

Office Policies and Informed Consent /Adult

Welcome to my practice!

My desire is to do everything within my professional capacity to communicate clearly and openly with you and be of service to you. In keeping with my goal, the following are statements of my policies. Please review thoroughly and, if you have any questions, feel free to discuss them with me. Otherwise, please read, sign and return one copy to me along with HIPPA Notice of Privacy and Financial Policy (provided separately).

About me

I am a Licensed Clinical Social Worker (LCSW). I received a master's degree (MSW) from Rutgers University; Bachelorate degree in Psychology from the College of New Jersey (then Trenton State College) and completed a year of post-graduate family therapy training program at the Multicultural Family Institute. I have over 15 years of clinical experience in mental health field providing an array of therapeutic services to adolescents, adults, couples and families. My belief is that each person wants to love, be loved, belong and contribute, in other words, live a fulfilled & meaningful life. My approach to psychotherapy is holistic, collaborative & direct. The focus is on empowering you on your journey of healing and gaining practical skills for living a life that works. In addition to private practice I am an adjunct faculty in the Humanities Department at Raritan Valley Community College.

Appointments

Sessions are normally 45-50 minutes long and must be scheduled in advance. Frequency of appointments is determined by the client's need and treatment plan. Scheduling an appointment is my commitment to reserve time for you. Therefore, any cancellations must be made at least 24 hours in advance or you will be charged your agreed upon fee for this time (explained in more details in the Financial Policy).

Confidentiality

Psychotherapy is a professional service I will provide to you. I am committed to keeping what you share with me confidential. Typically, whatever you say or do during a psychotherapy session will not be shared with anyone else without your written permission. However, there are certain exceptions to this policy that I would like you to be aware of. **First**, if you have been referred by a managed care company, or using your out of network health benefits, I may be required to furnish information to them for authorization to continue sessions. In this case I would obtain your signed consent to release such information. **Second**, if you threaten to harm yourself or someone else, I am obligated by law to inform potential helpers or victims. Information would be shared only under circumstances where someone's life (including your own) is in danger. **Third**, if I have reason to suspect you are currently involved in child abuse or neglect, I am obligated by law to report this to the appropriate state child protective services.. **Fourth**, I may occasionally find it helpful to consult other

professionals about a case. During a consultation, I do not reveal the identity of my client. The consultant is also legally bound to keep the information confidential. **Fifth**, when counseling services are sought by third parties (i.e. courts) and disclosure of some information is mandated by law, you typically waive the right to confidentiality. I will make every effort to discuss it with you before taking any action, unless I believe that notifying you may put you or your health in jeopardy. **Lastly**, as much as I may like to, for your confidentiality, I will not address you in public unless you speak to me first.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I've developed the following policies:

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Facebook, LinkedIn, Etc: I utilize these sites for either personal and/or professional connections with colleagues. It is my policy not to accept requests from any current or former clients or family members on social networking sites such as Facebook or LinkedIn because it may compromise your confidentiality.

Google: I do not search my clients on Google. I respect your privacy and make it a policy to allow you to share information about yourself to me as you feel appropriate. If there is content on the internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Psychotherapy Services Risks/Benefits

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist, client and the particular issue that's being brought forward. There are many different methods I may use to help you deal with the problem you are hoping to address. In order for the psychotherapy to be most successful, you will have to be open and honest about your issues and work on things we talk about both during our sessions and outside of the sessions.

Psychotherapy can have many benefits as well as some risks. Since therapy often involves discussing unpleasant aspects of life you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise. On the other hand, psychotherapy has been shown to have many benefits for people who go through it. It often leads to better relationships, solutions to specific problems and, significant reduction in feelings of distress. However, there is no guarantees of what you will experience.

Usually, our first several sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you

decide to continue with therapy. It is important that you evaluate this information along with your own opinion of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy therefore, it's important that you are comfortable with the therapist you select. If you have questions about my procedures, please discuss them with me whenever they arise.

