

## **Informed Consent for Therapy and Practice Policies**

Welcome, and thank you for choosing my practice to serve your therapy needs. I received my Master of Science in Marriage and Family Therapy at the University of Rochester School of Medicine and Dentistry and am licensed by the State of New York to practice Marriage and Family Therapy. I am a member of the American Association of Marriage and Family Therapy (AAMFT).

**Even though it is lengthy, it is important that you read and understand this document before signing it.** You are making a brave choice to take a bold journey. The purpose of this document is to let you know what therapy involves and to disclose the policies of my practice, so that you can make an informed decision to start taking part. Signing this document means that you agree to what it contains, and that therapy can begin. If there is anything you do not understand, please let me know.

Although Marriage and Family Therapists (MFTs) have specialized training in the treatment of couples and families, many clients seen by MFTs are individuals. The MFT perspective is different because it considers your life in the context of the systems that surround you and the way in which they shape your life, which is something we will discuss in our time together. My website describes my approach in more detail.

## **COVID-19 Policies**

Please note that as a private entity I am able to set my own conditions and they may not match CDC guidelines. I may choose to discontinue in-person sessions or reschedule or cancel client appointments at my discretion due to concerns over COVID-19. My current COVID-19 stipulations are stated on the Make Appointment page on my website and should be reviewed before scheduling. These conditions may change at any time and are dated; it is important to check for updates each time you book. Scheduling an appointment signifies that you agree with those conditions.

## **Benefits and Risks of Therapy**

Research shows that talk therapy can help people with mental health conditions, relationships, feelings, and problems that are bothering them or are preventing them from being satisfied or successful in their daily functioning or social environment. As a participant in therapy, you have rights and responsibilities, which are outlined in this document. You have the right to have the course of your treatment, and the associated risks and benefits, explained to you.

Therapy is a powerful tool for helping people explore their emotions, choices, relationships, and life path. It is also a research-proven way to treat mental health diagnoses. Yet just as your diagnoses do not define you, they do not define your journey in therapy; we will find our own path to your best self. During therapy, we will work together to discover goals for your treatment. As your therapist, I will use the skills I have learned in my training and experiences with clients to help you access your inner strengths and make use of other resources

you may have. This can result in positive, lasting changes that can help you achieve your goals and improve your quality of life.

Therapy has many benefits, including improvement in relationships, reduction in stress and anxiety, more comfort in social or work environments, and better understanding of the self. It is important to acknowledge that during our discussions, memories or other experiences that we talk about could trigger strong negative emotions, including sadness, fear, anger, and guilt. Your relationships and interactions with others might become strained or change in nature. Even though these difficulties may arise, they are not indicative of failure. Recognizing their presence and developing skills to deal with them are at the core of what you will learn in therapy.

Therapy requires a time commitment. The length of time people spend in therapy is varied. Sometimes, brief therapy may be appropriate and consist of a small number of sessions. Long term therapy may consist of considerably more sessions or be spread out over a long time. Ongoing therapy can help some people with persistent conditions maintain stability and can continue without definition in an open-ended fashion. Most therapy does not fall into a single category. Therapy is only successful with your active participation, and sometimes that means hard work. At times, some people feel overwhelmed or defeated. We will check in on your goals and state of mind as therapy progresses, to help avoid this situation and determine how your therapy experience will be shaped. There is no guarantee that therapy will “make everything better,” but with dedication and determination, transformations from therapy can be life-changing!

If you are experiencing thoughts of suicide, or have attempted suicide in the past, there could be enduring risks while in treatment. People with prior attempts are at the greatest risk. Various mental health conditions and symptom presentations carry increased risk of attempts and death. These increased risk factors can be carried into and persist throughout the course of treatment. Therapy has been shown to be effective at reducing suicidal thoughts and repeat attempts, but there is no guarantee it will ensure your safety. Many people are hesitant or scared to talk about self-harm, and it requires a great deal of trust to discuss. Therapy can involve processing difficult subject matter and it is important to share your thoughts and feelings, so we can work to build and reinforce skills to deal with the complex emotions that can arise. My hope is that you place therapy among your trustworthy environments such that you can be direct and specific when there is difficulty that affects your stability, emotional or otherwise. Holding back limits the effectiveness of risk reducing interventions. You may experience distressing situations outside the therapy setting that can increase your risk of self-harm. We can work together to create a crisis response plan that will include steps to take, resources to use, and people to contact if you are feeling unstable or in crisis. This plan would be a very important piece of your treatment and you could be greater risk if you choose not to use it. We would talk through the parts of the plan to make sure they are realistic and meet your needs as best as possible. If you are in crisis and need immediate support, you can contact the National Suicide Prevention Hotline at 1-800-273-8255.

