

Christine M. Valentin, LCSW, LLC

127 Union Ave, Ste 4, Middlesex, NJ 08846

christine@cmvalentin.com (718) 314-9280 www.christinemvalentin.com

Office Policies and Privacy Information

Thank you for choosing me to assist you with your current situation. I look forward to working with you and am providing you with this outline of my policies and procedures in order to clarify our mutual responsibilities while working together. If you have any questions, please feel free to ask me. Also, please retain a copy of this and all other forms for your records.

What You Can Expect:

The purpose of meeting with a therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a therapist about these problems. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems.

Therapy can often be filled with stigmas, negative preconceived notions and fear. Below are some of the pros and cons to therapy.

Benefits of Counseling

- Depressed mood can be lifted, managed and alleviated.
- Anxieties can be managed, mastered and alleviated.
- Through talk therapy (or for children – play therapy) difficult feelings can naturally be resolved.
- Skills in relationships and communication can improve.
- You can develop and maintain a sense of balance in life, a sense of contentment, satisfaction and skills for coping life's challenges.
- Experiencing clarity of direction in and sense of self develops.
- Feeling relaxation and relief from mental and physical tension.

Risks of Counseling

- Occasional uncomfortable levels of sadness, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings as a part of the process of healing and finding balance.
- Symptoms often may worsen before improving.
- Unpleasant memories may be recalled through the process.

Overall, the benefits greatly outweigh the risks. When you and I are both committed to the process of counseling, with understanding therapy is not a “quick fix”, transformational results are often observed.

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PRIVACY INFORMATION AND YOUR RIGHTS

It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issues will include things you don't want others to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their therapist.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.

There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- **You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform local authorities of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.**
- **You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform local authorities, and I must inform the person who you intend to harm.**
- **You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether I should inform local authorities.**
- **You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.**

Communicating with other Healthcare Professionals:

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a therapist. I will get your written permission in advance to share information with your doctor. The only time I will share information with your doctor, even if I don't have your permission, is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

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Supervision and Peer Consultation: As a professional therapist I often need to consult with a professional supervisor and/or a professional peer on the services I am providing you in order to ensure you are receiving the best services possible. This may include details of your case and, in this age of electronic technology, it may mean that this information is shared via cell phone conversations or video sessions. All professional peers and supervisors are bound by the same legal and ethical rules of confidentiality. I will not disclose your name or identifying information unless it is a case of imminent emergency and/or involves DCP&P.

I have read the information above and I understand it. _____

I have questions about this section. Y/N

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

I have read the information above and I understand it. _____

OFFICE POLICIES

My office hours vary but are typically **Wednesdays through Sundays between 12 pm and 5 PM**. If I am in session with a client, I will not answer the phone or respond to e-mails. When I am unavailable, my telephone is answered by my voice mail. While I am often not immediately available by telephone or e-mail, I will make every effort to return your call/e-mail within 48 hours of the day you made it, with the exception of my days off, which include Mondays, Tuesdays and Holidays.

COMMUNICATION POLICIES

E-MAIL POLICY: I use e-mail to send office policy documents and respond to appointment requests. E-mail, however, cannot be guaranteed as a secure means of transmitting/receiving your Private Health Information. The use of e-mail should be for sending inquiries regarding scheduling or payment issues whenever possible. You may e-mail me about anything you wish but please understand that by doing so you are accepting the risk and limitations of your confidentiality by using e-mail.

TEXTING POLICY: It is my policy **not** to text with my clients. In this day and age where we are “glued” to our devices,” I as a sole practitioner, opt to not use my phone to text with my clients. E-mail is my preferred method of communication for inquiries as it will usually generate a quicker response from me than a phone call.

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PHONE POLICY: Cell phone communications cannot be guaranteed as a confidential form of communication. The only method HIPAA acknowledges as a secure way to have a phone conversation is when both parties are talking on a land-line phone that is hard wired from hand- set to wall. When we have a conversation via cell phone you are acknowledging and accepting the risk and limits of your confidentiality. If you don't wish to take this risk, I recommend you only use phone communication to schedule an appointment.

VOICE-MAIL POLICY: Per the above policy with regard to cell phone use, please be informed that my voice-mail system is housed on cellular basis and cannot be guaranteed as confidential. Please do not leave sensitive information on voice-mail. Instead, use voice-mail to request a return call and/or to schedule an in-person appointment. Voice-mail is password protected and secure to the best of my ability. Voice-mail is checked Wednesday through Sunday, unless I'm on vacation or out of the office.

EMERGENCIES: As a sole practitioner in private practice, **I am unable to provide 24-hour crisis service.** In the event of a crisis or unexpected event that requires immediate attention and can be a threat to you or your loved one's safety, please contact 911 or go to your nearest emergency room and ask for the Psychologist or Psychiatrist on call.

