

CLIENT INFORMATION AND CONSENT TO TREATMENT

Welcome to our clinical practice. This document constitutes an agreement between us once you read and understand it, consent to treatment, and sign below. Please keep this for your records.

APPOINTMENTS AND FINANCIAL TERMS

A scheduled appointment means that a 45-minute time slot is reserved for you. The fee is \$175 for the initial appointment and \$150 for follow-up appointments. For couples, we prefer to work for 90-minutes and the fee is \$325 for the initial appointment and \$300 for follow-up appointments. For the initial appointment, payment is due upon scheduling. Payment for subsequent sessions is due at the beginning of the month. If you cancel or miss an appointment and we are able to reschedule you within the same week, you will not be charged for the missed appointment. Otherwise, you will be charged the full amount the session is billed for. Exceptions will always be made for emergencies. Other professional services you may require will be charged on a pro-rated basis.

CONFIDENTIALITY

All of our communication will be held in complete confidence. This means that unless you expressly give permission, we will not release any information about you to anyone. However, laws require the release of confidential information in the following situations: threats against the physical well-being or life of another person, imminent suicidal behavior, suspected abuse of a child, elder, or disabled person, and a court-ordered disclosure in legal proceedings. By signing below, you authorize us to contact your insurance company should you need our assistance using your benefits. You may receive information from us via mail or email or phone call to let you know of our other services that may be beneficial to you.

AVAILABILITY

You may contact us at the number listed above and you may contact your therapist directly. Please note that, although we will do our best to return your call in a timely manner, we are not always available immediately and we do our best to return your call on the next business day. Any clinical concerns should be addressed directly through phone calls rather than email. Electronic communication of any type should be used only for minor scheduling issues, such as date/time changes. In a crisis situation, go to your local Emergency Room or contact the following: In Somerset County, Psychiatric Emergency Screening Services at 908-526-4100; In Middlesex County, UBHC Acute Psychiatric Services at 732-235-5700; In Mercer County, Psychiatric Crisis Intervention at 609-396-4357; In Morris County, Psychiatric Emergency Screening Services at 973-625-6150. When your therapist is away for an extended period of time, he/she will leave the name and phone number of the covering clinician on his/her voice mail message.

Client Signature: _____ Date: _____

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