

# **The Growth and Recovery Center**

**Eric Griffin-Shelley, Ph.D.**

**452 Germantown Pike**

**Lafayette Hill, PA 19444-1805**

**And**

**1112 MacDade Blvd. Woodlyn, PA 19094**

**Mailing address: 501 Mattison Avenue, Apt. 3003**

**Ambler, PA 19002**

**(610)828-4298**

**Fax: 610-943-2322**

**Email: [eric@drgriffin-shelley.com](mailto:eric@drgriffin-shelley.com)**

**PS 003909-L**

## **Purpose**

The purpose of psychotherapy is to identify and alleviate psychological conflicts and emotional pain. There may be risks involved such as recalling painful memories or experiencing powerful emotions-- anxiety, sadness, or anger. The benefits may be that you will feel better about yourself and will be able to manage your life the way that you would like to handle it.

As psychologists, social workers, and professional counselors, we are not physicians and cannot prescribe or provide you with any drugs or medication. Your insurance can refer you to a competent physician for a medication evaluation if necessary.

## **Length of Sessions and Therapy**

Individual sessions are usually held once or more a week for approximately 45 minutes. In some cases, 60 minute sessions are needed. The entire length of therapy depends on the severity of the problem, the intensity of work, and the use of all appropriate supports.

## **Fees**

The usual fee is \$150.00 for 45 minute individual sessions. The fee is \$100.00 for group therapy for an hour and a half session. Insurance and credit card payments are accepted. There is a sliding fee scale depending on what you can afford to pay. We bill at the end of the month. We submit insurance claims then.

Phone calls, emails, and instant messages that are more therapeutic than business will be charged at the hourly rate of \$200.00/hour. Letters, reports, testimony, and consultations will be charges at this rate as well.

## Cancellation and Emergency Contacts Policies

Please give 24 hours notice for appointments that you are unable to keep.

Emergency phone contacts are welcome if necessary. Please keep the length and number of calls reasonable. If no one responds to a message on our office phone and you may speak with Dr. Griffin-Shelley by calling his cell phone at 484-904-6006.

Email and instant messages are welcome if needed. As with phone contacts, these forms of communication should respect appropriate boundaries as well as the value of the face-to-face therapeutic process.

## Confidentiality

Communications in therapy are confidential. There are exceptions which include the case where there is an imminent danger to self or others and we cannot agree on the proper resolution of the crisis. When minors are seen in treatment, mandatory reporting of suspected child abuse is required by state law. You may request that we release information to others or gather information from prior therapists. Usually a written release of information form is signed for this purpose.

## About your therapists:

Eric Griffin-Shelley, Ph.D., is the practice owner and a PA licensed psychologist.

Michael Cipressi, L.C.S.W., C.E.A.P. is a licensed clinical social worker and certified employee assistance professional (C.E.A.P.)

Nancy Willis, L.S.W., C.P. is a licensed social worker and certified psychodramatist.

Mary Deitch, J.D., Psy.D. is a licensed lawyer and psychologist.

Jill Bertz, L.P.C., is a licensed professional counselor.

Jamill Jones, M.A. is a professional counselor.

Safiyah Robinson, M.S., is a professional counselor.

Juanita Campbell, M.S., is a licensed social worker and a licensed behavioral therapist.

Milan Sample, M.A., is a mental health and certified addictions counselor.

Dr. Griffin-Shelley, Mike Cipressi, L.C.S.W., Nancy Willis, L.S.W., Mary Deitch, J.D., Psy.D., Jill Bertz, L.P.C., Linda Ruthen. L.C.S.W., Jamill Jones, M.A., Safiyah Robinson, M.S., Juanita Campbell, M.S. and Milan Sample, M.A. communicate regularly about the people that we are working with and how best to help them.

## Privacy Notice

If there is a breach of your confidentiality, then I must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless I (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

## Professional Inquiries:

Communications regarding ethical standards or professional quality may be addressed to:

Bureau of Professional and Occupational Affairs  
P.O. Box 2649, Harrisburg, PA 17120-2649.

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eric@drgriffin-shelley.com

I, \_\_\_\_\_, have read and understand the above guidelines for my treatment experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents/Guradishn Signature