

Informed Consent

Welcome. This client information form will answer your questions about therapy/counseling/coaching/organizing services. If you have additional questions, or if you need clarification or additional information, please feel free to ask at any time.

What is therapy/counseling/coaching and how does it work?

Therapy/counseling/coaching/organizing is the process of solving problems by talking with a person professionally trained to help people achieve a change in their life. The process of change will, in many ways, be unique to your unique situation. Who you are as a person will help to determine the ways in which you go about changing your life. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. As the client, you have the right to ask questions about my qualifications, background and orientation. The most important factor in the success of therapy is good communication between us. In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy/counseling/coaching/organizing, or working with a particular professional. If at any time during our time together you have questions about whether or not the treatment is effective, feelings about something I have said or suggested or need clarification of our goals, do not hesitate to bring this up in our session.

Confidentiality: In general, communication between a client and a therapist is protected by both law and professional ethics. Information about your treatment can only be released to others with your written permission. If you are seeing another therapist or health professional it may be necessary for me to contact that person so that we can coordinate our efforts. Additionally, if you are currently enrolled in school, it may be necessary for me to contact school officials to ensure proper treatment. If this is necessary, I will ask for your permission. In addition, some insurance companies require periodic updates. I will only provide this information with your permission. There are however, a number of exceptions to this confidentiality policy:

- *If I am ordered by a court to testify or release records. _____*
- *If you are a victim or perpetrator of child abuse, I am required by law to report this to the authorities responsible for investigating child abuse. _____*
- *If you are a victim or perpetrator of elder or dependent adult abuse, I am required by law to report this to Adult Protective Services or other appropriate authorities. _____*
- *If you threaten harm to someone else or the property of others, I may be required to call the police, warn the potential victim, or take other reasonable steps to prevent the threatened harm. _____*
- *If you threaten to harm yourself, I may be required to notify family members and/or seek hospitalization. _____*

Treatment of a minor without parental consent is allowed by law if:

- *The minor is 12 years of age or older, the minor is knowingly and voluntarily seeking such services, the provision of such services is clinically indicated and necessary to the minor's well-being, and a parent or guardian is not reasonably available, or requiring parental or guardian consent or involvement would have a detrimental effect on the course of treatment, or a parent or guardian refuses consent and a physician determines that treatment is necessary and in the best interest of the minor. _____*

Consultation and Confidentiality: *In order to provide you with the best therapy/counseling/coaching/organizing experience, there are times that I consult with peers. If I ever consult regarding your situation, all identifying information will be adequately disguised or removed from discussion. If you have any questions about this, please bring them up so that we may discuss. _____*

Technology and Confidentiality: *Technology is constantly changing. There are both benefits and risks to using technology in the therapy/counseling/coaching/organizing experience. I will take reasonable precautions to ensure confidentiality of information transmitted through any electronic means. However, when we communicate over email or texting, those exchanges may occur over non-secure means. If you have any questions or concerns regarding this, please bring them up so that we may talk about it. _____*

Walk and Talk Therapy and Confidentiality: *There are many benefits of walk and talk therapy or meeting in public spaces, including convenience. I will take reasonable precautions to ensure confidentiality while we are out in public, whether walking and talking or meeting in a public space. However, I want you to be aware that there is always a risk of others seeing us or overhearing us thereby compromising confidentiality. Please ask any questions or concerns regarding this. _____*

Social Media Policy: *As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. _____*

Consumer Review Sites Policy: *There are many consumer review sites (Yelp, Yahoo, Healthgrades, Google Reviews, etc.) My policy is not to respond to reviews. If you have any issues with our therapy/counseling/coaching/organizing, I hope you will feel comfortable speaking directly with me so that we may discuss any issues you may have. If you are uncomfortable with our clinical relationship, I can refer you to another professional. _____*

Fees: My fee is per hour. There are discounted rates for additional time. **You are expected to pay for the counseling at the end of each session.** Fees may be increased once a year with reasonable notice. If at any time you have financial concerns do not hesitate to discuss them with me. In most cases, financial concerns can be resolved. _____

Insurance: I do not accept insurance for services rendered. I only formally diagnose if you are looking to submit to insurance. If you would like to submit a bill to your insurance company to see if they will reimburse you, I will be happy to furnish you with an invoice with diagnosis for services. Please let me know if this you want an invoice. _____

When insurance is utilized for psychotherapy services, patients should be aware of the limits of confidentiality. Typically, insurance companies only require the following information: length of illness, psychiatric diagnosis, dates of service, and the names of persons being treated. More and more managed care companies require additional information such as family abuse history, alcohol and drug history, treatment goals/interventions, the details of the treatment sessions, and on some occasions, treatment notes. In addition, providers are now required to sign waivers that allow the payers to audit client records. What this means is, if you utilize your insurance benefits for psychotherapy services, you may not have the extent of confidentiality you would otherwise expect. _____

Please be aware that since my practice does not conform to a medical model, therefore, my paperwork does not follow a formal medical model. Although I keep session notes, they may not be sufficient for certain insurance companies, disability claims and so on. _____

Cancellations: You may call or text my cell phone (914-329-2688) 24 hours a day, seven days a week to cancel an appointment. Cancellations must be made 24 hours in advance of our scheduled appointment; failure to do so will result in you being invoiced for the session. _____

After Hours Emergencies: I am not available after my usual business hours for emergencies. I do check my messages during weekdays regularly, and I am usually available to speak with you on the telephone (or schedule a time we can talk). Leave a message or text to my cell phone (914-329-2688), and I will call you back as soon as I retrieve the message. For after-hours emergencies or if you need immediate assistance call 911, your medical group or your primary care physician. _____

Vacations: I will give you reasonable notice before I go on vacation. If you feel that you will need continuing treatment during this time, I will help you make arrangements ahead of time with another professional. _____

Terminating Treatment: You have the right to terminate or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a session so that we can bring sufficient closure to our work together. In our final session, we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your therapy. We can also discuss any referrals that you may require at

that time. If I believe that you need additional treatment, or if I believe that I can no longer help you with your problems I will discuss this with you and make an appropriate referral. _____

Please sign this form. Should you have any questions at any time, please ask.

I/we have read, understand and agree to the information and policies described in this patient information form.

Print Name (s)

Signature (s)

Date