



Meaningful Directions Therapeutic Services, LLC.

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Glen Rock, New Jersey 07452.

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Hackensack, New Jersey, 07601

Phone: 201749-2009 Email: info@meaningfuldirections.com

Meaningful Directions

Client's name: _____ **Date of Birth:** _____

Confidentiality Policy

Psychotherapy is a personal and confidential relationship between a therapist and individual, group or family. Information will not be released from this office regarding your treatment without your written consent. If you wish for information to be released to anyone it will be necessary for you to complete a release of information form stipulating the individual and/or professional to whom the information is to be sent. Similarly, should you participate in group counseling, a condition of doing so is that you protect the privacy and confidentiality of other participants. You thereby agree not to disclose information about the identity, words or actions of other group participants outside of treatment.

There are some situations where treatment providers are required or permitted by law to disclose confidential treatment related information. These include: 1) to stop or prevent the abuse of a child, senior or disabled person, 2) to comply with a court order, or 3) in the event of imminent danger to yourself or others. While these are prime examples of exceptions to confidentiality and should prove helpful in informing you about potential instances, it is important that we discuss any questions or concerns that you may have now or in the future. Please understand that should such a situation arise, providers at Meaningful Directions will make every effort to discuss it with you before taking any action.

While you are engaged in treatment, communication outside of session will play a necessary role in maintaining appointments and for occasional follow up. The timing of these phone calls shall be brief and will not constitute a therapy session. Email is another acceptable form of communication. Although email is well regulated, please refrain from sharing detailed personal information that you prefer to keep private and only utilize your provider's Meaningful Directions email. With regard to technology and communication, please be advised that we do not interact with clients via social networking sites (i.e., Facebook, Twitter, Instagram, etc). This poses a risk to privacy and confidentiality.

Due to our work schedules, providers are often not immediately available by telephone, as we cannot answer the phone while in session with clients. If your provider is unavailable, please leave a message on our confidential voicemail. We monitor messages frequently and will make every effort to return your call as soon as possible. If you are difficult to reach, please advise of time frames when you will be available and preferred phone numbers to reach you. Additionally, if you are unable to reach your provider and feel that you are experiencing a psychiatric emergency and cannot wait for a return call, please contact the Psychiatric Emergency services line for Bergen County at 201-262-4357 or go to your nearest emergency room and ask for the psychologist or psychiatrist on call.

Informed Consent

Meaningful Directions utilizes verbal psychotherapy as the modality of treatment. While we will work diligently to assist you in obtaining the results you are hoping for, we cannot guarantee success. Please understand that while there are few risks associated with this process, no procedure is considered entirely risk free. The process may not result in a direct, linear reduction of symptoms. Increased anxiety, conflict, sadness and tension are among the possibilities at various points in the process. If you experience any distress or have any questions, please let your provider know. We believe that therapy is a collaborative process and depend on your feedback in order to create the environment necessary to maximize gains in treatment.

Should it appear that we will not be able to reach your goals, or should it appear that you may be better served elsewhere, we will provide the referrals necessary to resources that may better address your needs.

Please understand that you have the right to revoke your consent to treatment, which means terminating treatment, at any time. Should you decide to revoke your consent it does not constitute a waiver of your confidentiality rights.

Payment/Cancellation Policy

The payment for psychotherapy is the responsibility of the client and is due when services are rendered, unless another payment plan has been approved. Regardless of the amount that the insurance company may reimburse you/your family for the session, the total fee of all sessions is the responsibility of the client.

Please be aware that you will be charged a \$50 fee for sessions that are cancelled without 24 hour notification.

I have read the above procedures, understand them, and agree to the terms of treatment outlined above.

Signature of the client
(Parent/Guardian if client is a minor)

Date

Signature of child client 14 and over
(Parent/Guardian if client is a minor)

Date