



**BEVERLY CELOTTA, Ph.D., LICENSED PSYCHOLOGIST  
CHILD AND FAMILY PRACTICE  
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**WELCOME** to my child and family practice! As you read this information sheet, please note any questions you may have so that we can discuss them at our first meeting.

### **MY PRACTICE**

My mission is to help children, teens, and young adults become more competent and confident in all areas of their lives and to support parents as they help their children grow. I work with a wide range of psychological concerns affecting youngsters and their families. Services include individual therapy, family therapy, parent consultations, and case management. I often work in collaboration with a variety of other health and educational professionals. Besides the traditional “therapy hour,” I work in prorated units of time, at various intervals, according to need. A typical course of treatment is under twelve sessions, although more serious and complex problems can take much longer. For many families, I serve much like a pediatrician, with appointments scheduled on an as needed basis throughout their child’s developmental years.

I also offer parent coaching. Coaching differs from my regular psychological services in that no diagnoses are provided. Coaching is not reimbursable by insurance. It is best used when parents have questions that can be answered without my usual thorough intake and evaluation procedures. One can always switch to my regular psychological services should the coaching not be sufficient to meet your needs or should serious or more complex concerns arise. You may request a phone, email, or in-person session for any length of time.

In addition I offer transitions counseling. The same differences apply to transitions counseling as to parent coaching above. This service is designed for families who need support while they are going through a transition such as the illness, loss or separation of a family member, a move, a divorce or a new baby. Family members can be seen as a group or individually as appropriate.

Services are provided in a private, comfortable, family-friendly setting. A brief, introductory meeting can be arranged at no cost. This meeting allows us to see if I am a good match for your needs.

### **BEVERLY CELOTTA, Ph.D.**

I am a licensed psychologist and Fellow of the Maryland Psychological Association with over thirty years of professional experience. I hold degrees from Queens College (B.A.), Brooklyn College (M.S. and Advanced Certificate) and the University of Colorado (Ph.D.). My internship experiences were at the Hunter College Educational Clinic and the Bureau of Child Guidance in New York City. I was a Graduate Faculty Member at the University of Maryland and a Faculty Associate at Johns Hopkins University. Currently, I serve as a consultant to the Treatment and Learning Centers. I have given hundreds of lectures and workshops at the national, state and local levels, have conducted research, have written for many professional journals, and have served on the editorial board of the *Consulting Psychology Journal*. I have also testified as an expert witness on youth suicide prevention for the U.S. House of Representatives. As a clinician and clinical supervisor, I have been privileged to work with thousands of youngsters and parents. Clients have described my style as practical, warm, and supportive. I am married with two grown children. A resume is available on my website.

## **MY METHODS**

I help clients focus on their goals and teach them ways to use their strengths, talents, and interests to that end. During sessions, I engage clients in conversation, giving examples and suggesting reading materials. I maintain an extensive lending library of resources. Most of the techniques I use involve cognitive (thinking) and/or behavioral (action) strategies. I will be happy to discuss these approaches with you. Change will require effort on your and/or your child's part. Home visits, telephone contacts, written correspondence, and e-mail counseling can also be arranged, if necessary. My fee for service practice allows me much flexibility in scheduling as well as prompt responses to your phone calls and email.

Although there is no guarantee that the therapy goals will be met, I will apply my resources in good faith to help you and/or your child reach them.

## **THE INTAKE SESSION**

During the intake session, I will answer questions about my practice, collect background information and learn about your concerns and hopes for the future. It may help to make a note of things that you want to discuss. If you have any relevant written information, work samples or photographs, please bring them with you. By the end of the session, we will identify problem areas and counseling goals.

## **SUBSEQUENT CONTACTS**

When working with an adult, we spend session time working directly on the identified problem areas. When working with a child, I meet with him/her for two or three sessions. During that time, I conduct an informal evaluation of the child's strengths and weaknesses. Following these evaluation sessions, I again meet with the parents to discuss the results of my evaluation and suggest strategies and a likely time line for goal attainment. After the evaluation and feedback sessions we begin the appropriate therapeutic interventions. You can request parent support or update sessions with me at any time.

## **TERMINATION**

Termination usually occurs when the counseling goals are met; however, you may end counseling whenever you choose. Rarely, I may initiate termination, after discussion and prior notice, when a client has not made payments on time. In these cases, services can be resumed after the balance is paid. I can help find other sources of counseling for clients in these circumstances.

## **APPOINTMENTS**

Services are by appointment only. Office hours are:

Monday: 11:00 a.m. - 7:00 p.m.  
Tuesday: 11:30 a.m. - 6:30 p.m.  
Wednesday: 11:00 a.m. - 7:00 p.m.  
Thursday: 11:30 a.m. - 6:30 p.m.  
Friday: For emergencies, school and other visits and assessments

A session is generally 45 minutes long. Shorter, prorated sessions can be arranged when appropriate. Most clients need to be seen on a weekly basis when they begin, but sessions are often scheduled less frequently as progress is made. Some clients prefer a dedicated time slot; others prefer more flexibility. I try to accommodate your needs whenever possible. Since the appointment is reserved for you, I charge for appointments when 24 hours' notice is not given, except in the case of an emergency. To ensure your privacy, please come to the session at the appointed time. I set my timer at the start of your appointment time; if you are late, you will have the remainder of the session time, but will be charged for the entire session. In these circumstances, if possible, please call and leave a message telling me that you will be late.

