Susan E. D’Esposito, Ph.D.

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Office Policies

Office Hours

Sessions are scheduled by appointment and are 45---50 minutes in length. If you are late for a scheduled session, I reserve the right end the session by the regularly scheduled time to ensure timeliness for all Clients.

Cancellation Policy

Appointments are typically scheduled on a weekly or biweekly basis. I ask that you notify me at least 24 hours in advance if you are unable to keep your scheduled appointment. If you do not provide me with 24 hours’ notice, you will be required to pay the full cost of the session since that time was reserved for you and was not available to other clients.

In the rare occasion that an emergency forces me to cancel our appointment, I will make every effort to do so with at least 24 hours’ notice. I will reschedule your appointment as soon as possible.

Telephone and Email Contact

If you need to reach me by phone, please call/text me at (516) 456-1155. I check voicemail/text messages regularly and will return your call as soon as possible, typically within 24 business hours. You may also contact me via email at drsusanelaine@gmail.com. Please understand that email/text cannot be ensured as a completely confidential means of communication. In the case of an emergency, please call 911 and/or go to the nearest emergency room.

Billing and Fees

We will discuss my fee prior our first session. You are welcome to pay by cash, check, Zelle, PayPal, or Venmo. I do not accept credit cards. Checks should be made out to Susan E. D’Esposito, PhD. I ask that you please pay for each session at the session’s end.

In addition to regularly scheduled appointments, I may charge for other professional services that you may need. These professional services may include but are not limited to - report writing, extended telephone consultations, professional consultations, and any preparation of records that exceeds basic record keeping procedures.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a Client’s treatment is his/her name, the nature of services provided, and the amount owed.

If I am required to appear in court to testify on your behalf, I charge $250 per hour. This includes travel to and from the courthouse, time spent testifying and wait time (from the time I arrive to the time I leave).

Professional Records

I maintain a file for each client, couple, or family that I see. This may include intake, diagnosis, treatment plan, billing, consent for treatment, treatment notes, phone contact, and electronic contacts. Treatment notes

include the date and length of each session and a brief summary of the key facts and issues discussed, as well as treatment recommendations if applicable. The laws and standards of my profession require that I keep Personal Health Information (PHI) in your clinical record.

You may examine and or receive a copy of your Clinical Record upon written request. However, these are professional records, they can be misinterpreted by untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health profession so you can discuss the content.

Confidentiality and Privacy of Information

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protection with regard to the use and disclosure of your clinical records (Protected Health Information) used for the purpose of treatment, payments, and health care operations.

I will make every effort to safeguard the privacy of information concerning our work together. It is unethical for me to disclose any information regarding your treatment with me, with a few exceptions.

1. You may authorize me to release records or other information to individuals of your choosing (insurance companies, family members, other providers, etc.). This may only be done with your expressed written consent.

2. Under ethical and legal requirements, I must break confidentiality in the event of a clear and imminent danger to yourself or another person.

3. In the event that you disclose information that provides evidence of current abuse or neglect of minor children or older adults, the law requires that I make a report to the appropriate agency.

4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

PLEASE READ THE FOLLOWING SECTION CAREFULLY

Treatment of Couples: Treatment records of couple's sessions contain information about each person. Therefore, both clients agree that treatment records will only be released by joint consent. In the event of a disagreement, the records will not be released without a court order.

Treatment of Minors: Treatment records of minors are kept in the child's name. Although parents/guardians are encouraged to establish confidential status for their child with the child's therapist to the extent that it is recommended, both parents/guardians have a legal right to the child's records. It is important to note that because the child is the client, parental conversations are part of the record, making the content of these conversations accessible to both parents/guardians. If you have concerns about these regulations, please feel free to discuss them with me at any time.

Clients under 18 years of age should be aware that the law may allow parents/legal guardians to examine their treatment records. Because privacy in psychotherapy is crucial to successful treatment, it is sometimes my policy to request an agreement from parents/guardians that they allow their child privacy in the therapy relationship. If they agree, during treatment I will provide them only with general information about the progress of their child's treatment and his/her attendance at scheduled sessions.

Any other communication will require the child's authorization unless I feel that the child is in danger or is a danger to someone else. In that case, I will notify parent/guardian of my concern. Before giving parent/guardian any information, I may discuss the matter with the child, and if possible, do my best to handle any objection he or she may have.

Office Policies

I understand payment for therapy is due at the time of service, including co-pays. I also understand there are no refunds for any/all services provided. Appointments must be rescheduled/cancelled at least 24 hours, prior to your session, to maintain your regular appointment time and avoid a fee. In addition, frequent cancellations/rescheduling may result in forfeiture of your time slot.

I have read, understand and agree to the aforementioned policies and procedures and consent to treatment with Susan E. D’Esposito, PhD.

Client Name: ____

Signature: ____

Date: ____

Fill out if Client is under 18 years of age:

Parent/Guardian Name: ____

Parent/Guardian Signature: ____

Relationship to Client:__________________________Date: _________________