

Northern New Jersey Therapy
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Informed Consent/Service Agreement

This document contains important information about my professional services. Read each item below and initial in the space provided if you understand each item and agree to following. Once you sign this document, it will serve as an agreement between us. A parent or guardian of a Patient under the age of 18 must also read and understand each item before signing the agreement. **Do not sign this agreement if there is anything that you do not understand about the information you have received or have not discussed at time of intake.** Should you choose, you may revoke your consent for treatment at any time. In addition, this agreement will expire on termination of treatment and after all claims for treatment have been satisfied. Please read carefully and discuss with me any questions before signing and returning the copy

Please read carefully and discuss with your Clinician if you have any questions before signing and returning the copy.

I _____ (Patient Name) understand and agree to the following:

RISKS AND BENEFITS OF PSYCHOTHERAPY: Psychotherapy is the process where difficulties in one's life are assessed, prevented, evaluated, and treated in regard to arising and/or pre-existing psychological disorders. Although these disorders may be present, this practice does not make it a practice to label Patients, but instead educate Patients on symptomology and how to address the possible symptoms which may be impacting one's level of functioning. There are a variety of techniques that can be utilized to deal with the problem(s) that are brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require active participation and cooperation.

Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but will do our best to make sure you will be able to handle the risks and experiences as many benefits are made possible through treatment.

Patient's benefit from having a support system, including family, friends, 12-step, self-help, and support groups, religious affiliations, group therapy, medication, enjoyable, enriching, and expressive activities, such as art, writing, music, exercise, etc. A stable support system is particularly helpful when dealing with difficult material and feelings. Your therapist will provide referrals to help develop a support system at your request.

In most cases, therapy eventually improves one's sense of well-being and one's relationships. In very few cases, people obtain little or no benefit from therapy or become worse. It is not always possible to predict the outcome for an individual. Given this knowledge, the decisions to participate in therapy and to terminate therapy are personal ones. These decisions may be evaluated with one's therapist. Patients may also obtain independent consultation for a second opinion at any time, which could terminate this therapeutic relationship.

LENGTH OF PSYCHOTHERAPY: Some psychological problems can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the length of therapy needed. Some disorders cannot be properly treated within the limitations of some health insurance policies. The decision to terminate therapy belongs to the Patient, although one may evaluate this with one's therapist. It is critical that you have a final psychotherapy session or two before

termination of treatment. If your therapist believes you need further therapy, your therapist will provide referrals to other therapist or you may choose to continue therapy with your current therapist.

APPOINTMENTS: Time in session was reduced by the AMA to 40-45 minutes. Sessions of 30 minutes and extended sessions of 75 minutes are also possible for therapeutic, scheduling, or financial reasons. If you are unable to come into the office, telephone sessions can also be scheduled but they are not reimbursable by insurance.

INSURANCE: Before attending your first scheduled appointment, please assess your insurance benefits by calling the plan administrator. Our office does not participate directly in any insurance plans but is eligible for reimbursement as an “Out-of-Network” provider. Many patients use their insurance to help them pay for sessions. Insurance companies offer different levels of coverage based on your particular plan. Services may be covered in full or in part by your health insurance or employee benefit plan. Please check insurance carefully by asking the following questions:

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy session?
- Is approval required from my primary care physician?

Services provided beyond the limits of annual insurance coverage are to be paid directly by the patient. In the event the patient has not met the dictated deductible, the full fee is due at each session until the deductible is satisfied. Unless otherwise arranged, patients covered by all other insurers must pay for services privately and obtain reimbursement directly from the insurance company if applicable. If a patient would prefer not to use insurance, please ask me about your option to pay privately.

FEE SCHEDULE: Payments and co-pays are due at the time of appointment.

- Initial Intake, 60 minutes \$250
- Psychotherapy, 40/45minutes \$165
- Couples Session, 50 minutes \$180
- Family Session, 60 minutes \$200

OTHER FEES: Other charges may apply: If you, or another professional needs copies of any records office charges. \$25 per page for copying and postage. If your therapist is

required to provide a verbal report to a physical or other professional, a ten minute consultation will not be charged. If the consultation exceeds this time the same fees apply as with client telephone consultations (billed \$15.00 for each fifteen minute increment). If my office must provide written report a fee of a \$100.00 per hour will be billed for the time spent reviewing your file and drafting and publishing the report.

CANCELLATIONS AND RESCHEDULING: Hours set aside for you are not easily filled when they are cancelled with short notice. If you are unable to keep a schedule appointment, 24-hour notice is required for cancellation. Late notification or failure to attend a scheduled appointment will result in an initial “no –show” fee of \$25.00, thereafter will be the total cost of your session. This is not billable to your insurance company and is payable prior to your next appointment. The only exceptions will be cancellations due to sudden illness, death in the family, or severe driving conditions.

