

Consent for Treatment

(3/2019)

This document contains important information about the process of therapy. Please review and sign prior to your first appointment. We can discuss any questions or concerns you have during our first session.

Services

I can only counsel within the scope of my practice. If it is determined that a client would be better served by a different provider, an appropriate referral will be made.

Therapy Process

Therapy offers benefits but can also pose risks. Therapy can significantly reduce the amount of distress a person feels, improve relationships and resolve other specific issues. But there are no guarantees about what you will experience. Therapy may elicit uncomfortable thoughts and feelings or lead to the recall of troubling memories. Therapy involves a significant commitment and you should feel comfortable with the therapeutic relationship. If either one of us believe you would be better served by a different therapist, I can recommend other practitioners who may be better suited to help you.

Confidentiality

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written, may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

- Duty to Warn and Protect – If you disclose a plan or threat to harm yourself, I must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, I am required to warn the possible victim and notify legal authorities.
- Abuse of Children and Dependent Adults – If you disclose, or it is suspected, that there is abuse or harmful neglect of children or dependent adults (i.e. the elderly, disabled/incompetent), I must report this information to the appropriate state agency and/or legal authorities.
- Prenatal Exposure to Controlled Substances – I must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- Minors/Guardianship – Parents or legal guardians of non-emancipated minor clients have the right to access records.
- Insurance Providers – If you choose to work with your insurance company for out-of-network reimbursement, they may require confidential information for billing purposes.

Consent for Release of Information

If any person or organization, other than you, contacts me inquiring about attendance, diagnosis and/or treatment progress, they will be given no information. If you would like information released to anyone, you must sign a release form specifically indicating what you wish to be released and to whom. Once this information is released, I cannot assume responsibility for how the information is handled.

Professional Records

All counseling records are kept on a HIPAA-compliant server and/or under lock and key. My practice is the owner of all records. Records will not be released without your written permission except as mandated by law. You are entitled to receive a copy of your records at your written request, unless, in my professional judgement, I believe seeing them could be emotionally harmful to you. If you request your records, I recommend that we

review them together to discuss their content. If you are denied access to your records you may appeal that decision to the New York State Department of Health.

Communication

Phone calls, voicemails, emails and text messages (and all forms of electronic communication) are kept in the highest confidentiality within the limits of technology, but confidentiality cannot be guaranteed. To protect your privacy and ensure the security of your information, I do not communicate clinical matters electronically. I use text messages, email and voicemail only for administrative purposes, such as scheduling or changing appointments, billing matters and other related issues. If you need to discuss a clinical matter with me, you may call me so we can discuss it on the phone or we can discuss it during your therapy session.

Initial Consultation

There will be an initial phone consultation to determine if we are the right fit for each other. While a phone call is not a guarantee, your level of comfort during the initial conversation will help you decide if you'd like to take the next step and schedule an appointment.

Payment

All fees are due at the time of each session. Cash and personal checks are accepted. If a personal check is denied due to insufficient funds, you are responsible for the session fee plus any fees incurred due to the denial.

Insurance

I am an out-of-network provider and do not directly accept insurance. If you have an insurance plan with out-of-network coverage, your insurance provider may reimburse a percentage of the therapy fee directly to you. I can provide you with a receipt of payment for you to submit to your insurance provider. It is your responsibility to understand the conditions of your coverage. If you choose to request out-of-network reimbursement from your insurance provider, please note they may require that I provide them with your clinical diagnosis.

Late Cancellation/No Show Fees

All sessions are by appointment only. Cancellations must be made at least 24 hours in advance of the scheduled session. You are responsible for the full session fee if you miss a session or cancel within 24 hours of a scheduled appointment. (Exceptions may be made in cases of an illness or emergency.) The fee for a missed appointment is not eligible for out-of-network reimbursement.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature _____ Date _____

Signature of Parent, Guardian or Personal Representative _____ Date _____