

**Yacob Tekie, Ph.D.**  
Licensed Clinical Psychologist

3637 Chestnut St.  
Philadelphia, PA 19104  
TELEPHONE (224) 636-2303

**INTRODUCTION**

Welcome to my practice. I am pleased to be working with you and hope that this handout will be helpful in providing information to assist you in making an informed decision regarding my services. If you have any questions at any time, please do not hesitate to ask me.

**EXPERIENCE**

I am a psychologist, licensed in the State of Pennsylvania (License # PS019073 Pennsylvania) and I received a doctorate in Counseling Psychology from the University of Tennessee Knoxville. I have been providing general outpatient services to adults and late teenagers for over ten years. I am a member of the American Psychological Association and adhere to the American Psychological Association code of ethical principles. My training and experience cover a number of areas with adults and late adolescents, representing a wide range of ages, genders, cultural and ethnic backgrounds and concerns. In addition to my limited private practice, I am also a Staff Psychologist at the Counseling and Psychological Services at the University of Pennsylvania. Over the course of my training and experience, my style of therapy has evolved to an integrative approach combining relational, psychodynamic and cognitive-behavior theories of personality development with an approach that emphasizes the adaptive development of identity across the lifespan within broad interpersonal, social, and cultural contexts.

**APPOINTMENTS**

My services are by appointment only. Individual sessions are scheduled for 45 minutes and couples as well as family therapy for 60 minutes. Because this appointment is reserved for you, it is necessary to charge for appointments which are not canceled 48 hours in advance, unless the absence is in fact due to circumstances that we would both define as an emergency. If you know that you will not be able to attend a scheduled appointment, I encourage you to contact me so that we may attempt to reschedule whenever

possible.

## **MESSAGES AND PHONE CALLS**

I check my voicemail and email between 9AM and 7 PM and I am usually able to return most within 48 hours. Unless it is an emergency, I typically return calls during business hours. In leaving a message it is always helpful if you can indicate a range of times when you will be available to receive a return call and the telephone number where you can be reached.

Phone sessions are possible, when necessary, and the fee for such sessions is the same as office appointments. Any phone call over 15 minutes in length is considered to be a phone session and a full fee charge will apply.

## **EVALUATION**

Our first several appointments offer a period of time in which to discuss your concerns from your point of view. The focus is primarily on gathering historical information and other background data, in order to get to know you and tailor our work to your specific needs. If it is necessary for insurance purposes, a diagnosis can be reached during this time and can be discussed with you if you desire. We will also discuss various treatment recommendations and goals. Certainly, evaluation is a process that occurs over the course of our work together and after the initial sessions we will discuss progress periodically and modify therapy goals and interventions accordingly. In the case of crises, the initial sessions must be used to bring relief to the immediate crisis.

## **TREATMENT**

I encourage you to obtain knowledge of the procedures, goals, and possible side effects of psychotherapy. I expect to make our professional contact one where you receive the maximum benefit. Psychotherapy may be tremendously beneficial for some people, however, at the same time there are some risks. These risks may include the experience of unwanted or unexpected feelings, such as sadness, anger, guilt, or anxiety. It is important to remember that these feelings are normal and are an important part of the therapy process, which often entails becoming familiar with your emotional life in order to cope adaptively with life circumstances. Other risks of therapy might include recalling unpleasant life events,

facing unpleasant thoughts and beliefs, and changes in beliefs concerning interpersonal relationships.

In therapy, major life decisions are sometimes made, including separations within families, changing employment settings, and changing lifestyles. These decisions are often the legitimate outcome of the therapy experience as a result of the person examining beliefs, values, and feelings and developing greater self-awareness. As your therapist, I will be available to discuss any of your assumptions, problems, or possible side effects of our work together.

I prefer to meet with clients on a weekly basis. This allows for the process of therapy to progress and prevents the "catch-up" needed when sessions are held less frequently. When a person is really struggling with a specific issue or feeling increasingly depressed or upset, meetings more than once per week are often recommended. I am certainly willing to adjust the frequency of sessions to what makes sense in each individual circumstance and we will discuss this as needed.

## **TERMINATION**

Termination may occur at any time and may be initiated by either the client or the therapist. I request that if a decision to end treatment is reached that you would give a minimum of two weeks notice so that we would have adequate time to discuss and explore the reasons for termination. Termination itself can be a very constructive and useful part of the therapy process. It can be a time when treatment gains can be meaningfully consolidated and integrated into one's daily life. If any referral or plan for further treatment is warranted, these will be made during the termination process.

## **CLIENT'S RIGHTS**

At any time, my clients may question and/or refuse therapeutic or diagnostic procedures or methods, or gain whatever information they wish to know about the process or course of therapy. Clients are assured confidentiality, which is protected by ethical practice and Pennsylvania law. There are several important exceptions to confidentiality that are legally mandated. In general terms, these exceptions include: 1) I must notify relevant others if I believe the client has an intention to harm another person, 2) I must report child abuse, neglect, or molestation as required by law, 3) in legal proceedings, I and/or my records may be subpoenaed by the court; and 4) I may need to notify relevant others if I believe that a client is at risk

of harming him/herself.

Confidentiality will be respected in all cases, except those noted above. If a client requests that I disclose information to another person or professional, I must have your written permission to do so. We will also discuss the possible risks and benefits of a requested release of information to a third party. In such cases, I have release of information forms that can be signed by a client requesting that information be disclosed.

I do consult with and seek supervision from other professionals as a way to ensure the highest quality service possible. Unless you have signed a release of information form allowing me to do so, or except in cases of emergency involving imminent danger to yourself or others, I will not share any identifying information about you or your situation.

### **CHARGES**

The full charge for my service is \$150.00 - \$180.00 for a 50-minute session of individual therapy or \$180.00 - \$210.00 for couples/Family therapy. Fees for telephone sessions are billed at the rate of office visits. These fees are based on the usual and customary charge of other clinicians in this area. The fee also includes time spent on your behalf, including record-keeping and preparation for sessions. I encourage you to discuss fees and any problems with payment at any time. I request that payment be made on a weekly basis as you attend each session unless other arrangements are needed and agreed upon. It is preferable that you make the check for payment out in advance so that the entire session can be spent attending to your concerns. Sessions canceled without 48 hours advance notice or missed without notification will be billed at the agreed upon session fee. Note relating to insurance reimbursement: Because I am working under the license of another psychologist, you may not be reimbursed by your insurance for the services I offer you.

Fees are subject to change with a four-week notice and, on some occasions, sliding scale is possible.

The fee we have agreed upon is \$ \_\_\_\_\_ USD per session.

### **MINORS**

If you are under eighteen years of age, please be aware that the law **may** provide your parents or legal guardians the right to examine your treatment records. I will initially request an agreement from parents or legal guardians that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will

seriously harm yourself or someone else. In these instances, I will notify them of my concerns. However, before sharing any information, I will attempt to discuss this with you first, and if possible, do my best to handle any objections you may have with what I am prepared to discuss.

**CLOSING**

I would again like to welcome you to our work together. I hope that this will be the beginning of a useful and mutually beneficial professional relationship. Once again, if you ever have any questions regarding this material or any other aspect of our work together, please do not hesitate to ask. The effectiveness of psychotherapy is directly dependent on a working collaboration between the therapist and the client and your active participation is welcome and encouraged.

I have read and understand the above material, and have received a copy of this form.

\_\_\_\_\_  
Client Name & Signature (Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yacob Tekie, Ph.D.  
Psychologist  
License & State: PS019073 Pennsylvania