

*Jennifer Cory, MS, MAPP, LCSW
Red Bank Psychotherapist Associates
104-110 Maple Avenue, Red Bank, New Jersey 07701*

OFFICE POLICY & CONTRACT FOR TREATMENT

Please read thoroughly before signing and bring with you to your first appointment. If you have any questions about the content of this form or need help reading or understanding the content, please do not hesitate to ask for assistance.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are held confidential between you, the *client(s)* and Jennifer Cory, MS, MAPP, LCSW, the *psychotherapist*. All information revealed within a session may not be further revealed to anyone without your written permission, except where disclosure is required by law as described below.

When disclosure is required by law

Examples of circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

Additional examples when disclosure may be required

Disclosure may be required pursuant to a legal proceeding, particularly if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/ or testimony by the psychotherapist you are presently seeing or have seen in the past.

Emergencies

If there is an emergency during the time you are in therapy, or following termination, where your psychotherapist becomes concerned about your personal safety, the possibility of you injuring another individual, or about you receiving proper psychiatric care, she is required to do whatever she can within the limits of the law to prevent you from injuring yourself, or others and to ensure that you receive the proper mental health/medical care. For this purpose she may be required to contact the police, hospital, mobile crisis center, or your emergency contact(s) in an effort to secure assistance on your behalf.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/ PPO/ MCO/EAP in order to process your claims. If you so instruct only the minimum necessary

information will be communicated to the carrier. Unless authorized by you explicitly, your psychotherapy notes will not be disclosed to your insurance carrier.

Please be advised that your psychotherapist has no control or knowledge over what insurance companies do with the information or who has access to this information once it has been provided. Submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and computers are inherently vulnerable to break-ins and unauthorized access. Medical data have been reported to have been sold, stolen, or accessed by enforcement agencies.

Confidentiality of electronic communication

Please be aware that e-mail and cell phone communication can be accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be compromised. E-mails and text messages, in particular, are vulnerable to unauthorized access. As well, faxes can be sent erroneously to the wrong address. Please notify your psychotherapist at the beginning of treatment if you would like to avoid or limit in any way the use of any or all electronic. **Please do not use e-mail or faxes in emergency situations and always limit personal information sent via any electronic communications.**

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), **neither you nor your attorney, nor anyone acting on your behalf will call on Jennifer Cory, MS, MAPP, LCSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.**

Consultation

Your psychotherapist consults regularly with other professionals in the interest of ensuring the best possible client care. Clients' names or other identifying information are kept confidential except upon clients' signed consent/request. Your psychotherapist will release information to any agency/person you specify or she deems necessary only with your written consent, unless she concludes that releasing such information might be harmful to you in any way.

Telephone and emergency procedures

If you need to contact your psychotherapist between sessions, please leave a message on her confidential voicemail at **(732) 842-3001** and your call will be returned as soon as possible. Jennifer checks her messages multiple times a day (through the end of business hours), unless she is out of town. Messages are checked less frequently evenings, weekends and holidays. If an urgent

need arises please indicate it clearly in your message and choose the urgent message response as indicated in the voicemail options. **If immediate assistance is required, contact Riverview Medical Center's 24-hour Crisis Line (732) 530-2438, the 24-hour emergency line at Jersey Shore University Medical Center, (732) 776-2325, or the Police (911). Additionally, support through the National Suicide Prevention Lifeline, 1-800-273-TALK, is accessible 24-hours a day.**

Payments and insurance reimbursement

Jennifer Cory, MS, MAPP, LCSW is an out-of-network provider. As such, clients are responsible for all session fees at a rate of **\$350 for the initial 90-minute consultation and \$225 per session hour thereafter. Payment in full is due at the conclusion of each session.** Extended sessions and group (3 people or more) session fees can be found on the website (www.jennifercory.net) or you can inquire directly with your psychotherapist. Payment may be made by cash, check or by credit card. Please note a 3% convenience fee will apply for credit card payments. Receipts will be provided at the time of payment or as requested (monthly, quarterly, bi-annually).

Telephone calls, report writing, consultation with other professionals, release of information, examination of records, travel time, and so forth, will be charged at a rate of **\$50 per 10-minute** increment unless otherwise indicated. Court appearance will be charged at a rate of **\$350 per hour** including wait time.