A safety plan can also be developed in the case of Domestic Violence. However, I am not an abuse counselor and am not a mandated reporter of abuse between adults, including elders. Domestic Violence includes emotional or physical violence but may also present as more subtle things like controlling behavior or stalking. If you or people you care about are experiencing abuse or are being harmed or threatened in any manner, you should contact law enforcement or one of the specialized abuse resources in the community. A list of local resources is available via paper or download from my website. We can coordinate your treatment with any

outside resources you may be using. If you need immediate assistance or resources, you can call the National Domestic Violence Hotline at 1-800-799-7233.

Please refer to the Confidentiality section below for special rules regarding harm and self-harm.

## **Participation**

Participating in therapy is a free choice and individually decided. I will not conduct a session with a person who has been compelled to participate in therapy unless their therapy is compulsory as a condition of involvement with courts of law. You can end therapy at any time with or without telling me the reason. I will provide you with a referral to another therapist if you wish.

It is my policy to see minor children only in the context of family therapy. I will not accept a minor child as a primary client, and I will not engage in treatment involving a minor child without the consistent, direct, and active participation of a parent, adult family member, or individual with appropriate legal guardian status.

I will not conduct a session with a client who is under the influence of alcohol, a non-prescription drug, or whose cognitive ability is artificially impaired regardless of the legality of the substance causing the impairment. Determination of impairment is at my discretion. If your medications are causing negative cognitive side effects, we can coordinate with your doctor to help. If you are having difficulty controlling your use of substances, we can coordinate with community resources to help. You will be liable for the full session fee if you must leave due to substance impairment.

I cannot conduct therapy in situations that create a “dual relationship.” This means I cannot treat people with whom I have more than just a therapeutic relationship, such as family, friends, or people who provide me professional services. A dual relationship may also be formed by accepting more than one member of a group of closely-knit people as separate clients. However, this is not always the case. Determination is complex and is made on an individual basis informed by professional discretion. The dual relationship guidelines do not apply to people participating in couple and family therapy together as one unit.

Despite the availability and provision of teletherapy services, my licensure is valid solely in New York State and I am restricted by law to practice in New York only. New York State law requires that you and the participants in your therapy sessions be physically present in New York State during our sessions. The law provides no exception for vacations or other presences outside the state.

To be successful, therapy can require significant effort. Among other things, this can include careful consideration of situations, evaluation of thoughts and choices, and making changes to behaviors. You control your participation in activities and treatment. Choosing to not actively participate or not following through with tasks may undermine your treatment or extend the length of it.

Successful therapy requires engagement and commitment. If you repeatedly miss appointments without reasonable cause or notice, re-evaluation of your continuation in therapy may be necessary.

## **Non-Discrimination / Non-Harassment**

Therapy services are provided without regard to race, color, national origin, religion, creed, gender, gender identity, sexual orientation, age, disability, health status, relationship status, socioeconomic status, veteran

status, or any other legally protected status. You have the right to a safe, professional environment free of any unwanted contact. I will not pursue social media, social, romantic, or sexual relationships with clients. I am bound by the ethical code set forth by the AAMFT. This code can be viewed at the following URL: [www.aamft.org/jimis15/aamft/content/legal\\_ethics/code\\_of\\_ethics.aspx](http://www.aamft.org/jimis15/aamft/content/legal_ethics/code_of_ethics.aspx)

## **Confidentiality**

Session content is strictly confidential. There are a limited number of exceptions to this rule:

1. If I determine that there is a significant, specific, or immediate risk of you harming yourself or others, I am required by law to tell other people about the situation to make sure everyone is safe. If the danger is to yourself, persons informed may include other health care providers, emergency contacts, family members, people listed in your crisis response plan, crisis intervention services, or in some cases law enforcement officials. If the danger is to another person, I am required to notify law enforcement officials and attempt to notify the other person.

Therapists are trained to recognize signs of risk for harm. However, if you are not in my physical presence, (such as during a phone or SMS conversation) my ability to determine the degree of risk is limited. If I have concerns about your state of being, I will rely on my impression of whatever direct communication we have, and possibly your behaviors and statements as reported by others, to determine if safety intervention is warranted. If I am unable to confidently establish your safety, I will contact a crisis intervention service that can come to your location and do an independent in-person assessment. You may incur a fee from the provider of this intervention.

