



Information, Authorization & Informed Consent to Treatment

Welcome to Daniel's Place Center For Healing. I am very pleased that you selected Daniel's Place as your mental health service provider, and I am sincerely looking forward to working with you. This document is designed to inform you about what you can expect from me, as your therapist, regarding your treatment information and our policies and procedures. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Theoretical Views, & Client Participation

My psychotherapy practice is most informed by a psychodynamic theoretical framework. That means that I believe our earliest experiences and relationships have the greatest influence on our adult personalities. By reconnecting with our younger selves, we can better understand our current adult behaviors and relationship patterns. As a psychotherapist with specialized training in trauma treatment, working together with my clients to carefully examine traumatic experiences and its lasting affects into adulthood is key to the process of comprehensive healing and positive change.

Some clients require short-term psychotherapy, while others benefit from long-term treatment. As a client, you are in complete control, and you may terminate your therapy at any point. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return. Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without therapy. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way will produce maximum benefit.

Confidentiality & Records

Your communications with me as your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). The hard copies (paper forms) of your PHI will be kept in a file stored in a locked cabinet in our locked business office. It is filed under your first name and last initial to protect your confidentiality to the fullest extent. Additionally, I use Simple Practice, LLC as my practice management software for scheduling, case management and therapy notes. Simple Practice, LLC uses a HIPPA compliant software so your information will be

securely kept. For individual teletherapy sessions, I utilize Doxy.me as a HIPAA compliant video interface in order to maintain the strictest standards of confidentiality.

I use Google G Suite for all email, phone, and text communication. While Google works hard to protect the privacy of their customers, G Suite is NOT HIPAA compliant. The information shared using G Suite is at a similar level of risk for privacy breaches as your personal cell phone/email communication. Therefore, I encourage clients to utilize email, phone and text for practical matters such as scheduling, and not for personal/clinical dialogue, which should be shared in face-to-face sessions and teletherapy sessions only.

Please check below to authorize Daniel's Place Center For Healing/Elana Friedman, LCSW to contact you using the following methods of communication through Google G Suite:

Email Call Text Voice Mail

Client Signature

I will always keep everything you say completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential. If I am requested to testify on your behalf in a court case my fee is \$150 an hour including travel time to and from the court venue, as well as any court preparation required of me for your case.

Structure and Cost of Sessions

As your therapist, I agree to provide individual psychotherapy and individual teletherapy for the fee of \$115 per 50-minute session, and family therapy and couples therapy for the fee of \$145 per 60 minute session. I reserve the right to change my fee schedule and will provide you with a written notice of any fee changes 3 months before said changes are put into effect. Doing psychotherapy by telephone is not ideal, and needing to talk to me excessively between sessions may indicate that you need extra support. If this is the case, we will need to explore adding sessions or examining other resources that may be beneficial for you.

The fee for each session will be due at the conclusion of the session. Acceptable methods of payment include cash, check, all major credit/debit cards, and Venmo. I will provide you with a receipt of payment if requested. Please note that there is a \$25 fee for any returned checks or for any cancelled or expired credit cards.

For your convenience, Daniel's Place Center For Healing offers an autopay option so that your stored debit/credit card information can automatically be charged the session fee upon the conclusion of your psychotherapy sessions.

Please sign below if you wish to participate in the autopay option. Please be aware that you may change your payment preferences at any time during the course of your treatment.

Client Signature

While you may choose any form of acceptable payment to pay for each session fee incurred, Daniel's Place Center For Healing requires that you provide Debit/Credit card information to be stored in our HIPAA secure software at the time of your intake session (your first session). This card will never be charged unless:

1. You request that the debit/credit card on file be charged for your session
- OR
2. You cancelled your session within 48 hours prior to your scheduled session. If this occurs, your stored card information will be utilized to charge the session fee on the day of your scheduled session.

Please sign below indicating that you authorize Daniel's Place Center For Healing to charge the debit/credit card you have provided to us should the scenarios listed above (1 and/or 2) apply.

