



Name of Patient: _____ Date of Birth ____/____/____

Parent name (if Pt is a minor) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Health Insurance Plan: _____ Member ID number: _____

*****Please provide a copy of your insurance plan card (front and back)*******IMPORTANT: PLEASE COMPLETE THESE INSTRUCTIONS FOR CONTACTING YOU:**

I wish to be contacted as follows (check all that apply):

[] At my home number: _____ [] OK to leave a message

[] At my work number: _____ [] OK to leave a message

[] At my cell number: _____ [] OK to leave voicemail message / TEXT

EMERGENCY CONTACT:

In the event that I cannot be contacted via any of the above phone numbers and addresses, OR in the event of an emergency, I give permission for Minette LCSW Psychotherapy Services staff to contact my emergency contact:

Name: _____ Phone Number: _____

Consent for Treatment and Our Practice Policies

In order to consent to mental health treatment, you need to know the following information. This document is for the client *or* for the parent/guardian of a minor (child/adolescent).

No Show/Late Cancellation Policy

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late cancellations cause problems that go beyond a financial impact on our practice. When an appointment is made, it takes an available time slot away from another patient. A “no-show” is missing a scheduled appointment. A “late-cancellation” is canceling an appointment without calling us to cancel 24 hours in advance of the appointment. We understand that situations such as medical emergencies occasionally arise. These situations will be considered on a case-by-





case basis. Excessive cancellations of appointments or missed appointments will result in discharge from our practice. You are only able to reschedule once for the free 15-minute First Time consultation.

Telephone Accessibility- To cancel or reschedule an appointment please call or text your therapist directly. This policy is in effect to ensure that all of our patients have the opportunity to be seen in a timely manner.

If you need to contact therapists between sessions, please leave a message on their voice mail. We are often times not immediately available; however, staff will attempt to return your call within 24 hours. Please note in the event that you are in crisis and/or need additional support, emergency phone sessions are available for your convenience. You can also send an email to our general email: minettepsychotherapy@gmail.com and staff will attempt to return your email within 24 hours.

Electronic Communication- If you prefer to communicate via Email or Text for issues regarding scheduling or cancellations of appointments, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of New York. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

Insurance- We are participating in network providers with multiple insurance plans. We will file insurance claims on your behalf to insurance plans that we are in network with. Please go to our website <https://www.minettepsychotherapy.com/> for a full list of insurances that we are currently in network with. Please remember that insurance is a contract between the client and the insurance company and ultimately the client is responsible for payment in full.

Payment- Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that the payment of your bill is part of this treatment and care. Your bill consists of charges for services rendered by Minette LCSW Psychotherapy Services. Payment is required on the day that services are rendered. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing





condition clause, payment in full is expected on the day that services are rendered. **We offer competitive and affordable rates for uninsured, out of network insurance, and self-pay clients.** Should you have any questions regarding your bill, or need help with your bill, our billing staff is available to assist. We can be reached at (201) 724-5489.

Forensic and Litigative Services- It is the stated philosophy of Minette LCSW Psychotherapy Services that we do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require our therapist's participation, you will be expected to pay for the therapist's professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if staff is called to testify by another party. Please be advised that even though you (the client) are responsible for the testimony fee, it does not mean that the testimony will be solely in your favor. Therapists can only testify to the facts of the case and, if qualified to do so by the court.

If the therapist is to receive a subpoena, then the attorney or law office staff will need to call our office and set up a time for the subpoena to be served during office hours. We request a minimum of 72 business hours' notice of any Court appearance so that schedule changes for the therapist can be made within a reasonable time frame.

When it comes to court action, the following fees are in effect:

1. Preparation Time (including submission of records): \$400.00
2. Phone calls: Flat Fee \$85.00 per call
3. Depositions: \$250.00/hour
4. Time required in Giving Testimony: \$250/hour
5. The minimum charge for a court appearance: \$1500

A retainer of \$1500 is due at least 5 business days before the scheduled court appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. If the therapist is subpoenaed and the case is rescheduled with less than 3 business days' notice prior to the beginning of the day of the scheduled subpoena, trial, and/or testimony is not given, then the client will be charged \$500 (in addition to the original retainer of \$1500 for having to appear in court).

