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Welcome to my practice. I appreciate your giving me the opportunity to be of help to you.

This document answers some questions patients often ask about any therapy practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. You have certain rights that are important for you to know about because this is your therapy, and your goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

### **About Psychotherapy**

During the first few sessions, I will discuss with you my approach to psychotherapy, as well as risks, benefits, and other important aspects. I may also recommend psychological testing or other forms of assessment. I typically use the first 3-4 sessions as an evaluation period, providing the patient an opportunity to get a feel for me and reflect on whether or not I will be good match for him or her. I use this time to get a chance to really know a client and his or her needs for treatment. My top priority is supporting my patients' success, so I am happy to refer you to another clinician if it seems likely someone else might be a better fit. After the initial evaluation phase, we will discuss a treatment plan. I view therapy as a partnership between us, an experience that we co-create. You define the problem areas to be worked on; I use my training and experience to help you make the changes you want to make.

### **Sessions**

My practice operates by appointment only. Each session is typically scheduled for 50-55 minutes. If, after the initial evaluation, we agree to begin therapy, we will mutually decide on a frequency of meetings (usually once a week). If you are unable to keep an appointment, I request that you give me 24 hours notice. Because I am rarely able to fill a time slot with less than a week's notice, I will bill you for appointments you do not cancel within 24 hours of the appointment time. Your insurance company will not pay for missed appointments.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, engaging in therapy involves some risks. It is worth considering both the benefits and the risks when deciding whether to begin treatment. For example, in therapy, there is a risk that approaching feelings or thoughts that you have tried not to think about for a long time may elicit strong negative feelings like sadness, guilt, anxiety, anger, or loneliness. Making changes in your beliefs or behaviors can be frightening or uncomfortable, and sometimes disruptive to the relationships you already have. You may find your problems temporarily worsen during the beginning of treatment. Some people in the community may mistakenly view anyone in therapy as weak or disturbed. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. Most of these risks are to be expected

when people are making important changes in their lives.

While you consider these risks, you should know also that many people find therapy very beneficial and research into whether therapy works shows that it generally works very well. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out until their feelings are relieved or the problems are solved. Relationships, capacity for coping with adversity, and emotional vitality may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as individuals, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

### **Ending Therapy**

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

### **What to Expect from Our Relationship**

The therapeutic relationship is unique because it is designed to help the patient increase their well-being. The relationship can become emotionally intense which increases its capacity to heal but also requires certain constraints to protect the client's well-being. Towards this end I follow the ethical standards of the American Psychological Association (APA). Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section. If I see you on the street or socially, I may not say hello or talk to you very much. This is not a personal reaction to you, but rather a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any patient during, or after, the course of therapy. I cannot have a business relationship with any of my patients, other than the therapy relationship.

### **About Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to

the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

**The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.**

1. If I have good reason to believe that you will harm another person, I may attempt to inform that person and warn them of your intentions. I may also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I may have to inform Child Protective Services or Adult Protective Services.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or a crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
5. If you are involved in any type of legal proceeding and you tell the court that you are seeing me, I may be ordered to show the court my records. Please consult your lawyer about these issues.
6. I may also use or disclose protected health information (PHI) for purposes of treatment, payment, and healthcare operations when your written informed consent is obtained. The rules about the use and disclosure of your personal information are governed by the Health Insurance Portability and Accountability Act (HIPAA) and Tennessee state law. Please read the Notice of Privacy form for details about use and disclosure of PHI.

**There are two other situations in which I might talk about part of your case with another therapist.**

First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my patients. This helps me in giving high-quality treatment. These other therapists are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment.

**The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me.**

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

You can review your own records in my files. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

### **Fees, Payments, and Billing**

My current regular fees are as follows. You will be given advance notice if my fees should change.

- Initial 60-75-minute intake session: \$150.
- Individual therapy 50-55-minute session: \$130.
- Telephone consultations: \$100 per hour over 15 minutes. No charge for calls about appointments or similar business.

Please pay for each session at its end or on a mutually agreed upon schedule. I ask that the bill be paid within 10 days of when you get it. If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. At the end of each month, I will send you a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed.

Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. Cost of transportation to and from sessions and fees paid may be deductible from your personal income taxes as medical expenses.

### **Cancellation Policy**

I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore I am rarely able to fill a canceled session unless I have several weeks' notice. If you find you will not be able to keep your appointment with me, please let me

know at least 24 hours before your appointment. You can call and leave a voicemail, send me an email, or text. You will be billed the full fee for sessions canceled with less than 24 hours notice, for other than the most serious reasons. I cannot bill these sessions to your insurance.

### **If You Have Health Insurance Coverage**

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because many different companies write health insurance, I cannot tell you what your plan covers. If your health insurance will pay part of my fee, I will bill insurance for you. However, please remember that your insurance contract is between you and the insurance company. You are responsible for paying the fees that we have agreed upon—not the insurance company.

If you choose to use your insurance to pay for my services, you should be aware that your contract with your insurance company may require that I provide it with information relevant to services I provide for you. Most Tennessee insurance policies come with a state law requirement that states by accepting policy benefits you are deemed to have consented to examination of your Clinical Record for purposes of utilization review, quality assurance, and peer review by the insurance. If this is the case, I may provide clinical information to your insurer for such purposes. Sometimes insurance companies will require that I provide additional information about your symptoms, diagnosis, treatment plan, and progress. **You should know that there are no restrictions on the amount or type of information they can request or require.** I will make every effort to release only the minimal amount of information necessary for the purpose requested. If you wish, I will discuss with you the content of any reports I supply. Although your insurance company should treat this information as confidential, I cannot be responsible for the insurance company's use of any information that I provide to them at their request and with your authorization. By signing this agreement, you agree that I can provide requested information to your insurance company.

### **If You Need to Contact Me**

I cannot promise that I will be available at all times. I do not take phone calls when I am with a patient. You can always leave a message on my confidential voicemail, and I will return your call as soon as I can. Generally, I will return messages daily except on weekends, holidays, and vacations. Please know that when you or I use a cell phone it may not be secure.

You can also contact me about appointment scheduling via E-mail at [tfcknoxville@gmail.com](mailto:tfcknoxville@gmail.com). I check E-mail at least once a day on weekdays. I try to avoid communication about personal/clinical issues via E-mail for two reasons. E-mail is not entirely confidential as system administrators and others may potentially be able to access our messages to each other. Secondly, communication via E-mail is vulnerable to misinterpretation as there are no clues as to what someone is feeling, to the emotional context of their message. If you need to communicate with me about an urgent manner, like an emergency, please call me directly rather than E-mailing me.

I am away from the office several times in the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times, I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal

business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call the Mobile Crisis Unit line at (865)-539-2409, 911, or your primary care physician. If you believe that you cannot keep yourself safe, please go to the nearest hospital emergency room and ask for the psychiatrist on call. The emergency room physician should be given a release to speak with me.

### **Other Points**

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

### **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will take such criticism seriously, and with care and respect, and I will make every effort to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

Social justice is one of the important values I pursue in my work. In my practice as a psychologist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.