

# VANESSA C. SELBY, PH.D.

*Licensed Psychologist*

---

ADULT BEHAVIORAL MEDICINE • ANXIETY/PANIC • PAIN MANAGEMENT • WELLNESS MANAGEMENT

## CLIENT INFORMATION BROCHURE & SERVICE AGREEMENT

Welcome to my practice. This document provides important information regarding my educational background, professional services, and business policies. Please review it carefully and bring any questions you have to our next meeting. When you have read and fully understood this document, we will both sign it and it will represent an agreement between us.

### BACKGROUND

I earned my bachelor's degree in Psychology from Washington University in St. Louis, and my doctorate (Ph.D.) in Clinical Psychology through a five-year APA accredited program at the University of Missouri - Columbia. I also completed an APA approved internship at the Medical University of South Carolina in Charleston, before moving to Pennsylvania in 1989. My educational program provided specialized training in Health Psychology, the treatment of problems involving the relationship between physical and mental health and wellbeing. I was involved in research programs addressing problems of smoking cessation, weight loss, diabetes management, cancer screening and prevention, and adoption of exercise routines.

Following my training, I found the perfect setting for furthering my interest in mind-body wellness within the Behavioral Medicine Service of Lancaster General Hospital. There I provided treatment to clients experiencing headache and chronic pain conditions, life-changing traumatic events and medical diagnoses, life-limiting anxiety problems, and stress-related medical conditions. I worked in various settings within the hospital, including trauma and rehabilitation units, cardiac rehabilitation program, and the EAP/Employee Wellness program.

Currently, I am in private practice in Camp Hill, Pennsylvania. I work primarily with adults experiencing difficulties with health and wellness issues, including anxiety and panic, headache and chronic pain, and stressful and stress-related medical conditions. I am an active member of the American Psychological Association, the Pennsylvania Psychological Association, and the Association for Behavioral and Cognitive Therapies.

### MY TREATMENT APPROACH

My training background is cognitive behavioral with an emphasis in health psychology. I use cognitive behavior treatment (CBT) methods, empirically validated in the scientific literature, to help alleviate suffering from anxiety, depression, chronic pain, stress-related medical conditions, and maladaptive behavior patterns. The term "cognitive behavioral" reflects the two components of this kind of therapy. The cognitive aspect involves helping one recognize and change how he or she perceives, interprets and responds to the world around them. The behavioral aspect involves learning new skills and using them in place of old, maladaptive responses. CBT requires clients to be active participants in therapy, working during and between sessions to learn and master new ways of thinking and behaving. With practice and mastery of new habits, the familiar feelings of fear and helplessness are replaced with a sense of competence and confidence.

Our initial sessions will be spent gathering information about your past history and experiences, your current problems that are causing you to seek help, and what you hope to accomplish through therapy. By the end of our first or second session, I will share with you my thoughts about how we might proceed. If either you or I feel that I am not the best person to provide the treatment you need, I will refer you to providers who may better suit your particular needs. However, if we are in agreement about what is needed and how we might work together, we will set some initial goals and establish a timeframe for evaluating your progress.

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

Most of my clients see me once a week for two to three months. After that, we may meet less often for several more months. 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 your best interest. If you wish to stop therapy at any time, I ask that you 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 it on your own, we should discuss this. We can often make such a "time out" be more helpful.

### CONSULTATIONS

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. 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 them and with your own medical doctor. If at any time you have doubts about treatment or you wish for another professional's opinion, I will help you find a qualified person and will provide him or her with the information needed.

### APPOINTMENTS AND FEES

Initial appointments last for 60 minutes and cost \$180.

Subsequent sessions last 55 minutes and cost \$150.

It is important that you are here at the appointed time. I try to begin and end sessions on time in order to avoid delays for you and other clients. If you are late, it is usually not possible to run beyond the scheduled time.

### CANCELLATIONS

An appointment is a commitment to our work. Please try not to cancel appointments unless absolutely necessary. If you must cancel, **please give at least 24 hours notice.** If you cancel with less than 24 hours notice, you will be charged 50% of the regular fee, unless we agree that your situation was fully beyond your ability to predict and control. If you miss an appointment without contacting me ahead of time, you will be charged the full regular session fee. Please know that your insurance will not cover this charge. Repeat cancellations, even with notice, will be discussed and might signal the need to end therapy.

### INSURANCE AND PAYMENT POLICIES

I am a participating provider with Highmark Blue Shield and Capital Blue Cross insurance plans. If you are covered under one of these plans, you are responsible for copayments at the beginning of each session, and our office will submit claims for the remaining fees directly to your insurance company. If you are covered under another plan and choose to use your out-of-network benefits, you will need to pay in full at the beginning of the session and I will provide you with a detailed receipt suitable for submitting to your carrier (reimbursement, if any, is made directly to you). Because variations exist across plans, it is your responsibility to determine the limits of your insurance and to secure whatever authorizations might be needed. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

### CONTACTING ME

You can contact me by calling the office at 717-462-7110. While I am often not immediately available by telephone, you may leave a message with our office secretary or on our answering machine, which is on 24/7. Please leave a message - your name, phone number and a **brief** reason why you are calling - and I will get back to you and soon as possible.

If you have an emergency or crisis, tell this to my secretary, who will try to contact me. If you have a behavioral or emotional crisis and cannot reach me or my secretary immediately by telephone, you or your family members should contact Crisis Intervention or go to the nearest emergency room.

If there is an emergency during our work together, or I 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 provided:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

**PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You will be charged a copying fee in the event you request a copy of your clinical record.

**CONFIDENTIALITY**

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, however, where your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

The only other situation where I may find it important to share your information would be when I am away for a few days and you have an emergency. I have a trusted colleague who “covers” for me in such situations, and this person would need to know about you in order to be appropriately helpful. Of course, I would first obtain your permission, and this therapist is bound by the same laws and rules as I am to protect your confidentiality.

**OUR AGREEMENT**

I, the client, understand I have the right not to sign this form. My signature below 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. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I have read, or have had read to me, the issues and points in this brochure. 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 brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of Client

Date\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (if under 18)

Date\_\_\_\_\_

I, the therapist, have met with this client 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. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

Date\_\_\_\_\_

I truly appreciate the opportunity to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring others who might also be able to make use of my services.