well, you or your child’s provider might suggest you see another provider or another professional for an evaluation. As a responsible person and ethical psychological provider, your provider cannot continue to treat you or your child if the treatment is not working. If you wish for another professional’s opinion at any time, or wish to talk with another provider, we will help you find a qualified person and will provide him or her with the information needed.

If you or your child’s provider must discontinue the relationship because of illness, disability, or other presently unforeseen circumstances, we ask you to agree to my transferring the records to another provider who will assure their confidentiality, preservation, and appropriate access. Every effort will be made to transfer records to a provider at The Stewart Center.

**About Confidentiality**

We will treat what you tell us with great care. Our professional ethics (that is, psychology’s rules about values and moral matters) and the laws of this state prevent us from telling anyone else what you tell us unless you give written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy and assessment services. But we cannot promise that everything you tell us will never be revealed to someone else. There are some times when the law requires us to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because we want you to understand clearly what can and cannot be kept confidential. You need to know about these rules now, so that you don’t share something as a “secret” that cannot be kept secret. Please read these pages carefully and keep this copy. At our meeting, we can discuss any questions you might have about confidentiality.

1. If **you (or your child) or other persons are in physical danger,** the law requires us to tell others about it.

 a. If you or your child are threatening serious harm to another person, we are required to try to protect that person. We may have to tell the person and the police, or perhaps try to have you or your child put in a hospital.

 b. If you or your child seriously threaten or act in a way that is very likely to harm yourself, we may have to seek a hospital, or to call on family members or others who can help protect you or your child. If such a situation does come up, we will fully discuss the situation with you before we do anything, unless there is a very strong reason not to.

 c. In an emergency where you or your child’s life or health is in danger, and we cannot get your consent, we may give another professional some information to protect your life. We will try to get your permission first, and we will discuss this with you as soon as possible afterwards.

 d. If we believe or suspect that you or your child are abusing a child, an elderly person, or a disabled person we must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. We do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be you or your child’s situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

 e. In any of these situations, we would reveal only the information that is needed to protect you or the other person. We would not tell everything you have told us.

2. In general, **if you or your child become involved in a court case or proceeding,** you can prevent your provider from testifying in court about what you have told him or her. This is called “privilege,” and it is your choice to prevent or to allow them to testify. However, there are some situations where a judge or court may require them to testify:

 a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.

 b. In cases where you or your child’s emotional or mental condition is important information for a court’s decision.

 c. During a malpractice case or an investigation of The Stewart Center employee or another provider by a professional group.

 d. In a civil commitment hearing to decide if you or your child will be admitted to or continued in a psychiatric hospital.

 e. When receiving services for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don’t have to tell us what you don’t want the court to find out through our report.

 f. If you were sent to us for an evaluation by worker’s compensation or Social Security disability, we will be sending the report to a representative of that agency and it can contain anything that you tell us.

3. There are **a few other things** you must know about confidentiality and you or your child’s treatment:

 a. We may sometimes consult (talk) with another professional about you or your child’s assessment or treatment. This other person is also required by professional ethics to keep your information confidential.

 b. If you or your child’s provider is out of town or unavailable, another provider will be available to help. We must give him or her some information in order for that person to be helpful.

 c. We are required to keep records of you or your child’s treatment, such as the notes taken during meetings. You have a right to review these records with us. If something in the record might seriously upset you, we may leave it out, but we will fully explain the reasons to you. We ask you to understand and agree that you may not examine records created by anyone else and then sent to us.

4. Here is what you need to know about confidentiality **in regard to insurance and money matters:**

 a. If you use your health insurance to pay part of the fees, the insurance company, the managed care organization, or perhaps your employer’s benefits office will require us to provide information about you or your child’s functioning in many areas of life, social and psychological history, and current symptoms. We will also be required to provide a treatment plan for your or your child’s problems and information on how you or your child are doing in therapy.

 b. We usually send you the bill and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about the services you or your child receive. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although we believe the insurance company will act morally and legally, we cannot control who sees this information after it leaves our office. You cannot be required to release more information just to get payments.

 c. If you or your child’s account with The Stewart Center is unpaid and we have not arranged a payment plan, we can use legal means to get paid. The only information we will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due.

