

22 Oakwood Road
Huntington, NY 11743
P: (631) 223-8499



280 Madison Ave #202
New York, NY 10016
P: (347) 915-3044

AGREEMENT FOR PSYCHOLOGICAL SERVICES

Welcome and thank you for choosing Family Guiding Psychological Services, PLLC. This Agreement contains important information about our professional services and business policies. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Please read the information carefully and sign at the end of this document. By doing so you are indicating that you have reviewed this information and you are agreeing to the terms. You are free to revoke this agreement or discontinue your work with our organization at any time.

THE THERAPEUTIC PROCESS

Family Guiding offers many forms of guidance to aid in your self and/or family development, including what is commonly known as "therapy" or "psychotherapy." Sessions are 45 to 60 minutes and can occur in your home or at our office. Psychotherapy sessions can be provided on an individual basis, with partners or with the entire family depending on your specific needs. The nature and structure of sessions will vary depend on the particular issues you or your family are experiencing.

Therapy requires an active effort on everyone's part and may require work in and out of sessions to facilitate success and growth. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change but are committed to supporting you/your family and helping you clarify what it is that you want for yourself.

CONFIDENTIALITY AND LIMITATIONS

The law protects the privacy of all communications between a client and a psychologist. All information disclosed during consultation is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure is required by law in the following circumstances:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person. If a client communicates an immediate threat of serious harm to an identifiable victim, we may be required to notify the potential victim, contact the police, and/or seek hospitalization for the client.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

At Family Guiding we are committed to professional growth and as such consult with each other on cases as well as provide supervision to interns and students. During these consultations, we will avoid revealing any information that may identify you personally. If any such situation arises, we will make every effort to discuss it with you fully before taking any action, and will try to limit disclosure to what is necessary. If you are working directly with a student or intern, information regarding you/your family's progress in therapy will be shared with a Licensed Psychologist for the purposes of supervision.

There may arise a situation where you will see your therapist accidental outside of the therapy office. Should this occur, we are committed to honoring your privacy and confidentiality, therefore it is best practice not to acknowledge you first. However, if you wish to acknowledge your therapist you may do so but understand the conversation will be brief. It is best not to engage in any lengthy discussions in public or outside of the therapy office.

While this written summary of exception to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex and in situations where specific advice is required, formal legal advice may be needed.

BUSINESS POLICIES AND PROCEDURES

Payment and Fees:

Our fees range from \$150 to \$275 and are dependent on the therapist, location, length of the session (between 45 to 90 minutes), and the number of family members attending each session. All fees are negotiated in U.S. currency. Payments can be made by cash, check, or credit card and you will be expected to pay for each session at the time it is held, unless we agree otherwise. In the event that a payment made by check is returned by the bank for non-sufficient funds (NSF), you will be responsible for a \$12 Returned Check Fee in addition to replacing the original payment.

Health Insurance:

Insurance companies may provide reimbursement for our services as an out-of-network provider. We will provide you with all paperwork necessary to seek reimbursement from your insurance company; however, you are ultimately responsible for determining what services are covered and to what degree.

Cancellation Policy:

All appointments require advance notice of cancellation, which allows us to serve all of our clients in an effective and timely manner. In the event that you need to cancel your appointment you must do so by **3:00pm on the previous business day**. If you do not cancel by this time or do not show for your scheduled appointment, you will be responsible for the session fee. If you need to cancel or reschedule a session, please do so by telephone. **Cancellations via text message or email will not be accepted.**

CONTACT INFORMATION

You may reach us by telephone at **(631) 223-8499**. You may also be provided with additional contact information as necessary. Due to the nature of our work, we may not always be available by telephone. When we are unavailable, the telephone is answered by a confidential voicemail that is monitored frequently. Every effort will be made to return your call within 1-2 business days (excluding weekends and holidays).

If you find yourself in an urgent situation, it is up to you to make a judgment about the prudence of waiting for a return call versus calling your primary care physician or 911. If we are away for an extended period, you will be notified beforehand.

Your signature below indicates that you have read this agreement and agree to its terms. Your signature also serves as an acknowledgment that you have received the HIPAA notice titled "Notice of Privacy Policies and Practices."

(Printed Name of Client)

(Date)

(Signature)

(Parent/Guardian Signature if client is a minor)