## **FEES**

I am not on any insurance or managed care plans nor do I file claims for clients. If you choose to use your insurance, I will provide you with a bill suitable for submission and provide the insurer with any additional information needed. My fees reflect the amount of professional time used. The fee is \$200 for the intake session, \$150 for a 45-minute session, \$100 for a 30-minute session, and \$250 for the feedback session for a child. Shorter, less expensive sessions can be arranged when appropriate. The fee for a written report is typically between \$250 and \$350. Fees include additional time on your behalf for such routine tasks as writing summary notes of contacts and record keeping. Fees also include five minutes of phone or email time for any week in which a client is seen. Due to the nature of my practice, additional time or services are often provided (e.g., extended phone conversations, letter writing, record reviews, court appearances, calls to schools and other agencies, consultations with other professionals). These additional services will not be covered by your insurance. The fee for these services is based on time used. Home and school visits are also billed this way and include travel time. If I am subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation and testimony. You are responsible for payment for services when they are received. The services you receive may be tax deductible; discuss this with your accountant. Fee increases generally occur annually.

## **INSURANCE AND MANAGED CARE**

If you choose to use your insurance, find out what services are covered by your plan and how many sessions will be covered. Please note: some highly effective strategies such as family counseling or parent consultations may not be covered by your insurance. Some insurance plans list the maximum number of sessions allowed, but may only allow that number after a positive outcome from a utilization review. Check with your employer about the details of your plan. Make sure you precertify your care, if required. Your insurance company will require some personal information for reimbursement. This always includes a diagnosis and the types and dates of treatments. It may also include a description of the problem, functional status, personal background information, treatment goals, results of clinical tests, medication used, prognosis, and progress to date. That information will be released to them only with your written permission. I will discuss diagnosis and treatment information and its implications with you so that you can make an informed decision. While this information is very sensitive and is generally treated as such by insurance carriers, I cannot know how any particular carrier or employer will handle this information. Please note that if you choose to use your insurance benefits to pay for treatment, in some cases it may adversely affect your future ability to obtain life, health, and disability insurance.

Some clients choose not to use their insurance. In these cases, decisions about treatment can remain entirely between my clients and me. Treatment is usually more flexible. Without insurance, information about your diagnosis and life situation can be kept private. If you decide not to use your insurance, you may opt for less frequent and/or shorter, prorated sessions whose monthly costs may be slightly higher than typical co-pays. Some of my clients choose this option and avoid the pitfalls associated with some managed care plans. We can discuss this option at our first session.

## **MESSAGES**

I do not take calls during sessions to provide my clients with my undivided attention. When I am unavailable, calls are answered by voice mail. The best time to reach me is between 8:00 and 10:00 a.m. each day. I try to return all calls during office hours the same day; on the weekend and after hours, I will only return urgent calls. You can bypass my message by pressing #, but you will not know if the message has changed over to my vacation message. While I can be contacted via e-mail and cell phone, please be aware that these media may not be completely private. If it is urgent that you speak to me, call 301-330-8803 and follow the instructions for urgent messages. I will try to return your call as soon as possible. If a psychiatrist is part of the treatment team, inform him or her as well. In a life-threatening emergency, immediately take the person at risk to the nearest emergency room and request an emergency psychiatric

evaluation. When I am away and cannot be reached, I will provide the name and number of a colleague who will provide emergency coverage.

### **YOUR RIGHTS AS A CLIENT**

You may ask questions about any aspect of the counseling process. In general, the law protects the privacy of all communications between a client and a psychologist. A more detailed explanation of confidentiality and its limits is discussed below. In family counseling, information cannot be held confidential between the parties involved. All parties must sign a waiver to release the common record. Information may be revealed to others only with your written consent or that of your legal representative, except in those unusual circumstances in which not to do so would result in clear danger to you, your child, or others or when records are subpoenaed by a court of law. Records are kept for five years after the last session for an adult and until the child is twenty-one, or five years after the last session, whichever is later. If you wish to consult with another therapist or get a second opinion, I can help you find another professional. HIPAA is a federal mandate for medical privacy that covers some health and mental health care practices. I have elected not to become a covered entity at this time. I believe that my practice procedures, following Maryland law and ethics are more protective of your privacy. I will be glad to discuss this issue with you further.