5. **Children and families create some special confidentiality questions.**

 a. When we treat children under the age of 12, we must tell their parents or guardians whatever they ask. As children grow more able to understand and choose, they assume more legal rights. For those between the ages of 12 and 18, most of the details and things they tell us will be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going and the assessment report. They need to be able to make well-informed decisions about therapy. We may also have to tell parents or guardians some information about other family members that we are told, especially if these others’ actions put them or others in any danger.

 b. In cases where we treat several members of a family (for example: parents and children, siblings, or other relatives), the confidentiality situation can become very complicated. We may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and the provider’s role. Then we can be clear about any limits on confidentiality that may exist.

 c. If you tell your provider something your spouse does not know, and not knowing this could harm him or her, we cannot promise to keep it confidential. We will work with you to decide on the best long-term way to handle situations like this.

 d. If you and your spouse have a custody dispute, your provider will need to know about it. Our professional ethics prevent us from doing both therapy and custody evaluations.

 e. If you are receiving services for marriage or family therapy, you must agree at the start of treatment that if you eventually decide to divorce, you will not request the provider’s testimony for either side. The court, however, may order the provider to testify.

 f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record we create in the therapy or therapies. (See point 7b, below.)

 g. In the case of a minor child whose parents are divorced, is living with relatives, is a foster child, is in adoptive placement, or otherwise involves multiple caregivers and/or households, legal documents determining custody must be presented prior to therapy or assessment. Written consent from the legal guardian is required to share information with other adults involved in the child’s life. In the cases of joint custody, the signatures of both guardians are required to begin therapy or assessment services, and/or release records unless otherwise stated by the legal document.

 h. You have the right to ask that your information not be shared with family members or others, and in most cases, your provider can agree to that limitation.

6. **Confidentiality in group therapy is also a special situation.** In group therapy, the other members of the group are not providers. They do not have the same ethics and laws that psychology providers have to work under. You cannot be certain that they will always keep what you or your child say in the group confidential.

7. Finally, here are a few other points:

 a. We will not record our sessions on audiotape or videotape without your written permission.

 b. If you want us to send information about therapy or assessment to someone else, you must sign a “release-of-records” form. We have copies you can see, so you know what is involved.

 c. Any information that you tell us or share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

Except for situations like those we have described above, we will always maintain you or your child’s privacy. We also ask you or your child not to disclose the name or identity of any other client being seen in this office. Our office staff makes every effort to keep the names and records of clients private. We will try never to use you or your child’s name on the telephone, if clients in the office can overhear it. All staff members who see you or your child’s records have been trained in how to keep records confidential.

The laws and rules on confidentiality are complicated. Please bear in mind that we are not able to give you legal advice. If you have special or unusual concerns, and so need special advice, we strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

The initials on these pages and my signature at the end of this handout show that we each have read, discussed, understood, and agreed to abide by the points presented above.

**Consultations**

It may be beneficial for us to confer with you or your child’s primary care physician or psychiatrist with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment.

We sometimes consult other providers or other professionals about clients. This helps us in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand the situation.

If you or your child’s provider is a psychologist in training at The Stewart Center, he or she is expected to consult regularly with the licensed, supervising psychologist about you or your child’s case. This ensures that you or your child are receiving high quality care. In the event that this consultation involves other professionals or trainees, names will not be used. In the case of assessment with a psychologist in training, you will have the opportunity to meet the supervising psychologist at the initial or final consultation. In the case of therapy, the supervising psychologist will probably be at the initial meeting where you are oriented to therapy, but will not usually attend future sessions. Instead, these sessions may be recorded so that the supervising psychologist can assure you or your child receives high quality treatment. If this applies to you or your child’s treatment, we will let you know.

For the purpose of the consultations described above, your provider may want to make audio recordings of you or your child’s therapy sessions. The provider will review the recordings with the consultant or supervising psychologist to assist with treatment of you or your child. We will ask your permission to make any recording. We promise to keep them in a safe location and to destroy each recording as soon as it is no longer needed, or, at the latest, when we destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited. These materials will be presented only to other health care professionals and to their students. All of these persons are bound by federal and state laws and professional rules about clients’ privacy. You or your child will receive no financial benefit from the use of the materials. If you do not agree to the uses of these materials or the recording of meetings as indicated, you or your child will not be penalized in any way, and it will not affect the care received in any way. You or your child may ask for the recording to be turned off or erased at any time during our meetings. Within 5 days following a meeting, you may choose to request a viewing of the recording with the provider. You may then ask for the recording to be destroyed. If you choose to ask this, you must do so in writing within 5 days following the viewing.

