



OFFICE POLICIES & GENERAL INFORMATION

This form provides you (i.e., the client) with additional material pertaining to the information detailed in the Notice of Privacy Practices document.

Confidentiality:

All information disclosed within sessions and the written records pertaining to those sessions **are confidential** and may not be revealed to anyone without your (client) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When disclosure is required by law:

Some of the circumstances where disclosure is required by the law are: Where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and, where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When disclosure may be required:

Disclosure may be required pursuant to a legal proceeding. If you initially place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by our clinicians. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couples or among family members. Your clinician will use his/her clinical judgment when revealing such information. Your clinician will not release records to any outside party unless he/she is authorized to do so by **all** adult family members who were part of the treatment.

Emergencies:

If there is an emergency during our work together, or in the future after termination, where we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, your clinician will do whatever he/she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, your clinician may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records:

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO in order to process the claims. If you so instruct your clinician, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly,

the Psychotherapy Notes will not be disclosed to your insurance carrier. Your clinician has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies, computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of E-mail, Cell Phone and Fax Communication:

It is very important to be aware that e-mail and cell phone communications can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your clinician at the beginning of treatment if you decide to avoid or limit in any way the use of any or all the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Consultation:

We consult regularly with other professionals regarding clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Considering all the above exclusions, if it is still appropriate, upon your request, we will release information to any agency/person you specify unless we conclude that releasing such information might be harmful in any way.

Telephone and Emergency Procedures:

Clinicians are often not immediately available by telephone. During office hours the Office Manager usually knows how to reach each clinician. After office hours, a 24-hour answering service is available. **If you need to speak with a clinician on an emergency basis, please make this very clear to the answering service;** if the emergency nature of your call is not clear, they will hold the message for the Office Manager the following business day. Every effort will be made to return your phone calls as soon as possible. If the clinician of choice is unavailable, an on-call clinician will return your call. If that does not happen quickly enough, or you cannot wait for your call to be returned, you should call your family physician or proceed to the nearest hospital emergency room.

Payment and Insurance Reimbursement:

Clients are expected to pay the standard fee at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon. Please notify your clinician if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance that the clinician is not a provider for should remember that professional services are rendered and charged to the client and not to the insurance company. Unless agreed upon differently, our office will provide you with a copy of your receipt which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the Health Insurance & Confidentiality of Records section, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

The Process of Psychotherapy/Evaluation:

Participation in psychotherapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Sometimes more than one approach can be helpful in dealing with a certain situation. During therapy or an evaluation, remembering or talking about unpleasant events, feeling or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear or other uncomfortable emotions as well as anxiety, depression, insomnia, etc. Your clinician may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations that can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your clinician is likely to draw on various psychological approaches accordingly, including behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family) or psycho-educational.

Treatment Plan:

Within a reasonable period of time after the initiation of treatment, your clinician will discuss with you (client) his/her working understanding of the problem, treatment plan, therapeutic objectives and his/her view of the possible outcomes of treatment. If you have any unanswered questions

about any of the procedures used in the course of your therapy, their possible risks, our expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that your clinician does not provide, he/she can assist you in obtaining information on those treatments.

Termination:

As set forth above, after the first couple of meetings, we will assess if we can be of benefit to you. We do not accept clients who, in our opinion, we cannot help. In such a case, we will give you a number of referrals that you can contact. If at any point during psychotherapy, we assess that we are not effective in helping you reach the therapeutic goals, we are obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, we would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, we will talk to the psychotherapist of your choice in order to help with the transition. If at anytime you want another professional's opinion or wish to consult with another therapist, we will assist you in finding someone qualified, and, if we have your written consent, we will provide him/her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, we will offer to provide you with names of other qualified professionals whose services you might prefer.

Cancellation:

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for cancelling or re-scheduling an appointment. Unless we reach a different agreement, the full fee will be charged to you (client) for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. In case of inclement weather, please call our office before you come to ensure that we have not closed the office for the safety of our team members.

I have read the Office Policies & General Information and Agreement for Psychotherapy Services forms carefully. I understand them and agree to comply with them.

Client or Parent/Guardian (Print): _____

Client or Parent/Guardian (Signature): _____ Date: _____