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Welcome to Rochester Center for Sexual Wellness (RCSW)! I hope that we can build a lasting, trusting relationship in which you can accomplish the goals you set. This letter will explain a few things about our work, your rights, and responsibilities, as well as mine.

I am authorized in the state of New York to practice as a Licensed Marriage and Family Therapist (LMFT). I follow the Code of Ethics set forth by the American Association for Marriage and Family Therapists (AAMFT) and NY State Board of Behavioral Health. I am a provisionally licensed Marriage and Family Therapist training to become both a fully licensed Marriage and Family Therapist and training to become a Certified Sex Therapist under the supervision of Daniel Rosen, LCSW-R, CST, CST-S. I practice under the guidelines set forth by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). You can request a copy of those ethics at any time. It is important for you to know that as a client you have certain rights and those rights will be reviewed with you.

It is also important to know that the work you complete at RCSW is confidential with the exceptions indicated by you in a signed Consent for Treatment and Authorization for Release of Health Information. If you enter therapy with your partner(s), each member participating in therapy must consent to a release of information. In accordance with New York state regulation and professional ethics, specific circumstances may require me to break confidentiality and report information obtained as a result of the therapy process. Those circumstances may include 1) therapist believes a client may be a danger to self or others 2) therapist believes a child, elderly or disabled person may be subject to abuse or neglect 3) court order exists that information regarding therapy process be provided.

Entering the therapy process may look different to everyone. You should understand there can be risks associated with therapy which should be discussed during your initial appointment.

I do not participate in insurance. If you would like to submit a statement to your insurance company for out-of-network reimbursement, please request a statement of services at the end of each visit. The fee for services is **\$110 per visit (based on a 50 minute visit) and is due at time of service.**

If you should choose to leave therapy, it is best if we discuss the termination of therapy at a regular therapy session. If there is no session activity or phone contact for a period of 8 weeks, your file will automatically be closed. In most circumstances, your file can be re-opened upon completion of a new intake and payment of any balance due.

At RCSW we strive for the best standard of care, therefore, if you have a crisis and need to reach myself directly, please contact me on my cell at 585-568-7211. **PLEASE NOTE** that text or email are not appropriate means of contact in a crisis situation. If you cannot reach me, and are in a life threatening emergency, call 911 or go to your nearest emergency room.

It is my pleasure to work with you, and I am happy to discuss any questions you may have regarding your care.

Sincerely,

Alissa Kalmus, LPMFT