If you allow the audio recording of sessions or use of your or your child's records for training or supervision purposes, we do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, we would conceal you and your child's identity by one of the following methods:

* Reporting the results as grouped data (that is, publishing only numbers like averages, and not publishing any individual’s scores or names).
* Removing (or, if this is not possible, greatly changing) all names, dates, places, descriptions, or any other information by which you or anyone else involved could be identified. In particular, we will not use, or allow anyone else to use, you or your child’s real name in any presentation of any of these materials.
* Using any other methods for maintaining confidentiality appropriate to the medium, such as electronically concealing someone’s face or altering his or her voice.
* Using other methods (including those not yet available) that would be consistent with our professional code of ethics and professional guidelines for the maintenance of confidentiality.

**Our Backgrounds**

*Natalie T. Montfort, PhD* – I graduated *summa cum laude* and as valedictorian of the College of Liberal Arts and Sciences at the University of Houston with a Bachelor of Science Degree in Psychology. I earned a Master of Arts Degree and a Doctor of Philosophy Degree in Clinical Psychology from Fielding Graduate University. I completed my doctoral internship with the University of Texas Health Science Center at Houston’s Department of Psychiatry and Behavioral Sciences and my post-doctoral fellowship at The Stewart Center at The Westview School. I obtained licensure as a Clinical Psychologist in 2016. I have worked with children and young adults with ASD since 2002 and have training in Cognitive Behavioral Therapy (with children, adolescents, and adults), Trauma-Focused Cognitive Behavioral Therapy, Relationship Development Intervention, Social Thinking, behavior modification (including Applied Behavior Analysis), and education/educational assessment. My areas of interest include: assessment of children, adolescents, and adults; cognitive and behavioral differences in children with neurodevelopmental disorders; treatment of adoption-related issues; treatment of childhood trauma; and animal-assisted therapy. I also enjoy providing professional development, trainings, and lectures on these and other topics to a wide variety of audiences.

*Tiffany B. Indiero, MS, CCC-SLP* – I graduated from Florida State University with a bachelor’s in social work and a minor in Speech-Language Pathology in 1997. In 2000, I received my master’s in Speech-Language Pathology from Nova Southeastern University. I have worked in several settings throughout the years, including: a school-based SLP for general education, the SLP for a self-contained autism cluster, in adult inpatient rehabilitation, and in a pediatric private practice (for the past nine years). I wrote and was awarded an assistive technology grant while working in the autism cluster, received the Award for Continuing Education from the American Speech and Hearing Association, and assisted two families in acquiring iPads through the Childhood Apraxia of Speech Association of North America (CASANA) for augmentative communication. I have supervised graduate students, speech assistants, and a speech-language pathologist in her Clinical Fellowship Year. Recently, I was accepted and attended a 34-hour advanced professional training from CASANA. I am currently working with a faculty mentor on a case study to complete my training to be qualified as "CASANA Recognized for Advanced Training and Expertise in Childhood Apraxia of Speech", a designation fewer than 100 individuals in North America have been awarded. It is my passion to help children achieve their greatest potential in all areas of speech and language.

*Jennifer Sweet MS, CCC-SLP* – I received my Bachelor of Science in both Audiology and Speech Pathology, with a minor in Spanish and a concentration in English Language Learning. from Bloomsburg University of Pennsylvania and Universitas Castellae. I earned my Master of Science in Speech Pathology from Bloomsburg University. I completed my graduate externship placements in an outpatient rehabilitation hospital, treating patients with cognitive, feeding, and swallowing difficulties. I also have externship experience in an early intervention Applied Behavior Analysis clinic, treating students ages 3-5 with autism spectrum disorder (ASD). My professional experiences have been in public and private schools, preschools, home health, and private therapy settings in both Pennsylvania and Texas. My areas of interest include: continuing to further knowledge in evidence-based therapy techniques for students with ASD in social pragmatic language treatments and effective evaluation and treatment methods for students with apraxia. My specialized continuing education training includes: Social Thinking (including The Incredible and Flexible You, and Superflex and the Team of Unthinkables), Kaufman Strategies, the Hanen Approach (including More than Words, and Augmentative Communication Bootcamps).

