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OFFICE PROCEDURES

INFORMED CONSENT: You are about to enter into psychotherapy with me. It is your right to stop treatment and psychotherapy with me at any time. Please understand this is your right and discussion of the ‘course’ of therapy as well as ‘termination of psychotherapy’ are expected and are often productive with me.

SCHEDULING: I prefer to make or schedule appointments in person or via a phone call. Both are personal. That said, I will use ‘text’ and ‘email’ to schedule. One drawback of these communication modes is that are inherently ‘not secure.’ I ask, when possible, that you please use phone as the voice conveys a certain aesthetic.

CANCELLATIONS OR SCHEDULE CHANGES: I do not have a 24-, 36-, 48-hour, etc..cancellation policy. Once you and I agree upon a time, it is in my book. I do not, therefore, offer that time to another. In case of an unforeseen conflict, I am willing to work with you to ‘re-schedule’ and already ‘scheduled’ session. I often have limited ability to do so, but if you stay in my practice for any period of time, you will note my willingness to try. If I cannot ‘re-schedule’ a session, I will hold you financially responsible for the time originally scheduled. I encourage patients to use phone, Skype, and FaceTime sessions to avoid charges. I do not ‘re-schedule’ already ‘re-scheduled’ sessions.

EMAIL AND TEXT: I do not conduct psychotherapy via text or email. This means that I do not do anything BUT schedule via these modes of communication. I do not do **CONTENT** in these modes of communication as they are both not secure and they exceed the boundaries of our agreement.

INCLEMENT WEATHER OR DISASTERS: Please assume that I am working and call ahead if you have any questions. I will leave a recorded message. If you are uncomfortable with a weather event please request a phone, Skype, FaceTime session or re-schedule the time.

PAYMENT & DOCUMENTATION: I typically request payment at the time of the session via personal check. I do not accept credit cards. Other schedules of payments can be arranged on a case by case basis. I will provide a statement to submit to your insurance company with the appropriate diagnosis and codes on a monthly basis or more frequently as requested.

TERMINATION OF TREATMENT: The nature of the work we do is deeply personal and private. If you are considering termination, please do so in person and leave - at bare minimum - a few sessions to understand the obvious or underlying reasons that you desire to stop. Text, email, phone call and no-shows often undo or damage the gains made in therapy.

CONFIDENTIALITY: I will release **NO** information without your written, explicit permission.

I have read and have had clarified the above OPs ///Name & Date---_____