Brief summary of how I work with:

Couples - couples therapy is designed to heal the interpersonal problems that contribute to relationship dysfunctions or the physical/mental health of one or both of its members. In most cases, with the exception of evaluation sessions, nearly all of our sessions will be conjoint. Usually, the first session will be to evaluate the interactions and problems in your relationship, the second and third session will be individual sessions for individual evaluations, and the fourth session is to share my observations / impressions, propose a course of treatment and discuss whether you want to work with me (in general this is how it unfolds). In some instances I may need more sessions to complete assessment. If we all agree to work together, we will set therapy goals and discuss how we will proceed. **Couple's Secrets** -It may occur that you or your partner, in the absence of the other, will tell me something that has direct and important relevance to you or your partner, your relationship and therapy process with me. If the information shared with me is of a secret nature, I will use my best clinical judgment and will encourage the partner holding the secret information to share it with the other. If this partner chooses not to share his/her secret information and, in my best clinical judgment, I determine that holding the secret does more harm than good to therapy process, I may elect to discontinue being the therapist for this couple.

Families

Therapy with families is designed to identify the causes of behavior, not in the individual alone, but in the interactions among the family members. Most sessions are conducted with all family members present (at times it may be a combination of parent/child or sibling systems). First two family sessions will be used to evaluate families' needs. At the third session I will share with you my impressions and what our work will include if you decide to continue with therapy. In general this is how it unfolds. I may need more sessions to complete assessment.

Contacting me

I am often not immediately available by telephone. When I am unavailable, please leave a message and I will make every effort to return your call within 24 hours; 48 hours on weekends and holidays.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. In the event of a mental health emergency, **do not** leave me a message and wait for a call back, but do one or more of the following:

- Call 911 or go to your nearest emergency room
- Provide the crisis intake worker and treating physician with my name and contact information, sign a release of information form and ask them to contact me
- Contact me as soon as you are able to and let me know the outcome and recommendations for further treatment, if any

Vacation Coverage

I do not have professional coverage when I am away on vacation I will notify you well in advance of my upcoming planned absence and review the emergency procedures. You can leave a non-emergency message for me while I am away however, your call will not be retuned until I return from vacation.

Personal Emergencies

In the event that I have an emergency (personal/inclement weather etc... all reasonable efforts will be made to contact you by phone/text/e-mail. A recorded message will be left on my voice mail informing you of the emergency status as appropriate.

If at any time my availability as described above, does not feel like sufficient support, please inform me, and we can discuss additional resources for a therapist with increased availability.

Records

Your sessions communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in a secured location off premises. In accordance with NJ SW law, your clinical file will be securely stored for 7 years after our last contact (phone, letter, email) and for minors, 7 years after they reach of the age of majority.

Ending Therapy

Some individuals benefit most from a brief involvement in therapy whereas others will find an extended length of time more valuable. I am committed to working with you as long as the therapeutic process is productive and healthy. I am available at any time during the therapy process to discuss concerns you may have regarding ending of your therapy. The process of ending therapy may be equally as important as the work you accomplish during the course of your therapy. The ending of therapy will have the most impact when it evolves from a partnership between client and therapist. It is most productive if you can address the ending of your therapy over the course of several closure sessions.

If I do not have contact or communication from you for a period of 30 consecutive days, I will assume that you no longer intend to remain active in the therapeutic relationship and your case will be closed. You have the option, however, to contact me again any time in the future to discuss continuing psychotherapy with me.

ETHICS RELATED COMPLAINTS

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of The National Association of Social Workers (NASW). If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, you may access information on how to file a complaint with NASW's Office of Ethics and Professional Review at

I am looking forward to working with you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please, date, and sign your name below indicating that you have read and understood the contents of this "Information, Authorization and Consent to Treatment" form as well as the signature "Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices" provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Name (Please Print)

Date

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist's Signature

Date

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