*Michael McKee, Ed.S.* – I received my Master of Arts Degree and Educational Specialist Degree in School Psychology from Middle Tennessee State University (MTSU). After internship, I spent seven years as a Licensed Specialist in School Psychology (LSSP) working for Texas public school districts in Burleson, Frisco, and Katy, where I conducted evaluations and worked with students with emotional, behavioral, and/or developmental disabilities, including those with autism spectrum disorder. I have also previously worked in the Dyslexia Center at MTSU and as a Crisis Counselor at the Family and Children’s Services’ Crisis Hotline in Nashville, Tennessee. My main areas of interest include: autism, assessment, positive behavior supports, and parent advocacy.

*Mimi Le, MA, LMFT-A, LPC Intern* – I received my Bachelor of Arts Degree in Art History from Baylor University and earned my Master of Arts Degree in Family Therapy from the University of Houston – Clear Lake.  I completed my master’s level internship with The Children’s Assessment Center, treating child victims of sexual abuse and their families.  I have provided psychotherapy and consultations for adults, children, siblings, couples, families, and groups and have experience with autism spectrum disorder, trauma- and stressor-related disorders, anxiety disorders, depressive disorders, disruptive and conduct disorders, somatic symptoms, sexual dysfunctions, and multi-generational and cultural matters.  I believe that the biggest impact can be made through a multi-disciplinary team approach to treating clients through my experience working with the community that surrounds my clients’ lives, including their families and other professionals such as medical doctors, nurses, psychologists, social workers, state agencies, speech and occupational therapists, teachers, and school administrators.

*Jennie Sciba, M.Ed*– I received my master’s degree in Special Education and my Educational Diagnostician certification from The University of St. Thomas. I taught children with special needs for 11 years before becoming the Clinic Coordinator/Educational Diagnostician at The Stewart Center. My areas of interest include: educational evaluations of students with special needs, specific learning disabilities, dyslexia, and teaching strategies for emerging readers.

**About Our Appointments**

The very first time we meet with you, we will need to give each other much basic information. For this reason, we usually schedule a 90-minute meeting for this first meeting. Following this, for therapy, we will usually meet for a 50-minute session, once a week. For assessment, we will meet for several two to four hour sessions, depending on the age and stamina of the person being assessed. We can schedule meetings for both your and our convenience. Your or your child’s provider will try to tell you a month in advance of vacations or any other times we cannot meet. Please ask about your provider’s schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If we are unable to start on time, we ask your understanding and assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that we will have another appointment after yours. Because we set aside to work with several different clients each day, the appointment times we decide on are the times we are prepared to work with you or your child. Should you be late, we would appreciate you calling. We can usually keep the appointment if you are just a few minutes late, but we will still need to end at the agreed upon time. However, if you will be arriving more than 15 minutes late for an appointment, we will need to reschedule.

A cancelled appointment delays our work. We consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give us as much notice as possible. Your session time is reserved for you or your child. We are not able to fill a cancelled session unless we know a week in advance. If you start to cancel several sessions, we will have to charge you for the lost time unless we are able to fill them. Your insurance will not cover this charge. You will be charged the full fee for sessions cancelled with less than 24 hours’ notice, for other than the most serious reasons. Some therapeutic groups will require payment for every session in advance to ensure that all participants make every arrangement to attend each session.

We regret that during therapy or the assessment process, we cannot provide childcare. However, please check with us, as some appointments would be acceptable for your child (if he or she is the client) to attend. Other times, older children may be able to wait in the lobby, but will not be under the supervision of or the responsibility of The Stewart Center, The Westview School, or any of their employees.

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible.

We cannot be responsible for any personal property or valuables you bring into the office or leave in your vehicle. Please always lock your vehicle and never leave valuables in sight.

**Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in a therapeutic relationship; one treatment goal is to make relationships and the duties and obligations they involve clear. You, as the client or parent of the client, are responsible for seeing that our services are paid for. If someone other than the client or the client’s legal guardian pays for services, the payee is not entitled to records or information about services without signed consent from the client or client’s legal guardian.

Our current regular fees are as follows. You will be given advance notice if our fees should change.

Intake meeting: for a session of 60-90 minutes, the fee is $150. This meeting is required before we can begin testing or therapy. (It is not required for group therapy.) Payment is due prior to the meeting so we can fully focus our time on talking about you, your family, and/or your child. Toward the end of the meeting, we will discuss some business related issues about the next steps of assessment or therapy.

Regular therapy services: for a session of 50 minutes, the fee is $150. Please pay for each session at its end, or you will be invoiced monthly after services occur. We have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows us to keep our fees as low as possible, because it cuts down on bookkeeping costs. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: We believe that telephone consultations may be suitable or even needed at times in our therapy for you or your child. If so, we will charge you our regular fee, prorated over the time needed. If we need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with us in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally, it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, we will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Parent sessions: Periodically, parent sessions should be scheduled to inform you of your child’s progress in therapy and teach you the skills needed to reinforce their learning at home. These sessions may be in place of your child’s regularly scheduled session, or in addition to it. The parent sessions are billed at the same rate and time as therapy sessions.

Psychological assessment services: $150 per hour. Psychological testing fees include the time spent with you, the time needed for scoring and studying the test results, and the time needed to write a report on the findings. The amount of time involved depends on the tests used and the questions the testing is intended to answer. For a more accurate estimate of assessment costs, the provider will complete an Assessment Planning and Estimate Form with you at the initial meeting.

Reports: We will not charge you for time spent making routine reports (i.e. chart notes or insurance reports). However, we will have to bill you for any extra-long or complex reports your insurance company might require. The company will not cover this fee. If you request updated progress reports or reports for other therapists or schools, we will also have to bill you for this time.

Feedback sessions: For feedback sessions following psychological assessment, the fee is $150 for a 50 minute session. Feedback sessions are required for parents receiving a first-time diagnosis for their child so that we can properly cover the diagnosis and plan of action in person. For follow-up assessments or adult assessments, this session is optional.

We realize that our fees involve a substantial amount of money, although they are well in line with similar professionals’ charges. For you to get the best value for your money, we must work hard and well.

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

At the end of each month, you can request a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of you or your child’s meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, we can send you a final statement for your tax records. You will need to request this final statement.

Depending on your financial circumstances and total medical costs for any year, therapy and assessment services may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client’s personal income taxes as medical expenses.

If you think you may have trouble paying your bills on time, please discuss this with us. We will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches $300, we will notify you by mail. If it then remains unpaid, we must stop therapy with you or your child until the account becomes current. Clients who owe money and fail to make arrangements to pay may be referred to a collection agency.

A late payment fee of $50 will be charged each month that a balance remains unpaid.

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

**If You Have Traditional (or “Indemnity”) Health Insurance Coverage**

Because all services are offered or supervised by a licensed psychologist, many health insurance plans will help you pay for therapy and other services we offer. Because health insurance is written by many different companies, we cannot tell you what your plan covers. Please read your plan’s booklet under coverage for “Outpatient Psychotherapy” or under “Behavioral Health.” Or call your employer’s benefits office to find out what you need to know. We also have a form with tips that may help you in talking to your insurance company about reimbursement. We can provide this to you upon request, but cannot guarantee it will cover all the questions you need to ask or that it will guarantee you reimbursement.

If your health insurance will pay part of our fee, we will try to help you with your insurance claim forms. However, please keep two things in mind:

1. We have no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between The Stewart Center and the insurance company.

2. You—not your insurance company or any other person or company—are responsible for paying the fees for services. If you ask us to bill a separated spouse, a relative, or an insurance company, and we do not receive payment on time, we will then expect this payment from you.

**If You Have a Managed Care Contract**

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that you should discuss with them before beginning services. We also have a form with tips that may help you in talking to your insurance company about reimbursement. We can provide this to you upon request, but cannot guarantee it will cover all the questions you need to ask or that it will guarantee you reimbursement.

