



Child, Adult, Family Therapy And Consultation Services
15 Fishers Rd. Pittsford N.Y.. 14534

Marti Mowers, ED.D.,L.C.S.W., L.M.F.T. (585-330-0472)

Braden Kump ,M.S.W. L.M.S.W. (585-419-5980)

Steve Mowers, M.B.A. Director of Services (585-765-5041)

THE PRACTICE

The practice includes psychotherapy for children, youth, adults, and families. Dr. Mowers has a doctorate in Counselling and Human Development from the University of Rochester. She is licensed in New York State as a Clinical Social Worker (her focus is anxiety and depression related challenges, and inflexible thinking styles), and Marriage and Family Therapy (primarily families with children). She is also a Registered Play Therapist and an Early Intervention Specialist. Her post graduate training in Early Intervention Specialization from the Department of Pediatrics, University of Rochester Medical Center, and Supervision of Supervision through the American Association for Marriage and Family Therapy. She provides consultation, as well as supervision. Braden Kump comes with a Masters in Social Work from the University of Pennsylvania; this includes a diversity of internships. He has interned with Dr, Mowers during his undergraduate and graduate years.

I typically begin the therapeutic process by gathering background information, having a series of sessions for assessment, intervention, and relationship building. This is followed by the development of a mutually agreed upon plan for addressing identified needs. A medical mental health diagnosis is part of this process.

PROFESSIONAL FEES

The fee for a typical session (53+ to 60 minutes) is \$195. The Diagnostic session is \$225. Based on your insurance plan, the contractual fee may be less. If your insurance plan is one in which you have a co-pay, YOU ARE ONLY RESPONSIBLE FOR THAT CO-PAY. If your insurance plan is a high-deductible plan, then YOU ARE RESPONSIBLE FOR THE CONTRACT RATE AS DETERMINED BY YOUR PLAN. The fee for missed sessions-without 24-hour notice and meetings/sessions outside of the typical session at my office is the hourly rate of \$195. Exceptions for illness, and other mutually agreed exceptions are allowed. Your honesty is appreciated. In addition to regular appointments. Other professional services that exceed 15 minutes will be billed in 15-minute increments of \$50 each. Other services include report writing, telephone conversations lasting longer than 15 minutes on behalf of the patient (potentially initiated by myself to other third parties), attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries at your request, and the time spent performing any other service you request of me. These additional Other Professional Services are not reimbursed by insurance and will be directly billed to you.

For clarification:



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1. Phone calls include those initiated by the patient, parents or other family members and related third party professionals.
2. During a phone conversation if at any point you want to switch to a virtual format, you must request this so that it can be submitted to insurance.
3. Exceptions for unusual circumstances for chargeable phone calls must be brought up by the parent / patient and agreed prior to or at the start of the call

Professional Correspondences- There will be a financial charge (not covered by medical insurance) for any written correspondences (for example, to schools, for colleges, for doctors etc., and any requests that you ask of me). If others ask me to write anything regarding patient care, I will consult with you before putting anything in writing- this is important for both confidentiality and as a financial responsibility protocol.

1. Charge for any written correspondence by way of email that is in response to a particular issue and takes more than 10 minutes is \$40.00
2. Charge for any Letters or Reports is \$195.00
3. Charge for virtual or In-person appearance at any out of office meetings or appointments, not covered by insurance) Is:
 - a. \$195.00. for up to one hour (including Travel time)
 - b. \$300.00 for one hour to one and a half hours
 - c. \$400.00 for over one and a half hours and up to 2 hours.

For the good of the therapeutic relationship, we do not conduct written or in-person participation in legal matters. If you become involved in legal proceedings and such participation is court-mandated (again, against my therapeutic advice), you will be expected to pay for my professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$250 per hour for written correspondence or preparation and attendance at any legal proceeding, and any legal fees.