Voluntary, Informed Consent to Treatment- My signature below indicates voluntary consent for evaluation or evaluation and treatment for myself or, if the client is a minor, for that minor (child/adolescent). If the client is a minor, I attest I am the legal guardian of the minor and have the right to consent to evaluation or evaluation and treatment for this minor. This consent applies to all providers at Minette LCSW Psychotherapy Services who may provide services and permits the sharing of information amongst Minette LCSW Psychotherapy Services staff in order to facilitate the best treatment plan for my care, and/or assist in the event of a clinical emergency.

Telehealth/ Tele-mental health/ Telephonic Services/ Telepractice (Telehealth-communications)- Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and therapist contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.





Telehealth-communications can be beneficial to a diverse health care delivery system, particularly when on-site services are not available or would be delayed because of distance, location, time of day, or availability of resources. The benefits of Telehealth-communications include improved access to care, provision of care locally in a more timely fashion, and improved continuity of care, treatment compliance, and coordination of care.

This policy applies to “Office to Home” and “Home to Home” Telehealth-communications services. It is the policy of Minette LCSW Psychotherapy Services to provide all of our clients with the option to have their services be provided via Telehealth/ Telehealth-communications. This applies to the following provider types Mental Health Counselors, Psychologist, Qualified Mental Health Professionals, Licensed psychoanalyst, Licensed psychologist, Marriage and family therapist, Mental health counselor, CASAC, Social worker (LMSW or LCSW) and student interns in the previously listed disciplines.

Telehealth/ Telehealth-communications services will be provided via HIPAA protected video and phone platforms such as Zoom for healthcare, and Doxy.

Duration of Consent- I understand that consent expires when I am no longer a client at Minette LCSW Psychotherapy Services unless this consent is revoked by providing a written request to my provider. I understand this consent is for evaluation or treatment and does not include participation in research.

Emergency Care- In case of an emergency, I understand Minette LCSW Psychotherapy Services staff reserves the right to contact 911 if my therapist has assessed that I am undergoing a life threatening emergency, or that I am at risk of harming myself or others. Minette LCSW Psychotherapy Services staff reserves the right to advise emergency personnel (EMS) regarding my needs at that time.

Limits to Confidentiality- The information I give to my provider is generally confidential and will only be released outside of Minette LCSW Psychotherapy Services with my written permission (or with the permission of a parent or guardian of a minor). However, I acknowledge these limits to confidentiality under New York State & Federal Statutes: a) The therapist may use information within Minette LCSW Psychotherapy Services and with its business associates for treatment, payment, and other health care operations. b) The provider is usually required to answer certain subpoenas or court orders, to report threats of homicide or suicide, to report the suspicion of child abuse or child neglect, and may report elder abuse or abuse of a handicapped person or a crime which may occur in the future.

Limited Disclosures- All disclosures will be made to the appropriate parties as directed by law, such as authorities, parents of minors, or intended victims of violence. When the provider must release information without your consent, the information revealed will be limited to what is necessary to protect you or to protect others, or the limited information necessary for collection of a past due bill, or the information ordered to be released to the court. When information is released with your consent, we will release the information you request us to disclose.





Termination of Therapy- Our goal is to provide a quality service in the shortest period of time that is necessary for you to derive benefit from the therapy. You have the right to withdraw from treatment for any reason at any time. You may also choose someone on your own or from another referral source. We ask that you agree to have a final session with your therapist after you notify him/her/they of your voluntary termination of treatment, so that he/she/they may responsibly review and evaluate your reasons, and make recommendations related to the termination of treatment. Should you fail to schedule an appointment with your therapist for **four consecutive weeks**, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider that you have voluntarily terminated treatment and our professional relationship is discontinued.

Informed Consent- I understand I have the right to make an informed decision about treatment. A Minette LCSW Psychotherapy Services staff has provided an explanation of this consent, the limits of confidentiality, and the fees/ cost for my treatment. Any questions I have had about this consent or the practice policies have been answered by a Minette LCSW Psychotherapy Services staff.

I hereby give consent for evaluation and/or treatment by the clinical staff at the Minette LCSW Psychotherapy Services staff. I am aware that the services can be provided in person at the office location or via telehealth at my request.

Patient Signature: _____
Date: ____/____/____

If patient is a minor, parent/ guardian must also sign below

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____
Date: ____/____/____