We will provide information about you to your insurance company only with your informed and written consent. We may send this information by mail or by fax. Our office will try its best to maintain the privacy of your records, but we ask you not to hold us responsible for accidents or for anything that happens as a result.

The Stewart Center is not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; we are not part of that contract. However, we will supply you with an invoice for services with the standard diagnostic and procedure codes for billing purposes, the times we met, charges, and your payments. You can use this to apply for reimbursement.

**When You Need to Contact Us or In Case of Emergencies**

We cannot promise that your provider will be available at all times. Although we are in the office from 8am to 5pm several days per week, we do not take phone calls when with a client. You can always leave a message with the secretary or on our voice mail machine, and we will return your call as soon as we can. Generally, we return messages within two business days. Ask your or your child’s provider for the best times to call. Many providers at The Stewart Center spend some days at this office and other days at different office locations.

If you or your child has an emergency or crisis, tell this to the secretary, who will try to contact your or your child’s provider. If you have a behavioral or emotional crisis and cannot reach your provider or the secretary immediately by telephone, you or your family members should access one of the following community emergency agencies:

* Crisis Intervention of Houston, Inc (24-hour hotline) at 713.468.5463;
* MHMRA Neuropsychiatric Center (24-hour emergency psychiatric center) at 1502 Taub Loop, 713-970-7070;
* The University of Texas Harris County Psychiatric Center (24-hour emergency psychiatric hospital) at 2800 South MacGregor Way 77021, 713.741.5000;
* go to the nearest hospital emergency room;
* call 911 and request a “Crisis Intervention Team” for a psychiatric emergency.

**When We Need to Contact You**

At times, it may be helpful for us to correspond via e-mail. However, please realize that e-mail is not secure or confidential for a number of reasons. Other persons may access either of our computers and view e-mails. E-mails are often kept on servers as the e-mail is transmitted, and these are not often deleted. We will contact you via e-mail for appointment scheduling and reminders as well as to send blank forms and information you request. We recommend that you not return forms or send any protected health information via e-mail because we cannot guarantee its confidentiality or privacy.

The Stewart Center will not use your e-mail address unless you authorize us to do so. You may revoke that permission at any time, and we will stop using your e-mail address after you make this request in writing. E-mail correspondence may be used to set or remind you of appointments, send follow up or quality assurance surveys, or inform you of services related to you and your child’s health. If a mailing list is created (for example, of members of a therapy group), group mailings will not be sent in a manner in which recipients are visible to one another. E-mail addresses will be treated as protected health information and will not be disclosed.

You can also tell us if you want us to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell us so that we can make arrangements. You can also help us by letting us know where we may leave voice mails and where we may not.

**If We Need to Contact Someone about You**

If there is an emergency during our work together, or we become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks at the end of this handout.

**Use and Storage of Records**

As professional psychology providers, we naturally want to know more about people and how therapy helps people. We must collect information about clients before, during, and after therapy and during the assessment process. We ask your permission to take what you write on these questionnaires and what we have in our records and use it in research or training that we may do in the future. If we ever use the information from your questionnaire, it will always be included with information from many others. Also, your or your child’s identity will be made completely anonymous. Your or your child’s name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed, all the data used will be destroyed.

If, as part of our therapy or assessment process, you or your child 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 will retain copies.

It is our office policy to destroy adult clients’ records 7 years after the end of therapy or assessment services. In the case that the client is a minor, his or her records will be destroyed 7 years after he or she reaches the age of 18. Until then, we will keep your or your child’s case records in a safe place.

In the case of a minor child whose parents are divorced, is living with relatives, is a foster child, is in adoptive placement, or otherwise involves multiple caregivers and/or households, legal documents determining custody must be presented prior to therapy or assessment and kept on file. Consent to share information with other adults involved in the child’s life will be discussed with the legal guardian at the initial meeting, but is ultimately the decision of the child’s legal guardian.

**Statement of Principles and Complaint Procedures**

It is our intention to fully abide by all the rules of the American Psychological Association (APA) and by those of state license.

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 us at once. Our work together will be slower and harder if your concerns with us are not worked out. We will make every effort to hear any complaints you have and to seek solutions to them. If you feel that we (or any other provider) have treated you unfairly or have even broken a professional rule, please tell us. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses us in the independent practice of psychology.