2. If I suspect abuse or neglect of an individual under the age of 18 (“minor child”) I am required by law to report this information to the appropriate legal authorities. I will discuss this reporting with you unless I feel the child would be at increased risk by doing so.
3. I am required to respond to legitimate requests issued by courts of law by providing the information requested. In such a case I will release the minimum amount of information possible.
4. In the case a of a person under 18 (“minor child”), parents or guardians may look at any records I keep and be informed as to the course of care. Before we start therapy, I will talk to adults and children about confidentiality and what it means to the course of care and the therapeutic relationship. In general, I will release the minimum amount of information such that parents are at ease with treatment, but the child’s privacy is respected. At my discretion, I may keep session content private, including things that a parent/guardian may disapprove of, unless I think the child is at significant risk. Careful disclosure is an important step in helping parents and children talk to each other. We can talk about some examples of what this might be like during your first session.

There are other times sharing information may be helpful:

1. Talking with your other care providers about your care can be important. I will ask for your written permission before doing this. Although I may offer suggestions, the amount and type of information to be shared is determined by you.
2. If you are involved in therapy with more than one person, sometimes I may see you or those other people separately. What we talk about in these individual sessions is confidential and cannot be told to the other people in therapy unless you give your permission. However, you should understand that limiting disclosure can block the success of therapy. We will work together to figure out what information should be disclosed and how to disclose it.

3. Therapists are life-long learners. I may consult with colleagues and professionals in the field of psychotherapy regarding theoretical approaches to care. The purpose of these consultations is to foster my ongoing growth as a therapist, which includes training and professional development. Discussions and disclosure will not reveal your identity, the identity of specific persons related to your life, or details of your life that enable your identification.

Engaging in therapy is something of which you can be proud! However, you have the right to keep the fact that you are in therapy private. To protect your privacy, if we encounter each other outside of a therapy setting, you are not obligated in any way to interact with me. I will not acknowledge you unless you approach me first. If you do approach me, I will not tell anyone that might be accompanying either of us what our relationship is unless you reveal it first. I will not reveal, confirm, or deny the reason you are attending therapy. Generally, I will not introduce you to people that are with me. Please understand these behaviors are to protect your rights as a client and are not intended to be rude, dismissive, or inconsiderate.

I will not contact any person regarding your appointments without your permission, and I will not leave phone messages or send letters without your permission.

The technology and methods I use are HIPAA compliant. The information I collect may include my notes, release and consent forms, diagnoses, records provided by other providers, and your billing information. Any identifiable paper records are destroyed after their transfer to a digital system. You have the right to request a copy of any records I may keep. I must respond to any request within 30 days. Treat any released information with care; confidentiality is your responsibility too.

### **Scheduling and Fees**

Session frequency will be determined based on a collaborative discussion regarding goals and expectations and can be altered as therapy progresses.

Appointments may be scheduled up to one month in advance. You may schedule via phone or the “Make Appointment” link on my website, [www.rochestertherapy.net](http://www.rochestertherapy.net). Please do not use the form in the Contact section of the website to schedule appointments. The online system is updated with my most current availability. Appointments scheduled via the online system will create an email confirming your appointment and send an additional reminder one day prior to your appointment.

I reserve the right to cancel or reschedule appointments due to unforeseen circumstances. If this situation occurs less than 24 hours before your appointment you will receive a discount on your next session equal to one half of your standard session fee. If I fail to attend a session due to a scheduling error on my part, your next session will be provided free of charge.

I will be unavailable on the following holidays: New Year’s Eve, New Year’s Day, Good Friday, Easter Sunday, Mother’s Day, Memorial Day, Father’s Day, Independence Day, Labor Day, Halloween, Thanksgiving Day, Day after Thanksgiving Day, Christmas Eve, and Christmas Day. Apart from these days, I will occasionally take vacations, during which I may have limited availability. I consider myself to be on vacation if I am out of the office for more than four consecutive days. I will inform you of vacation time if it impacts your typical session schedule.

Please provide 24 hours' notice if you are unable to attend a scheduled session. You are liable for the full session fee if adequate notice is not given. This fee is due prior to, or at, your next session. If there are no further sessions, I will provide an invoice that can be paid with any of the accepted methods. I may waive the fee at my discretion; however, I reserve the right to refer unpaid balances to collection agencies.

