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OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT

Welcome to my practice. This document contains general information and policies. Please read it carefully. If you have any questions about the contents of this form, please do not hesitate to ask. References to "you" throughout this document may also refer to your child. Your signature will indicate your agreement to these policies.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential between client and therapist. All information revealed within a session may not be further revealed to anyone without your written permission, except where disclosure is required by law as described 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 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 me.

Emergencies

If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I 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, I may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. If you so instruct ,only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, psychotherapy notes will not be disclosed to your insurance carrier. I have no control over or knowledge about what insurance companies do with the information submitted or who has access to this information. You should 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 computers are inherently vulnerable to break-ins and unauthorized access. Medical data have 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 communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily 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 be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. **Please do not use e-mail or faxes in emergency situations.**

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation

I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never mentioned. Considering all of the above exclusions, if it is still appropriate, upon your request, I will not release information to any agency/person you specify unless I conclude that not releasing such information might be harmful in any way.

Telephone and emergency procedures

If you need to contact me between sessions, please leave a message on the voice mail at: 732-637-9416 and your call will be returned as soon as possible. I check my messages several times a day (except during the nighttime), unless I am out of town. I check the messages less frequently on weekends and holidays. **If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the Riverview Medical Center hotline, which is a 24-hour crisis line (732) 530-2438, the Police (911), or the 24-hour psychiatric emergency number at Jersey Shore Hospital, (732) 776-2325 or go to the nearest emergency room.**

Payments and insurance reimbursement

Clients are expected to pay the standard fee of $200 for the initial 75-minute intake assessment. $150 per 45-minute individual session and $175 per 60-minute family session thereafter. All payments are due at the end of each session. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance other than insurance networks noted as 'in-network', should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt on a weekly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section "Health Insurance and Confidentiality of Records," you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

Mediation and arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Profound Insights LLC and you, the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Monmouth County, New Jersey in accordance with the rules of the American Arbitration Association, that are in effect at the time the demand for arbitration is filed.

The process of therapy/evaluation

Participation in therapy can result in a number of benefits to you and your child, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. I will ask for your feedback and views on your/your child's therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. 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, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, play therapy, system/family, developmental (child, adolescent, young adult & family), and/or psycho-educational. I will discuss with you my working understanding of the problem and 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, my 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 I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination

As set forth above, after the first few meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you referrals that you can contact. If at any point during psychotherapy I assess that I am not effective in helping you and/or your child reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. You have the right to terminate therapy at any time. In such a case, I would give you referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her or him with the essential information needed. If you decide that you wish to discontinue treatment prior to reaching therapeutic goals, it is strongly recommended that you discuss this decision. Unless otherwise agreed upon, the therapeutic relationship will be considered terminated if you do not schedule an appointment in a three month time period.

Cancellation

Since scheduling of an appointment involves the reservation of time specifically for you, **a 24-hour notice by phone or voicemail is required for rescheduling or canceling an appointment**. Except where emergencies preclude a timely cancellation, **the full fee will be charged for sessions missed without such notification.** Most insurance companies do not

reimburse for missed sessions.

Please do not hesitate to ask if you have any questions!

Client Name:_____

I have read and understand the above agreement and office policies, and by my signature below acknowledge my willingness to comply with them:

_____

For clients over 14: Client name (print) Date Signature

_____

For minors: Parent name (print) Date Signature

_____

For minors: Parent name (print) Date Signature


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