### **MINORS**

With a few exceptions, children's communications with me are confidential. In other words, I must have their permission to share specific information with you. This is critical to the treatment process and ensured by the ethics code for Maryland psychologists. Some parents, new to the therapy process, are understandably concerned about the idea of confidentiality for their children. My practice philosophy in this regard, should be reassuring, however. Although I may need to withhold the specifics of conversations I have with your child, I always provide parents with continuing progress reports; and I always encourage children to share important information with you. When parents are interested and willing, I can teach them some useful communication techniques so that they themselves are better able to find out about important issues in the children's lives. I care very much about the welfare of children and will likely want the very same things for your children that you do (e.g., for them to do well in school, be respectful to their parents, avoid self-destructive activities). Many children, especially teenagers, often will not share critical information with me if they believe I will tell their parents. If I betray their trust, then neither their parents nor I would learn about their concerns, and therefore no one would be able to provide the guidance and support they need. Teens need to be assured that I will not discuss their sexual behavior, substance abuse, eating disorders, or similar issues with their parents, in order to work on these problems in therapy. If you have a concern about these or similar serious issues, it is important that you discuss them with your child's pediatrician who can do substance abuse, pregnancy tests, and other tests as appropriate. By law, I must report any suspected past or present physical or sexual abuse or neglect. I must also share information about a life threatening, imminent risk to your child or to others.

By signing below you agree to give up access to specific, personal information in your child's records. You also agree that you will not use any information obtained in counseling or use me as a witness in any legal proceedings concerning your family (e.g. divorce, custody or visitation matters). I do not do forensic work (e.g. custody evaluations) and will only make court appearances when court ordered or in those extremely rare cases when I believe it is in the child's best interest to do so. In cases where parents are divorcing, divorced, separating or separated, I will need a copy of that portion of the divorce decree/court document describing the custody arrangement. When parents are in a legal dispute, or one is pending, my records cannot be released to anyone without the permission of a Nagel v. Hooks attorney. In any case where parents are divorced or contemplating divorce, I will need the written consent of both parents to treat their child. With parents living apart, any matter brought to my attention by either parent regarding the child will be noted in my charts and may be shared with the other parent if I believe it is in the child's best interest to do so. These matters may also be available to others should the records be

released. When parents both have legal custody but are living apart, either parent can request a progress report at any time and can contact me with any concerns or questions they might have.

### **PETS**

I allow children to bring their pets to sessions as they can enhance the treatment process in many ways. There is an area for walking dogs. Please leave those pets at home that are unable to settle down after a short while. If you or your child has a fear of animals, please let me know so I can make sure when scheduling that encounters with pets can be avoided if that is your wish. Unfortunately, I am allergic to cats, so please keep cats at home. Those with allergies to dogs, hamsters etc. may need to find services elsewhere. I would be glad to assist you in finding a non-pet environment for you or your child.

### **LEGAL DETAILS ABOUT CONFIDENTIALITY**

In most judicial proceedings, you have the right to prevent me from testifying. However, in child custody proceedings, adoption proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if it is determined that resolution of the issues before the court requires it. If you are involved in litigation, or are anticipating litigation and you choose to include your mental or emotional state as part of the litigation, I may have to reveal part or all of your treatment or evaluation records. If you are called as a witness in criminal proceedings, opposing counsel may have some access to your medical records. Testimony may also be ordered in (a) legal proceedings relating to psychiatric hospitalization, (b) malpractice and disciplinary proceedings brought against a psychologist, (c) court-ordered psychological evaluations, and (d) certain legal cases where the client has died. If I need to consult with another professional about a case, every effort is made to avoid revealing the identity of my clients and the consultant is legally bound to maintain confidentiality. I am required to maintain complete medical records. Adult clients are entitled to receive a copy of these records, unless I believe the information would be harmful to them. In such cases, the records must be made available to the client's appropriate designee. I may need to provide name, address, and balance due in those extremely rare cases when a collection agency is involved. Under current Maryland law, there is no privilege for what is considered a group; this includes marital partners in couples counseling. While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you should be aware that the laws governing these issues are often complex. I encourage active discussion of these issues, however. If you need more specific advice, formal legal consultation is advised. At your request, I will provide you with relevant portions or summaries of the applicable State laws governing these issues.

### **BENEFITS AND RISKS**

Research has shown benefits to therapy. It can lead to improvement in self-awareness, behavior, emotions, ability to communicate, social and other skills as well as academic performance. Risks can include experiencing uncomfortable feelings such as sadness, guilt, anxiety and anger. Counseling requires active effort on your or your child's part and often requires discussing unpleasant aspects of one's life. Although there is no guarantee of improvement I only work with clients whom I believe I can help using the resources I have available. Therefore, if we decide to work together, I will enter the relationship with optimism and eagerness to work with you, your child, or your family.

### **MISCELLANEOUS**

If we meet in another setting, I will acknowledge you only if you acknowledge me first. In these situations, confidentiality and your comfort are my guides. I work with all religious, racial, and cultural groups and clients with disabilities.

**INFORMED CONSENT**

Signing this document represents an agreement between us. I have read and understand the above and fully understand the nature of treatment, its possible side effects, the alternatives to treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

If I am working with your child, you certify that you are the child’s legal guardian and have the legal authority to make medical decisions on his/her behalf.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Form Date: December 20, 2011