My standard fees are \$85.00 for a 50 minute Individual session, \$95 for a 50 minute Couple or Family session, \$120 for an 80 minute Extended Session, \$85 for a 50 minute Video Telehealth session, and \$105 for an 80 minute Extended Telehealth session. For billing purposes, therapy is considered Individual if the primary client is one person. Other people may occasionally accompany you and the session will still be considered Individual. If other people attend consistently (typically more than three times), the mode of therapy will change to Couple or Family as deemed appropriate. I cannot guarantee the quality or technical functionality of a Video Telehealth Session. Switching to audio only may be required; full session fee still applies. In extreme cases rescheduling may be required.

If your income is very limited, or your financial situation changes drastically, fees may be able to be reduced. The standard hardship discount is 25%. I may choose to offer a higher discount at my discretion. Hardship discounts are valid for a period of 60 days, which may be extended at my discretion. A discount of 15% is available for undergraduate and graduate students. You may be asked to provide proof of your status as a student. I may also offer payment plans at my discretion. A separate Fee Agreement may be issued to record fee arrangements.

I accept Cash, Check, Visa, MasterCard, American Express, Discover, Samsung Pay, Apple Pay, Android Pay and PayPal. I do not accept Venmo due to confidentiality concerns. I am not able to receive gifts or barter for services as a form of payment. Payment is expected at the time of service. If desired, receipts are provided electronically unless US mail is specifically requested. There will be a \$25.00 fee for returned checks.

My services are HSA/FSA approved expenditures. I do not directly bill insurance at this time; however, you may be able to submit an invoice or receipt to your insurance provider for Out-of-Network provider reimbursement. Contact your insurance carrier if you wish to explore this option. Please note that in almost every case using this process, you must meet the qualifications for and be assigned a psychiatric diagnosis. I cannot guarantee that I will be able to meet requirements set forth by any insurance company.

## **Contact**

You can reach me by phone at 585.358.0258. If I am unable to answer, you may leave a message. Voice mail is secure and confidential. You can contact me via FAX at 585.304.7450. I am also able to communicate via SMS/MMS. Please keep in mind any interactions will become part of your record – content should be carefully considered. Although my phone and contact storage are secured and encrypted, standard SMS transmissions are not sent in an encrypted format.

My email address is [jason@rochestertherapy.net](mailto:jason@rochestertherapy.net). Encryption of email containing PHI (Protected Health Information) or other sensitive information is highly recommended. Encrypted email chains must be originated by me; I will send the first email and all further messages connected to that email will be encrypted. If you choose to send me an email outside of this process, it will not be protected by encryption. Depending on your email system, you may not be able to view encrypted emails directly in your inbox. In this case you will be required to use a secure web link to access the content. Functionality may be limited on a mobile

device. Please indicate your preference regarding encryption in the Acknowledgement section. Confidentiality and privacy are your responsibility too! Use best judgment with all communication methods.

Phone, text, and email contact are free of charge but are best for basic information exchange and brief discussion and are not meant to constitute a session. If conversations via these methods are extensive or frequent, we may need to discuss increasing the frequency of your sessions. I may defer a conversation held via phone, text, or email to your next session at my discretion.

**I am typically available from 9:00 AM until 9:00 PM, seven days per week. I will typically respond to communication within 24 hours, apart from the previously named holidays and vacations. I do not provide a priority response to messaging. These availabilities are subject to change.**

**If you have an emergency or crisis that affects your safety or the safety of another person, please call 911. Do not wait for me to respond.**

**Acknowledgement**

I understand my rights and obligations as presented to me in the Informed Consent and Practice Policies document. Information I have provided at the time of my entry into therapy is accurate and as complete as possible. I have been provided information about the benefits and risks of therapy. I have received information about fees, payment and scheduling. My signature establishes my informed consent and willingness to engage in treatment.

Client

Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

List the names and ages of and children under the age of 18 who will be involved in therapy:

\_\_\_\_\_  
\_\_\_\_\_

I certify that I am legally able to make mental health care decisions for the child(ren) listed. I understand the treatment of confidential information provided by children during the course of therapy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Optional**

Always require encryption when communicating via email. I understand selecting this option may present technical challenges.

**Scan the QR code or click [here](#) to fill out this form online.**



~ Please retain a copy of this document for your records. ~