Howver, it is imperative that we have an understanding together of everything that is included in this Contract, and by signing this Contract you are agreeing to everything that is written in this Contract, including the following:

I meet with parents anytime it is requested (if I am seeing your child and your child is a minor) I am careful in what I share to protect patient confidentiality. After the initial phase of building the patient relationship and providing sessions that include some assessment and , at times some interventions, I schedule sessions in blocks-one block at a time, including the beginning of the school calendar year to the Holiday break, after the Holiday break through February break, after February break through Spring break, after



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Spring break to the end of the school year, then the Summer break up until the start of the next school calendar year. If patients/parents want copies of session notes, I do this through meeting in person at the end of these blocks I have just identified. Current treatment plans can be given and reviewed upon request at the end of these scheduling blocks, as well. Exceptions can be discussed. In order to protect my relationship with the patient, I am stating clearly here that you are agreeing that you will not have anyone (including yourself) subpoena any records that are part of any CAFTACS patient chart and business records, or myself or anyone working in the CAFTACS Practice (currently Braden Kump and Steve Mowers) as part of any court proceedings (family court of other courts). I am willing to speak to the Court appointed Attorney for the Child. I protect patient confidentiality but will always let parents of minors know anything that is related to safety regarding the child (and I will also explain this to the patient). I am also stating clearly here that you agree that you will never record me and what I say or do in any way without my explicit written permission. Also, when you talk to your child let the child or young person share what he or she wants to share unsolicited, no matter how young the child is, including what they did in therapy. This should be up to the child to share as the child wishes and initiates in conversation; then just listen and come to me with any questions or clarify questions about what happened or was said in session. Please always talk to me if you have Any concerns at any point in time. Again, it is imperative that we have an understanding and agreement regarding any information and descriptions of how I practice that is included in this Contract. This is my process to best maintain my relationship with the patient and also share information in a way that gives what I view to be a needed understanding of patient care. When you sign this Contract, you are indicating that you legally are agreeing to all of the information and terms I have set forth in this Contract.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the right to use legal means to secure the payment. This may involve the use of a collection agency or going through small claims court. If such actions are necessary, its costs will be included in the claim.



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If you are having difficulty with payments, I encourage you to discuss this with us directly to formulate a payment plan.

CONTACTING US

While I strive to answer phone calls as soon as possible, I will not answer the phone when I am in session. When we are unavailable, our telephones are answered by voice mail that is monitored frequently. We will make every effort to return your call within 48 hours. with the exception of weekends and holidays or when otherwise indicated by the voice mail greeting (such as on vacation). If you are difficult to reach, please inform me of sometimes when you will be available and make sure to leave a phone number. In emergencies, I can be reached through my answering service at 585-330-0472. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician, go to your hospital emergency room, or call 911 or Lifeline at 275-5151 for help. We generally cover for each other, but If we are unavailable for an extended time, we will provide you with the name of a colleague to contact in my absence.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.

In some legal proceedings involving child custody a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we must call in a referral with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.



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We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep the information confidential. If you don't object, we will tell you about these consultations when we feel that it is important to our work together. We standardly consult with another (Dr. Mowers and Braden Kump).

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice. Laws governing confidentiality are quite complex, and we are not attorneys.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Confidentiality and Non-Disclosure of Therapy Records

The undersigned understand and agree that the therapy process relies upon the child's ability to speak openly and honestly in a safe and confidential environment. To preserve that trust, all records and communications between the child and the therapist are confidential and protected by law. The parents further understand that the therapist's notes, records, and impressions are clinical in nature and not intended for use in legal proceedings. Disclosure of such information—whether through testimony or production of records—can seriously compromise the therapeutic relationship and the child's emotional well-being. Accordingly, the parents agree not to request, subpoena, or compel the therapist to produce records or testify in any custody, divorce, or related proceeding. In the event such a subpoena is issued by another party or the court, the therapist will take appropriate steps to protect the child's confidentiality and may request that the court appoint a guardian or attorney for the child to address the matter.

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date



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Person Responsible for Payment of Therapy and Therapy related Services

Therapist providing Therapy and Therapy related Services

Today's Date

Confirmation of Insurance:

Patient Name

Patient Date of Birth

Insurance Carrier

Policy #

Name of Policy Holder:

I agree to pay all “patient responsibility” amounts that the Insurance carrier determines to be due.

Policy Holder



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CREDIT CARD AUTHORIZATION

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please email completed form to billing@caftacskyetherapy.com

CREDIT CARD INFORMATION		
Card Type	VISA MasterCard	American Express Discover
Card Number		
Name on Card		
Expiration Date	CVV	
Street Address		
City	State	ZIP
Email for receipts		

I authorize Dr. Marti Fausold-Mowers to charge the credit card above for the balance of each therapy session netted of any applicable Insurance Benefits, as well as Other Professional Services and Professional Communication not covered by Insurance.

Signature

Date