Client Signature

Insurance Reimbursement

Although Daniel's Place Center For Healing does not accept insurance directly, I am licensed to provide counseling services as an out of network provider in New York State. Upon request, I can provide you with an invoice for you to submit to your insurance provider for possible reimbursement for out-of-network counseling services. I am not responsible for any aspects of the process and/or result of out of network billing and reimbursements with your insurance company.

Cancellation Policy

By signing this document, you agree that when setting an appointment with Daniel's Place Center For Healing, you are entering into a contract for professional time and services. By entering this contract you are specifically contracting for services to prepare for your session in advance. Please recognize that professional services are not only provided during your appointment time but also during the 48 hours prior to and following your appointment time. These services involve preparation for the scheduled session, case review, case notes, and consultations with other professionals, as agreed to in writing, to assist with your treatment. In the event that you are unable to keep an appointment you must notify me at least 48 hours in advance to be released from the contract for Daniel's Place Center For Healing and my (Elana Friedman, LCSW) time and services of preparation for your session.

If you fail to cancel your appointment via text, email, or phone communication within the 48-hour minimum time period prior to your session you will be charged via stored debit/credit card information the full fee for the missed session and the services provided in preparation of your appointment.

Please note that insurance companies do not reimburse for missed sessions.

Attendance Policy

At Daniel's Place Center For Healing, we greatly respect and value our time and service contract with our clients. We do our very best to work with you to accommodate your schedule so that you can receive psychotherapy services at a date and time that suits your needs. Once agreed upon, your appointment time will be reserved exclusively for you unless we are given express permission directly from you to cancel your session or remove you from the previously selected appointment date and time.

If you do not show to your session, **or** cancel your session within 48 hours of your appointment time, for two or more consecutive sessions, or two or more non-consecutive sessions within six weeks, **or** if you cancel your sessions 48 hours or more in advance of your appointment time for three or more consecutive sessions or for three non-consecutive sessions within six weeks, your previously reserved appointment date will be considered unreserved and available to the public. At that point, you will be responsible to communicate with Elana Friedman, LCSW in order to discuss your interest in receiving future psychotherapy services from Daniel's Place and to secure a new appointment date and time. If our office does not receive communication from you within 14 days of the last missed/cancelled session, your treatment at Daniel's Place Center For Healing will be terminated.

Appointment Reminders

You can choose to receive automated appointment reminders via text and/or email 72-hours prior to your scheduled appointment time. I would encourage you not to rely solely on these automated reminders as all technology can be fickle. Cancelling your appointment within the 48-hour window remains your responsibility. Standard text fees may apply. Please check the preferred method(s) and sign below if you would like to have text reminders and/or email reminders activated in your account.

Client Signature

In Case of an Emergency

Daniel's Place Center For Healing is considered to be an outpatient facility and can accommodate individuals who are reasonably safe and resourceful. I do not have an after-hours phone service nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls, texts and emails within 24-48 hours during the business week. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call the Suicide Hotline at 800-273-8255
- Call the Long Island Crisis Center at 516-679-1111
- Call 911 or go to your nearest emergency room.

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

If We Should Meet Outside of the Therapeutic Space

Therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, I will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy, or at various points during the process of therapy, before they begin to feel better. This is especially true if your therapeutic goals include healing from trauma, as a significant part of the healing process requires the discussion and examination of the trauma narrative, which, needless to say, can be a sensitive topic for you. However, when a topic that feels sensitive, it is a sign that it may warrant attention. Therefore, discovering the discomfort is actually a sign of treatment progression.

Social Media Policy

It is my policy not to accept friend requests or message requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. Daniel's Place Center For Healing has a business account page on Facebook and you are welcome to 'like' and 'follow' Daniel's Place. However, please do so only if you are comfortable with the general public being aware of the fact that your name is associated with Daniel's Place Center For Healing.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please feel free to ask me.

Please print, date, and sign your name below indicating that you have read, understand, and agree with, the contents of this form, acknowledge receipt of the Health Insurance Portability and Privacy Act (HIPPA) Notice of Privacy Practices, and you are authorizing Elana Friedman, LCSW of Daniel's Place Center For Healing to provide psychotherapeutic treatment to you.

Client Name (Please Print)

Date

Client Signature