



Center for Child & Family Development Psychotherapy Services Agreement

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Welcome to the Center for Child & Family Development. We provide a broad range of services to our clients, including individual psychotherapy, family psychotherapy, and group psychotherapy. This document contains important information about our professional services and practice policies.

Psychotherapy Services

The methods used in psychotherapy vary depending on the theoretical and clinical orientation of the psychotherapist, the age and personality of the client, and the particular problems the client is experiencing. The psychotherapists at the Center for Child & Family Development practice largely from a cognitive behavioral perspective, but work to meet the needs of each client on an individual basis. In order for psychotherapy to be most successful, you/your child will need to put effort into working on the things talked about during sessions and at home.

Psychotherapy can involve both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you/your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, psychotherapy also leads to positive feelings like happiness, empowerment, and motivation. It can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

During the first few sessions, we will work together to evaluate your needs and develop goals for treatment. By the end of the evaluation process, your psychotherapist will be able to offer you some first impressions of what the treatment plan will include. This evaluation process is also an opportunity for the psychotherapist to determine whether he or she is likely to meet your needs and for you to determine whether you feel comfortable working with that psychotherapist. If we decide not to continue with treatment, we will be happy to provide referrals to other professional who may be better suited to meet your needs. If we do decide to move forward with treatment, you/your child will typically attend one 45-minute session per week. If you have questions or concerns about our procedures, you are encouraged to discuss them with your psychotherapist as they emerge.

Cancellation Policy

Once you have made an appointment, that time is reserved for you. If you cancel or miss your appointment, it is often impossible to fill that time slot with another client, so we ask that you do your best to attend every session. We also understand, however, that unforeseen circumstances arise, and ask that if you do need to cancel an appointment, you provide at least 24 hours notice. Once an appointment is scheduled, you will be expected to pay your full fee unless you provide 24 hours advanced notice.

If you know you will be late to a session, please call the office to let your psychotherapist know. If you arrive late for a session, you will be seen for the remainder of that session, but will be expected to pay the full fee.

Professional Fees and Payment Policy

Information about fees is provided by the office manager and may be discussed with your psychotherapist. Payment is expected at the time of service and may be in the form of credit card, cash, or check (made out to "CCFD").

If your account has not been paid for more than 120 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. The client will be responsible for all collection fees incurred.

Insurance Reimbursement

Our office does not bill insurance companies or submit insurance claims directly. Our office manager will mail you a statement each month that you may submit to your insurance company for reimbursement. You should be aware that these statements include information about the services we provide to you, at the requirement of each insurance company. Insurance companies or other third-party payors may also request that you authorize your clinician to disclose certain confidential information in order to obtain benefits.

Insurance policies vary, and we cannot guarantee that your policy will cover the cost of psychotherapy. It is recommended that you call your insurance company ahead of time to find out which mental health services your policy covers.

Contact

Leslie Grant is the office manager at the Center and can be reached at (973) 898-0505. She answers the phones and schedules appointments during regular business hours. When Leslie is unavailable to take your call, you may leave her a message.

We are not an urgent care facility and are not available after business hours. If you are experiencing a crisis, please do not wait for a call back. Instead, please call 911 or contact the nearest emergency room and ask for the psychologist or psychiatrist on call.

The psychotherapists at the Center for Child & Family Development occasionally use email, for scheduling purposes only. Email is not a secure method of communication, and is therefore not used to communicate personal information or information pertaining to treatment.

Professional Records

You should be aware that we keep protected health information about you in your Clinical Record. It includes information about your reasons for seeking treatment, a description of the ways in which your problem impacts your life, your diagnosis, the goals set for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records we receive from other providers, reports of any professional consultations, your billing records, your signed authorizations, and any reports that have been sent to anyone. Except in unusual circumstances in which disclosure is reasonably likely to be injurious to your life or another person, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional so you can discuss the contents. Pursuant to New Jersey state regulations and statutes, as well as American Psychological Association guidelines, records will be retained until the client is 21 years of age or until 7 years after the last date of service delivery, whichever is later. Records may be discarded and destroyed after that date.

Confidentiality and Limits to Confidentiality

The law protects the privacy of all communications between a client and his or her psychotherapist. In most situations, we can only release information about your treatment to others if you sign a written release form that meets certain legal requirements. However, there are some situations in which authorization is not required:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of a client. The other professionals are also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.
- You should be aware that the Center for Child & Family Development employs administrative staff. In most cases we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the professionals at the Center for Child & Family Development are bound by the same rules of confidentiality.
- Disclosures required by health insurers or to collect overdue fees are discussed in the Professional Fees and Insurance Reimbursement sections of this Agreement.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If you file a complaint or lawsuit against any personnel of the Center for Child & Family Development, we may disclose relevant information to defend ourselves.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-client privilege law. We cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation,

you should consult with your attorney to determine whether a court would be likely to order us to disclose information.

There are some situations in which we are legally obligated to take actions which we believe are necessary to attempt to protect you and others from harm. In doing so, we may have to reveal some information about a client's treatment.

- If we have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect, or that a vulnerable adult has been subjected to exploitation, the law requires that we file a report with the appropriate government agency. Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe that a client has the intention to inflict imminent physical injury against a readily identifiable individual, we may be required to take protective actions. These actions may include informing the potential victim about the threat, contacting the police, and/or seeking hospitalization for the client.
- If we believe that there is an imminent risk that the client will inflict serious physical harm or death on him/herself, we are required to take protective actions. These actions may include notifying family members, police, or others who can protect the client, and/or seeking hospitalization for the client.

If such a situation arises, we will make every effort to discuss it fully with you before taking any action, and we will limit our disclosure to what is minimally necessary.

While this written summary of exceptions to confidentiality should be 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. In situations where specific knowledge or information is required, formal legal advice may be sought.

Social Media Policy

In an effort to protect your privacy, we do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, Twitter, etc.). These sites are not secure, so we also do not respond to messages from clients on social media sites.

Minors and Parents

At least one parent or legal guardian must provide written consent to treatment before the child can receive any psychological services. Parents or caregivers who do not have legal custody cannot provide consent for treatment. In the state of New Jersey, children ages 14 years and older must also provide written consent for treatment and the release of records. If they do not sign the consent for treatment or any authorization for the release of records, services cannot be provided and records cannot be released. In cases of divorced parents, we may require consent from both parents.

Clients under the age of 18 years who are not emancipated and their parents should be aware that the law may allow parents to examine their treatment records unless we decide that such access is likely to cause harm to the child. Because privacy in psychotherapy is often very important to successful treatment, particularly with adolescents, we request that parents agree to allow for privacy between the clinician and the child. However, parent involvement in treatment is also crucial for success. Our usual policy is to request an agreement from adolescent clients and their

parents allowing us to share general information about treatment progress. Any other communication will require the adolescent's authorization, unless we feel that the adolescent is in danger or is a danger to himself/herself or someone else. In these cases, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the adolescent when possible and do our best to handle any objections he or she may have.

Your signature below indicates that:

- You have read this agreement and agree to its terms
- You acknowledge that you have received the HIPAA Notice of Privacy Practices form

Client's name (please print)

Client's signature (if 14 years of age or older)

Date

Parent/Legal Guardian signature (in case of minor)

Date

Parent/Legal Guardian signature (in case of minor)

Date