



Bebe Brezanin-Brusky, MSW, LCSW

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Adolescent, Adult & Couples Counseling
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Office Policies and Informed Consent Form / Minor

(To be reviewed and acknowledged by the minor and parent/guardian)

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 HIPAA Notice of Privacy and Financial Policy (provided separately).

About me

I am a Licensed Clinical Social Worker (LCSW) and I have over 15 years of clinical experience in the mental health field working with adolescents, teens and their families. Young people in our society are continuously faced with mounting pressures to succeed academically, meet their parents', friends' and society's demands. Combined with their rapid biological changes and quest for discovering their own identity, adolescence can be a time of challenge for young people and their families alike. During this time stress and conflict are not uncommon in parent-child relationships and, often many young people experience feelings of overwhelm, anxiety, depression or isolation. It's of utmost importance to me to provide a safe space where teens have experience of not being judged and give them the opportunity to express themselves verbally, in writing, through music, art, storytelling, meditation and relaxation techniques. I partner with young people in developing goals and coping strategies that will help them to have more satisfying relationships, gain balance in their lives and succeed.

What to expect (Minor):

The purpose of meeting with me is to get help with issues in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving areas of life that don't work as well as you would like them to.

In my experience, I find it very helpful to involve parents/guardians in your treatment. Although I will meet with you primarily, from time to time, especially in the beginning of our work together, I will ask your parents to meet with me individually for the whole session or part of your session. Having them occasionally involved in your treatment will help you and me to understand what some of the issues

may be and to assist you to develop goals and strategies you can use to manage important things in your life more effectively.

It is important that you know, that since psychotherapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness or helplessness. Occasionally, you may want to avoid coming to therapy because you don't want to experience some of these feelings or, you'd simply rather be with your friends.

Sometimes 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 guarantee of what you will experience.

Confidentiality

It is important that you feel comfortable talking to me about the issues that are bothering you. However, I understand that sometimes trusting someone else with your private thoughts and feelings may take some time. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their therapist.

As a general rule, I will keep information you share with me in our sessions confidential. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by the NJ law and by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- You tell me you are being abused - physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by the NJ law to report the abuse to the department of child protective services.

- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your and your parent/guardian's written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.
- Lastly, as much as I may like to, for your confidentiality, I will not address you in public unless you speak to me first

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, I will not discuss with your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of, or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will first encourage you to tell your parent/guardian and will help you find the best way to tell them; otherwise I will inform your parents of my concerns for your well-being.

The state law grants parents the right to access your records and to be informed of treatment progress. That being said, I strongly encourage parents to afford their children privacy regarding their therapy; Parents can learn about their child's work in therapy during our joint parent-child meetings or individual parent sessions. You should know when meeting with your parents, I may describe problems or topics we are working on in therapy in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

School: Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your parent's/guardian's written permission before I speak to anyone. A very unlikely situation might come up when you do not agree, but both I and your parent or guardian believes that it is very important for me to be able to share certain information with someone at your school. In this instance, I will use my professional judgment and share only relevant information.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will talk to you about my plan to speak with your doctor or counselor and get written permission from your parent/guardian. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Technology Statement

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 make sure

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 text or email, please discuss this with me. However, please know that it is my policy to use these means of communication only 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 use 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.

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 with 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

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 returned until I am back 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 you reach age 18 (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 the ending of your therapy. At times you, your parent/guardian or both of you may be considering ending therapy prematurely for various reasons. If this comes up please let me know so we can discuss what may be the most productive way to complete our work together and minimize any possible negative side effects. 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
800-638-8799

Adolescent therapy client:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, please ask me at any time.

Minor Name _____

Minor's Signature _____ Date _____

Parent/Guardian:

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I know I have the legal right to request written records/session notes since my child is a minor, I agree not to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment.

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 "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 child's therapist, and you are authorizing me to begin treatment.

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

Date

Parent's or Legal Guardian's Signature

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

Date

Parent's or Legal Guardian's Signature

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