CLIENT INFORMATION AND CONSENT FOR TREATMENT

CLIENT/THERAPIST RELATIONSHIP

You and The Family Building Support Center, LLC./Michele L. Cole, LCSW- NY, NJ, have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship.

AVAILABLE SERVICES

The Family Building Support Center, LLC./Michele L. Cole, LCSW- NY, NJ, offers individual and couples therapy and counseling services in office and through web connection. Michele L. Cole, LCSW, is a Licensed Clinical Social Worker authorized to provide services in the States of New York and New Jersey. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. Please direct any questions or concerns you may have to Michele L. Cole, LCSW.

RISKS & BENFITS

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, specific problem solving and desired behavior changes. The Family Building Support Center, LLC./Michele L. Cole, LCSW, cannot guarantee these benefits, of course. It is her desire to work with you to attain your personal goals for counseling and/or psychotherapy.

APPOINTMENTS

Appointments are typically 45 minutes for individual sessions and 60 minutes for couples or collateral sessions. Your appointment time is held exclusively for you. If you are unable to keep an appointment, please give us at least 24 hours-notice or you will be charged for the time as though you attended (except for illness or true emergency). If we are able to reschedule within one week of your previously scheduled session, you will not be charged. Please be aware that insurance companies will not cover this charge and so the full session fee will be an out of pocket expense.

FEES & BILLING

Our individual and couples therapy rates are consistent with that of other licensed clinical social workers in NJ and NY. Please contact us regarding therapy fees. Payments are due at the time of service and we accept all forms of payment including cash, check and major credit cards. We will provide you with a monthly statement, upon your request.

INSURANCE

We are an “out of network provider” and are happy to help you with any questions you may have about how to apply for out of network reimbursement if you are eligible. Some insurance companies are now reimbursing for web-therapy sessions. If you are interested in receiving reimbursement for this service, please let us know and we can provide the information you will need to give to your insurance company.

CONFIDENTIALITY & RELEASE OF INFORMATION

Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. Exceptions are: 1) cases of suspected abuse or neglect of a child or elder, 2) cases where we believe the client presents a clear and imminent danger to him or herself or to another person, 3) cases where a court subpoenas us to testify or subpoenas our records, 4) cases where an insurance company is helping to pay the fee and requires information about diagnosis and/or treatment.

HIPPA NOTICE OF PRIVACY PRACTICES AND POLICIES

We are committed to preserving the privacy of your personal health information. We are required by Federal law (Health Insurance Portability and Accountability Act, known as HIPPA) and by State law to protect the privacy of your personal information and to give you a Notice that describes (a) how clinical information about you may be disclosed and (b) how you can get access to this information.

EMERGENCIES

In case of emergency, you may try to reach us between appointments by leaving a message on our voicemail at 908-232-7277, and your call will be returned within 24 hours. However, if you need immediate help, or if you have a true emergency, you should call 911 or go to your nearest hospital emergency room.

CONSENT TO TREATMENT

By signing this Client Information and Consent to Treatment form as the client or guardian of said client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child, if said child is the client) and I understand that I may stop such treatment or services at any time.

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

Printed Name Signature Date

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

Signature of parent, guardian or personal representative