New Client Information Policy Statement and Informed Consent for Treatment

Please read the following information and sign below. I will be happy to address any questions/concerns you may have. Thank you.

General Information

As a licensed Marriage and Family Therapist, my training has been in the systemic treatment of individuals, couples, and families. The systemic approach to therapy takes into consideration all immediate family members in the family therapy session. Together, we will decide on various goals for therapy as well as which family members (if any) need to be included.

Therapy naturally involves activities such as identifying emotions and revealing secrets. There may be risks associated with your disclosures to other family members, or with other family members disclosures to you, as well as exploration of issues during the course of therapy. Decisions to disclose will be made by you except where mandated by law. It is expected that some uneasiness or painful emotions may occur as you are involved in therapy. Discussing painful issues will naturally create discomfort. Your participation in therapy is essential toward helping you address your concerns. The Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists and Psychoeducational Specialists requires that all clients be informed that all forms of dual relationships such as business ventures and sexual intimacy are prohibited.

Please be aware that there is a higher incidence of divorce if only one partner in a relationship is involved in therapy. It is also important that you understand there is no guarantee that undergoing therapy will successfully resolve all of your concerns/issues/problems.

Appointments

I schedule my own appointments. Appointments may be scheduled for 30, 50, or 90 minutes.

Cancellation of Appointments

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 business days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Fees

The fee for each 30-minute appointment is $125, 50-minute appointment is $250, and 90-minute appointment is $330. Payment is expected by cash, credit card, or check at the time of each session.

Between-session phone calls lasting 5 – 10 minutes are not billed. However, phone calls lasting longer than this are prorated in increments of 15 minutes according to my regular fee structure.

Insurance

Due to the increased complications of managed care, I do not accept assignment of insurance benefits. For this reason, I keep my fee structure at the middle end of market. This avoids the requirement of giving you a "diagnosis" and sharing progress notes and records with the insurance company, which could be limiting for you in the future. If you wish to file with your own insurance, let me know and I will help you do so as an "Out of Network Provider".

Confidentiality

Shared personal information is strictly confidential and will not be revealed unless you (or a parent, in the case of a minor under 18 years of age) give specific written authorization to release information. Please note that if you are seeking insurance reimbursement, I may be required to submit a treatment plan, progress report, or other information with your insurance company. I will be discreet if I must contact you at home or office. If you do not wish to be contacted at home or office, please let me know so it can be recorded in your records. In that case, please let me know how I may contact you.

Exceptions to Confidentiality (Duty to Warn)

Although shared personal information is confidential there are exceptions to these confidences such as:

1. Suicidal threats or attempts.
2. To prevent a clear and immediate danger to other persons.
3. Suspected child abuse or neglect.
4. Suspected abuse or neglect of a vulnerable adult.
5. If it is determined that you are in need of hospitalization.
6. Or as otherwise mandated or allowed by law or ethical codes for which I am responsible.

Emergency Procedures

In case of immediate medical emergency, please call 911. For any serious emergency when I am not available or cannot otherwise be reached please call your local hospital.

E–MAILS, CELL PHONES, VIDEO CONFERENCING, COMPUTERS, AND FAXES: It is very important to be aware that computers and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all emails that go through them. It is important

that you be aware that emails, faxes, and important texts are part of the medical records. Additionally, Roberta's emails are not encrypted. Roberta's computers are equipped with a firewall, a virus protection, and a password and she also backs up all confidential information from his/her computers on a regular basis. Please notify Roberta if you decide to avoid or limit in any way the use of any or all communication devices, such as email, cell phone, or faxes. If you communicate confidential or private information via email, Roberta will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email. Please do not use email or faxes for emergencies.

SOCIAL NETWORKING AND INTERNET SEARCHES: At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

Ending Therapy

It is best for you to have a good ending. I support all termination, for whatever reason. When you are ready to leave, I would like to help you leave well. In order to leave well, all you need to do is give me advance notice several sessions previous to your departure. When leaving is handled this way, it usually turns out to be most productive for the client. Even if you are not able to give me advance notice, I will do my best to help you leave well.

Counseling/Psychotherapy Release for Consultation

I understand that from time to time she may need to request professional consultation about my case in order to provide me the most competent care possible. **I give permission to my therapist to seek consultation at her discretion. ________**

I have read and understood the above information and give consent for treatment. I have also received a copy of this policy for my records.

Your signature____ Date_______________

Your signature____ Date_______________

Your signature____ Date_______________

Your signature____ Date_______________