

Jennifer Furey, LPC, LLC ♦ Counseling and Psychotherapy

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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES (INFORMED CONSENT FOR PSYCHOTHERAPY)

Welcome to my practice! I know the decision to chose a therapist is a difficult one, and I see it as a privilege to work with you. Outlined below are my office policies and procedures, as well as important information about your rights and risks of therapy. Please read them carefully before signing. I am happy to discuss any questions or concerns you may have at any time.

RISKS: Therapy can get uncomfortable and distressful at times when working through emotional hurts, vulnerabilities and trying out new ways of being (see your rights below to discuss any questions at any time). Therapy can help improve your quality of life, but there are also no guarantees. Therapy tends to be most effective when a client shares open and honestly, takes an active role in therapy and when incorporating what is learned in therapy outside of therapy.

RIGHTS: You may ask questions about any aspect of the counseling process at any time. You may increase, decrease or terminate therapy at any time with or without notifying your therapist. You get to choose what you do and do not discuss. It is encouraged and your right, to speak to the therapist at any time about any concerns you have about the therapeutic process.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. If you are a non-emancipated minor, your parents have the right to access your records.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the client presents a danger to others. Therapists are mandated reporters, and I will need to follow the duty to warn laws including notifying the appropriate authorities when required to do so. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records and/or testimony from me. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during the course of therapy, 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 person whose name you have provided on the intake sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: On occasion, disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process out-of-network claims. If you so instruct me, only the minimum necessary information

will be communicated to the carrier. The office staff is privy to your name and insurance information in accordance with HIPAA regulations.

E-MAIL, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all emails that go through them. It is important that you be aware that emails, faxes, and important texts are part of the medical records. Additionally, my emails are not encrypted. My computer is equipped with a password. Please notify me if you decide to avoid or limit in any way the use of any or all communication devices, such as email, texts, or faxes. If you communicate confidential or private information via email, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via email. Please do not use email or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: The standards of my profession require that I keep treatment records for at least seven years. As a client, you have the right to review or receive a summary of your records at any time, or to have your records released to someone else with your written permission. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment. Please refer to the Notice of Privacy Practices.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, my business phone number is 908-333-1033. If I do not answer, please leave a message and your call will be returned as soon as possible (typically within 24 to 48 hours). If you are experiencing any kind of physical or psychiatric emergency, please call 911.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$150.00 per 50-minute session or \$95 for a 30-minute session. Family sessions are \$195. Assessment sessions are \$225 for 80 minutes. Payments are due by the end of each session unless other arrangements have been made. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. If possible, I will be happy to work out a payment plan with you. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. I will provide you with a copy of your receipt for services, which you can then submit to your insurance company for reimbursement, if you so choose. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk because it becomes part of your permanent medical record. Additionally, not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. There are some insurance companies who may not cover telemental health. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I may use legal or other means (courts, collection agencies, etc.) to obtain payment and any costs associated with collecting payments will be the responsibility of the client to pay. In addition, services will be terminated if timely payment is not made.

PEER SUPERVISION: At times, I may consult with peers in the field (other mental health professionals) regarding the specifics of your case in order to best help you. Your name will never be used in these consultations without your consent and every effort will be made to limit information that may identify you based on demographics and circumstances.

TERMINATION: After our initial 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 for you to contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals or that you are non-compliant (either with treatment or session attendance), I am obligated to discuss it with you and, if appropriate, to terminate treatment. 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. You have the right to terminate therapy at any time. If you choose to do so, and if appropriate, I will offer to provide you with names of other qualified professionals.

SOCIAL NETWORKING AND INTERNET SEARCHES: At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Exceptions may be made for illness and emergencies.

AGREEMENT:

I have been offered to read and take a copy of the Notice of Privacy Practices, if desired.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services (Informed Consent for Psychotherapy) carefully and have been offered to take a copy of them, if desired. I understand them and agree to comply with them:

Client's Name (print)

Signature _____

Date _____

Client's Name (print)

Signature _____

Date _____

Psychotherapist's Name (print)

Signature _____

Date _____