I have read the information above and I understand it. _____

I have questions about this section. Y/N

APPOINTMENT POLICIES

Many of the clients I work with have changing schedules and are in need of flexible appointment times. As a result, appointments are generally assigned on a first-come, first-served basis. While I do honor clients who can only meet at a certain time and day of the week, please note it is not something I guarantee.

CANCELLATIONS/NO SHOWS: Therapy is about working together to enhance your well-being. The appointment time we set aside for your session is solely for you and will not be assigned to anyone else. As a result, a last-minute cancellation can mean a missed opportunity for someone else that could have benefited from a session. While I understand last minute issues arise, I require a **24-hour notice of cancellation. Any cancellations/NO SHOW without such notice will result in a full session fee of \$150.** If you have reason to believe cancellations may arise frequently (i.e. work, illness, caring for someone else, childcare) please discuss this with me so that we can work out a plan.

SICK POLICY: In an effort to maintain a healthy environment, I ask that if you are sick (which includes a cold, a fever, the flu, stomach bug, etc.) or have the onset of symptoms of an illness, that you reschedule your appointment, even if it is same day. While I realize illnesses are hard to predict, advanced notice is

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requested so as that I may have enough time to coordinate my day. Please e-mail/call me as soon as you are aware of your sickness.

LATENESS: It is equally important that you be on time for your scheduled appointment. You are welcome to call or e-mail me in advance to request an earlier or later time. I will be happy to honor your request if other appointment times are available. While I understand issues with travel/school/work can arise, please note that your session may be shortened accordingly. In the event you are more than 15 minutes late for an appointment, I cannot guarantee that I will be able to meet with you and a no-show fee of \$150 will apply.

I have read the information above and I understand it. _____

I have questions about this section. Y/N

INTERACTION POLICIES

SOCIAL MEDIA POLICY: In order to protect your confidentiality and in line with my professional ethics I cannot accept “friend” or connection requests from clients on any social media platform. You may follow social media accounts that are open to the public but please do not comment or in any way identify yourself as my client. If you do, you are accepting the risk of breach of your confidentiality and if I have noticed you have commented on any public post, your comments will be deleted.

PUBLIC/SOCIAL INTERACTION POLICY: In the event we cross paths in a public setting, in order to protect the confidentiality of our therapeutic relationship, it is my policy not to approach you or initiate contact with you.

I have read the information above and I understand it. _____

I have questions about this section. Y/N

TERMINATION

You may end therapy at any time. I often recommend having one last session so that we can review your progress, the tools you can continue to use, as well as provide any other recommendations that you may request.

TERMINATION POLICY: I reserve the right to terminate our work together under the following circumstances:

- When our last two sessions have not been paid in full.
- If you do not show up for appointments and fail to pay the cancellation fee.
- When I believe our work together is no longer productive for you.
- When I believe you will be better served by another health care professional.

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INSURANCE, FEES & PAYMENT

INSURANCE

In-Network: I am currently in-network with the following insurances: **Aetna, Amerihealth, Beacon Health, Cigna, Empire BCBS and Horizon BCBS (not all Empire & HBCBS plans)**. For individuals utilizing insurances that I'm in-network with, copays and deductibles may apply.

Out of Network: If I am not in network with your insurance company, you will be responsible for paying the full session fee. While it is my policy not to communicate directly with insurance companies I am not in-network with, I can provide a statement for you to file with your insurance company for out of network reimbursement upon request. *You are responsible for keeping track of your session statements and filing with your insurance.*

PROFESSIONAL FEES

My fee is **\$150** for a 50-minute **individual** session. Should we go over our time, additional time will be billed at \$37.50 per 15 minutes.

In addition to individual appointments, I charge the same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour.

Other professional services include: ***(please note, these services are not covered by insurance. Therefore, you will be responsible for the payment of the services listed below.)***

- Report writing
- Telephone conversations lasting longer than 15 minutes
- Travel and attendance at meetings with other professionals you have authorized
- Preparation of treatment summaries
- Legal proceedings –
 - If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party.
 - I charge **\$150** per hour for professional services I am asked or required to perform in relation to your legal matter.
 - If I am requested to be present in court, there is a minimum charge of \$500 as I will have to clear my entire day since court proceedings can be very unpredictable. ***As a reminder, I am not a custody evaluator and cannot and will not make any recommendations on custody.***

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- Copies - There is a copying fee of \$1 per page for records requests.

BILLING AND PAYMENTS

You will be expected to pay for each session at the end of the session, unless we agree otherwise or unless you have insurance coverage that requires another arrangement.

- I accept cash, check, various credit cards including some FSA/HSA cards. ****Checks should be made out to Christine M. Valentin, LCSW, LLC. ****
- An electronic receipt can be made available to you upon request and will be printed out for our following session.

I have read the information above and I understand it. _____

I have questions about this section. Y/N

Consent Agreement

I agree to work with Christine M. Valentin, LCSW. I have read the policy agreement and am aware of the specific policies regarding confidentiality, appointment cancellation, lateness, payment, social media and termination.

Client's Signature

Date

Clinician's Signature

Date