



Disclosure Statement and Informed Consent for Treatment

Your rights as a Psychotherapy Client:

Therapy is a collaborative relationship between people that works in part because of clearly defined rights and responsibilities held by each person. This structure provides a safe, supportive and productive environment in which to work on your personal goals toward well-being. As a client in psychotherapy, you have certain rights of which you should be informed. There are also certain legal limitations to those rights of which you should be aware. As a therapist, I also have responsibilities to you. Please see below.

My Responsibilities to You as Your Therapist:

Confidentiality: With the exception of certain specific instances described below, you have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior permission. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. As well, you may request anyone you wish to attend a therapy session with you.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I think I will have to put these into effect:

- I. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- II. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone who is doing this, I must inform Child Protective Services or Adult Protective Services.
- III. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police, or other medical or mental health emergency service that can ensure your safety. I would first explore all other options with you before I took this step.

NEUROLOGY

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PEDIATRIC NEUROLOGY

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NEUROSURGERY

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ADMINISTRATION

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WEBSITE:

www.hca-si.com

- IV. Your health information may be shared in order to bill and collect payment for services rendered.
- V. Please keep in mind that although every safeguard possible is in place when using electronic communication such as email, computer, cell phone, or fax, I cannot guarantee there will be no interception. This also is the case if insurance claims are filed electronically.
- VI. If you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. Please let me know if you are in this kind of situation so that I can be sure to protect your privacy in my records to the extent that is possible.

Record-keeping:

I normally maintain brief, general notes which indicate that you have been here, as well as, what topics we have discussed toward the goals of therapy. You have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure electronic medical record maintenance system.

Diagnosis: If a third party such as an insurance company is paying for any part of your bill, I am required to give a diagnosis to that third party in order for your claim to be paid.

Diagnoses are the technical terms that describe the nature of your problems.

Scheduled appointments: I will do my best to have a regularly scheduled appointment time for you. If I need to cancel for some unforeseen circumstance, I will contact you as soon as possible and do my best to accommodate you for rescheduling. I will tell you well in advance of any planned absences.

Your Rights as a Psychotherapy Client:

- I. You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.
- II. You have the right and responsibility to decide whether the proposed treatment plan will provide you with the treatment that you want. At any point during treatment you are encouraged to let me know if something does not seem right, or if you want something else from treatment. Your input into the process of therapy is very important.
- III. You have the right to confidential and safe treatment. As noted above, what you say to me is confidential unless I am concerned about your safety or the safety of another person.

Your Responsibilities as a Psychotherapy Client:

- I. You are responsible for coming to your sessions on time and at the time we have scheduled. Sessions are 45 minutes in duration. If you are late, we will end on time. Patients must cancel appointments 48 hours in advance. Any appointments cancelled with less than 24 hours' notice will incur a \$40.00 no show / late cancellation charge.
- II. You are responsible for paying your copay prior to each session.
- III. You may be discharged from treatment for the following:
 - Three cancellations or "no-shows" within a six month time period.
 - Failure to attend your first two psychotherapy sessions.
 - Chronic failure to comply with agreed upon treatment recommendations.

You can call 718.448.3210 Ext 421, at any time to leave a message. In the event of an emergency, please call 911 or go to the nearest emergency room.

I have read this consent and agree to the terms as outlined.

Print Client's name: _____

Date of Birth : _____

Client Signature: _____ Date: _____

Print Therapist's name: _____

Therapist Signature: _____ Date: _____