In our practice as psychological providers, we do not discriminate against clients because of age, biological sex, expressed gender, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. We will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to our attention immediately.

**Our Agreement** (version 9/2014)

I, the client (or his/her parent or legal guardian), understand I have the right not to sign this form. My signature indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above 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 handout, I can talk with my provider about them, and he or she will do their best to answer them. I understand that after therapy or the assessment process begins, I have the right to withdraw my consent to services at any time, for any reason. However, I will make every effort to discuss concerns with my provider before ending therapy or the assessment.

I understand that no specific promises have been made to me by this provider about the results of treatment, the effectiveness of the procedures used by this provider, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this handout. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this handout. I hereby agree to enter into therapy or the assessment process with this provider (or to have the client enter therapy or begin assessment), and to cooperate fully and to the best of my ability, as shown by my signature below.

**I have read, understood, and agreed to the following points described in this handout:** (revised 9/2014)

\_\_\_\_\_ Risks and benefits of assessment and therapy. (pgs 1-4)

\_\_\_\_\_ What to expect from our relationship. (pgs. 4-6)

\_\_\_\_\_ Confidentiality and the limits to confidentiality. (pgs 5-6)

\_\_\_\_\_ Consultations (pgs 7-8), including:

 Medical: **Please check only ONE of the following**:

❑ The Stewart Center is authorized to contact my (or my child’s) primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my/his or her medical diagnosis and treatment.

❑ I do not authorize The Stewart Center to contact my (or my child’s) primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my/his or her medical diagnosis and treatment. I am providing the name and address of the primary care physician only for your records.

Please write below the name, address, and phone number of the client’s primary physician:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

Psychiatric: **Please check only ONE of the following:**

❑ The Stewart Center is authorized to contact my (or my child’s) psychiatrist whose name and address are shown below to discuss the treatment received while under your care and to obtain information concerning my/his or her medical diagnosis and treatment.

❑ I do not authorize The Stewart Center to contact my (or my child’s) psychiatrist with regard to the treatment received while under your care or to obtain information concerning my/his or her medical diagnosis and treatment. I am providing you with the name and address of the primary care physician only for your records.

Please write below the name, address, and phone number of the client’s psychiatrist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Supervision and Training: **Please check only ONE of the following:**

❑ The Stewart Center is authorized to audiotape meetings for professional supervision and training purposes. I understand that they will be used as an aid in the process of improving mental health work or training health care workers. I agree that the materials may be made available to health care professionals for educational and training purposes. These professionals and their students are bound by state laws and professional rules about privacy.

❑ The Stewart Center is not authorized to audiotape meetings for professional supervision and training purposes.

\_\_\_\_\_ Backgrounds of providers at The Stewart Center. (pgs 8-9)

\_\_\_\_\_ Information and guidelines about appointments. (pg 9)

\_\_\_\_\_ Fees, payments, and billing. (pgs 9-12)

\_\_\_\_\_ Contact information (pg 12), including: **Please check ALL that apply**:

Where we may call and leave messages: ❑ Home ❑ Work ❑ Cell ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where we may NOT call or leave messages: ❑ Home ❑ Work ❑ Cell ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use of e-mail address for correspondence: **Please check only ONE of the followin**g:

❑ The Stewart Center is authorized to use my e-mail address for correspondence. Please list e-mail addresses that you authorize to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ The Stewart Center is NOT authorized to use my e-mail address for correspondence.

Please list an emergency contact for you or your child (should you not be able to be reached):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Use and storage of records, including the use of de-identified data for research or training. (pg 13)

\_\_\_\_\_ Statement of principles and complaint procedures (pg 13).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client (or person acting for client) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

Relationship to client: ❑ Self ❑ Parent ❑ Legal guardian

❑ Other person authorized to act on behalf of the client – specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the provider, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment and/or assessment. I agree to enter into therapy or assessment with the client, as shown by my signature here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of provider Date

We truly appreciate the chance you have given us to be of professional service to you, and look forward to a successful relationship with you and/or your child. If you are satisfied with our services as we proceed, we (like any professional) would appreciate your referring other people to us who might also be able to make use of our services.

❑ Copy accepted by client ❑ Copy kept by The Stewart Center