Initial here if this section has been read and understood _____

EMERGENCY COVERAGE: Your therapist does not check messages after 8:00 p.m. on weekdays, or routinely on weekends. If the telephone goes to a voicemail system it is an indication that your therapist is unavailable. Although, this is accessible 24-hour a day it should not be used in cases of emergency. All emergencies should be handled by calling 911 or contacting or visiting the nearest hospital emergency room.

When out of the office for several days, another therapist will be asked to cover. If another professional is taking calls while your therapist is away, please realize that the professional is properly trained to be helpful to you. If our office is unable to find coverage by another professional, then we will be available for phone consultations by cell phone. To every extent possible we will keep you informed about when I am away from the office and when I will return.

CORRESPONDENCES & TELEPHONE CALLS: It is normal practice to communicate with you at your home address and daytime phone number you give me regarding appointment reminders etc. Sometimes a message on your voicemail maybe necessary or with another person(s), is this acceptable?

__Yes __No

and whom can messages be left with, _____relationship to patient_____.

Your therapist will return most calls within a few hours if you leave a message before 8PM. On rare occasions my call answering may fail to record messages completely so if I have not returned your call within 24 hours please call again. Routine telephone calls for scheduling or changing appointments are not charged, of course, but clinical matters that require longer discussions and exceed beyond ten minutes, will be billed \$15.00 for each fifteen minute increment as they are considered part of our work; your insurance company will not pay.

Initial here if this section has been read and understood _____

MEDICAL CONCERNS: Your treating professional at this practice is not a medical doctor and can therefore not recognize or diagnose medical conditions. If there are significant medical conditions that may be impacting your mental health, your Clinician will make the appropriate referral for you to see a medical doctor specializing in the assessment and/or treatment of these conditions. Not being a medical doctor, your Clinician cannot prescribe psychiatric medication, but will refer you for psychiatric consultation if this presents itself.

TREATMENT OBJECTIVES, "MEDICAL NECESSITY" and INSURANCE: Clients come to therapy with varying levels of distress and seek to feel better and make changes in their lives. Their initial distress and accompanying symptoms usually qualifies as "medically necessary," and is therefore reimbursable by insurance. When clients begin to feel better and symptoms improve, it does not mean that therapy should be considered completed. Sometimes more in-depth understanding or behavioral changes are required for greater or more lasting change. After the initial reduction in symptoms, however, insurance companies may view continued therapy as useful but no longer "medically necessary" and therefore not reimbursable. This has caused considerable confusion for clients, particularly in managed care plans. While some plans state that "up to 20 sessions are allowed," this does not mean that access to these sessions is guaranteed. Approval is determined by the insurer's guidelines and criteria for "medical necessity." Many clients elect to continue therapy beyond the limits of their insurance and some choose not to use their insurance at all.

Initial here if this section has been read and understood _____

CONFIDENTIALITY: Your conversations with your therapist is confidential. They may not reveal any information about you or your treatment without your written permission (in the form of a Release of Information). There are exceptions, however. If you are at risk of hurting yourself or someone else they are obligated by law to take reasonable precautions to ensure your own or another's safety. Courts can also subpoena treatment records or therapists to give testimony in cases involving involuntary hospitalization, childcare and custody cases, cases of abuse and neglect, sexual assault or other criminal cases. In addition, information may be disclosed if use of collection agencies or other process is required to collect unpaid fees. All insurance companies require information that includes, at a minimum, your diagnosis and dates and types of services performed. Managed care companies may require considerable additional information to authorize visits beyond those initially approved. Your therapist cannot control the confidentiality of any information once it is disclosed to insurance companies or their agents. They will not be able to tell you whether employers have access to information about you or if such information is distributed by the insurer to national data banks. Questions about these matters should be addressed to your employer or insurance company directly.

PROFESSIONAL RECORDS: Both law and the standards of the counseling profession require that we keep treatment records. You are entitled to these records unless your Clinician believes that seeing them would be emotionally damaging to you. If this is the case, we will be happy to provide your records to an appropriate mental health professional of your choice. Although you are entitled to receive a copy of your records if you wish to see them, your clinician may prefer to prepare an appropriate summary instead. Patients will be charged an appropriate fee for any preparation time that is required to comply with an informal request record review.

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is policy to request an agreement from parents that they consent to give up access to your records. If they agree, your therapist will provide your parents with only general information on how your treatment is proceeding unless there is a high risk that you will seriously harm yourself or another person. In such instances, we may be required by law to notify your parents of my concern parents of minors also can request to be provided with a summary of their child's treatment when it is complete. Before giving your parents any information your therapist will discuss this matter with you and will do the best we can to resolve any objections you may have about what will be discussed. It is required that we keep your records for 7 (seven) years after termination of canceling services for minors, 7 (seven) years after the minor turns 18 (eighteen). Please note that your therapist will not provide treatment of minors without their parents' consent.

Initial here if this section has been read and understood _____

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, confidentiality, professional records, fee for psychotherapy, emergencies length of psychotherapy, and the obligations of psychotherapy Patients.

Based on my understanding of these issues I agree to proceed with treatment.

Individual Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____