

CREATING HEALTHY ALTERNATIVES TOGETHER

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Non-Disclosure and Consent to Treatment

I. Confidentiality

We must have your written release to provide information to others. Exceptions in which we may break confidentiality of your medical records are listed below. Your therapist cannot and will not disclose any of your personal health information, or even that you are in therapy, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, a therapist may legally speak to another health care provider or a member of your family about you without your prior consent, but your therapist will not do so unless the situation is an emergency. Your therapist will always act so as to protect your privacy even if you do release that person in writing to share information about you. You have the right to revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the privacy and confidentiality of an individual's health information that is transmitted electronically or by any other means.

- Please check if you would like us to not send you mail or leave voicemails regarding your services.

The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.

1. If your therapist has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your therapist information about someone else who is doing this, your therapist must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
2. If your therapist has good reason to believe that you will harm another person, the therapist must attempt to inform that person and warn them of your intentions. The therapist must also contact the police and ask them to protect your intended victim.
3. If your therapist believes that you are in imminent danger of harming yourself or if you become mentally ill and are unable to take care of your basic needs, they may legally break confidentiality and notify authorities.
4. If you notify your therapist that you are suffering from an infectious disease, such as HIV, they must report your identity to a local health care officer.
5. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of New Jersey, your therapist is required by law to report that conduct to the Department of Health.
6. Under certain select circumstances, the court may order your treatment records to be released to another party involved in litigation with you.

The following is not a legal exception to your confidentiality. However, there are a couple of policies you should be aware of.

1. If you are a child under the age of 13 or if you are the parent(s) of a child under the age of 13, the therapist will only share what they feel is necessary with the parent(s) for the child's own well-being. The therapist will inform the child what they will say to the parent(s) before they meet with the parent(s).

- Confidentiality may not fully apply to couples, family, and group sessions. If you decide to have some individual sessions as part of the couples, family, or group therapy, what you say in those individual sessions may be discussed in joint sessions.
- If you are being seen at the direction of another agency (for example, disability evaluation), you may not have confidentiality.

Therapy may be ended under the following conditions: If the therapist judges that he is not able to help you because of the kind of problem you have, or because the therapist's training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may meet your needs. If you are violent toward, threaten, verbally or physically, or harass your therapist or the office or ask your therapist to engage in any illegal conduct you will be unilaterally and immediately terminated from treatment. No referrals will be provided in that circumstance.

II. Record-Keeping.

Your therapist will keep written records of your sessions. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request correction of any errors of fact in your file. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Your records are maintained in a secure location that cannot be accessed by anyone else other than your therapist and Forensic and Clinical Psychology Service employees who have signed confidentiality agreements.

III. Appointments, Cancellation/Missed Appointments, and After Hour Emergencies

You are responsible for coming to your session at the scheduled time. Sessions last for 45 minutes. If you are late, the session will end on time and not run over into the next person's session. Please try to give 24 hour notice of cancellation when possible so that someone else may have access to the time. **If 24 hour notice is not given, you will be expected to pay for the session.** Your insurance company generally cannot be billed for fees associated with missed or canceled appointments, so you will be responsible for the fees. Repeatedly not showing up for appointments could result in discontinuing further care. Our office will attempt to provide you with a reminder call for your appointment. However, if we are unable to reach you, it does not imply the appointment is canceled or missed appointment fees will be waived.

Forensic and Clinical Psychology Services does not offer evening and weekend crisis coverage. If you are experiencing an emergency outside of regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Feel free to leave messages for your therapist on the office voicemail; calls will be returned as quickly as possible.

IV. Payment information

Payment amounts vary between services rendered. There may be additional charges if extra evaluations and procedures are required. You will be informed of any additional charges prior to your appointment. We accept cash and checks as forms of payment. In the event of an NSF check, there will be a \$25 NSF charge added to the balance due.

We do accept insurance; however, payment is due at the time of service and insurance may not cover all of the charges billed to your account. You are responsible for all treatment services provided.

Our policy is to charge in full for missed appointments not canceled within a 24-hour period of the appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated with our billing department. Late fees will still be applied to the remaining unpaid balance if partial payments are made. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from our services.

V. Complaints

If you're dissatisfied with my services, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect.

You may also contact the Secretary of the United States Department of Health and Human Services. You may mail your complaints to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave. S.W. Washington, DC 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to therapy at Creating Healthy Alternatives Together.

Client Signature _____ Date _____

Print Signature _____