Please notify Jennifer if any problem arises during the course of therapy regarding your ability to make timely payments. **Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies.** Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. Please verify the specifics of your coverage directly with your insurance company.

Mediation and arbitration

In the unlikely event of a dispute arising out of or in relation to the agreement for treatment, such dispute shall be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between the psychotherapist and client(s). The cost of such mediation shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved issues related to this agreement should be submitted to and settled by binding arbitration in Monmouth County, New Jersey, in accordance with the rules of the American Arbitration Association, that are in effect at the time the demand for arbitration is filed.

The process of therapy/evaluation

Participation in therapy can result in a number of benefits including improved self-awareness, improved interpersonal relationships, and resolution of the concerns that led you to seek therapy.

Working toward these benefits, however, requires effort on your part. Psychotherapy requires active involvement, honesty, and openness on the part of the client(s) in order to address thoughts, feelings, and/or patterns of behavior that may be contributing toward issues you may be facing. Psychotherapy requires your active collaboration and feedback on treatment and its progress in order to achieve best possible outcome. Often more than one approach can be helpful in dealing with a certain situation. Evaluation between you and your psychotherapist is critical to making any adjustments.

During initial consultation or ongoing treatment recalling or talking about unpleasant events, feelings, or thoughts may result in discomfort, anger, sadness, worry, fear, or induce anxiety, depression, insomnia, and so forth. These are typically temporary reactions as new coping strategies and perspectives are developed. During the course of therapy your psychotherapist may challenge some of your assumptions or perceptions or propose alternate ways of looking at, thinking about, or handling situations. This may cause frustration, anger, etc. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy often involves decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one individual is viewed negatively by another. Change will sometimes be easy and swift, but more often it will be slow and at time challenging. The goal is to bring about the changes that will allow you a new perspective and sense of control. There is no guarantee that psychotherapy will yield the intended results, although every effort will be made toward this end. During the course of therapy various psychological approaches will be utilized depending on the problem that is being addressed and assessment. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, family systems, developmental (adult, child, family), strengths based, positive psychology, resilience building, and/or psycho-educational models. All treatment strategies are evidence based and will be chosen based on research and best practice models, and your psychotherapist's assessment of the rightness of fit based on your learning style, character strengths, personality, history, readiness for change, and insight.

Discussion of treatment plan

Within a reasonable period of time following the initial consultation and taking into account your personal therapeutic objectives, your psychotherapist will share her working understanding of the problem or obstacles and explain the treatment plan and possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks and benefits, your psychotherapist's expertise in employing them, or about the treatment plan itself, please ask. The goal will always be to answer your questions fully and to your satisfaction. Additionally, you have the right to inquire about other treatments for your condition and their risks and benefits. If you could benefit from a treatment that your psychotherapist does not provide or have expertise in, she has a professional obligation to assist you in obtaining those treatments from other appropriate sources.

Termination

Your psychotherapist will continually assess the benefit of your treatment. She is obligated to refer out clients who, in her opinion, she cannot sufficiently help. If at any point during your treatment she assesses that she is not able to effectively help you reach the therapeutic goals, she will discuss this with you and, where appropriate and with your authorization, collaborate with other professionals in order to maximize treatment effectiveness. Furthermore, if at any time you would like a second opinion regarding treatment, she will assist you in finding a qualified professional, and with your written consent, will provide him or her with the essential information needed for an appropriate assessment. You have the right to terminate therapy at any time. If you choose to do so, your psychotherapist will offer to provide you with names of other qualified professionals and work with those professionals to aid in your transition.

Cancellation Policy

Scheduling of an appointment involves the reservation of time specifically for you, therefore **24-hour notice is required for rescheduling or canceling an appointment**. Except where emergencies preclude a timely cancellation, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read and understand the above agreement and office policies, and by my signature below acknowledge my understanding and willingness to comply with them:

Client name (Print): _____

Date: _____

Signature: _____

Client #2 name (Print): _____

Date: _____

Signature: _____

Psychotherapist: Jennifer Cory, MS, MAPP, LCSW_____

Date: _____

Signature: _____