



INFORMED CONSENT

This document is intended to inform you of my business policies and your rights in conjunction with these policies. After reading this document, please feel free to ask me any questions that arise or voice any concerns of its content. I will do my best to provide you with the information you seek.

PARTICIPATION IN COUNSELING

The process of participation in counseling can result in a number of benefits to you including improving interpersonal relationships and resolution of the specific concerns that lead you to seek therapy. Counseling requires your active involvement and openness. I will ask for your feedback and views on our progress and other aspects of ongoing counseling and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. I am likely to draw upon various approaches and apply certain psychological techniques depending on what I believe will be of benefit. These approaches include, but are not limited to, behavioral, cognitive, psycho-dynamic, existential, family system, developmental, humanistic or psycho-educational disciplines. Within a reasonable amount of time after the initiation of treatment I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives and view of possible outcomes of treatment; discussions of this nature may be formal, informal or naturally occur during our sessions together. If you have any unanswered questions about procedures used in the course of counseling or about the treatment plan itself, please ask me. I look forward to working with you and will do my best to assist you in accomplishing your goals and enhancing your quality of life.

PAYMENT AND INSURANCE REIMBURSEMENT

Clients without Health Care Insurance

My standard fee is \$150 per 45-55 minute counseling session (the fee for the initial session, referred to as the "diagnostic intake", is \$175 and commonly extends to 60-75 minutes in length); *however*, for those clients without health care insurance or those dealing with financial distress I recognize these difficult economic times require flexibility on both our parts. *Therefore*, in certain cases, I offer a sliding scale payment schedule for those demonstrating significant financial hardship.

Clients with Health Care Insurance

As a courtesy, I will bill your insurance carrier, HMO, responsible party or third party payer (of course, this is true only if I am accepting such form of payment at the time of your treatment, and/or am an "in-network" provider of behavioral health services for your insurance carrier). I ask that you remit your co-pay or co-insurance portion of the total fee, if any, at the start of your session in order to avoid any confusion and billing error. Co-pay, co-insurance, deductibles, out-of-pocket limits and covered number of sessions (among other things) are set by your insurance carrier and defined by your specific plan. Prior to our first session I will contact your insurance carrier to verify your eligibility, benefits and coverages. These facts will govern the insurance carrier's financial obligations, as well as yours. If you have a deductible, the full fee which would be covered by your insurance is due at the start of each session until such deductible is satisfied. If I am informed that your insurance company has denied payment for any reason, you agree to be responsible for any outstanding balance due at that time and agree to pay such outstanding balance immediately upon notification from this office. If necessary, I may request you authorize your insurance company to make payment of medical benefits directly to Family Circle Counseling; if so requested, you agree to comply.

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If your account remains unpaid for sixty (60) days I reserve the right to use any and all means available to collect payment. Any costs incurred in the collection of your account will be added to your outstanding balance. Any check received from you which is returned unpaid by the bank will incur a re-processing fee of \$25 for the first instance and \$40 for the second, after which no further check will be accepted as payment.

SPECIAL NOTE

Since the scheduling of a session involves the reservation of my time specifically for you (thereby precluding me from booking any other client), there is a \$50 fee imposed for any missed appointment not cancelled at least 24 hours prior to its scheduled occurrence. It is your responsibility, and yours alone, to contact me via telephone, voicemail, email or text message alerting me to any cancellation.

TERMINATION

You have the right to terminate counseling at any time.

If I believe I can no longer be of service to you, I retain the right to terminate service. In such circumstance I will do my best to provide you with names and contact information for qualified professionals you might call upon for service.

No prior notes of termination of service is required of either of us to the other, **except** if you have a scheduled appointment and wish to terminate service prior to that appointment, it I your responsibility to alert me of cancellation at least 24 hours prior to the scheduled session. Failure to do so will result in application of the cancellation fee referred to above.

CONFIDENTIALITY AND EMERGENCY SITUATIONS

Our verbal communication and clinical records are strictly confidential, except for: (a) information shared with your insurance company to process your claims, (b) information you and/or your child report about physical, emotional or sexual abuse or elder abuse – then, under New Jersey State Law I am obligated to report this to the Division of Youth and Family Services or Adult Protection Services, (c) if you sign a Release of Information Request Form indicating your desire to have specific information shared, (d) if you provide information that informs me you are in danger of harming yourself or others, (e) information necessary for case supervision or consultation, or (f) when required by law.

In most cases, information supplied, obtained or exchanged via use of email, cell phone, fax and/or social networking sites is not considered confidential; *however*, unless verifiable assurances are obtained to the contrary these methods of communication will not be employed for such purposes by Family Circle Counseling.

EMERGENCY AND PHONE PROCEDURES

I am, at times, not immediately available by telephone but do check messages regularly and will generally respond to your call within 24 hours of receiving it. If an emergency arises, indicate it clearly in

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your message. If you are unable to reach me and feel you cannot wait for me to return your call, dial 911 or go to the nearest hospital emergency room. Please do not use email or fax for emergencies as I do not always check these daily.

PRACTICE LIMITATIONS

Due to the natures of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be considered confidential, it is agreed that should there be legal proceedings such as, but not limited to, divorce and custody disputes, injuries, lawsuits, *etc.*, neither you, your attorney(ies) nor anyone else acting on your behalf will call upon me to testify in court or at any other proceeding or to provide custody evaluation recommendations. *Furthermore*, I do not provide legal advice nor prescribe medicine as both these actions fall outside my scope of practice and my regulatory, statutory and licensed authority.