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Informed Consent for Treatment

This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA preemptive analysis.

SERVICES OFFERED: We offer a variety of services, which include, but are not limited to individual, family, couples, and group psychotherapy. We also offer psychological evaluations and consultations.

APPOINTMENTS: Appointments are times that are reserved for you. It is important that if circumstances arise which require you to change an appointment, we ask that you provide us with at least 24 hours notice. This will allow us to offer your time to another patient. We charge the full fee for appointments not cancelled with **at least 24 hours notice**. Fees for missed appointments are not billable to your insurance company. Time is valuable and if you continue to miss appointments without providing 24 hour notice, the clinician will discuss your commitment to treatment and possible termination of services.

COST FOR SERVICES: Co-payments and fees not covered by insurance are due at the time of service. We accept cash, check, MasterCard, Visa, Discover and American Express. A service charge may be added for any outstanding balances unpaid after 30 days from the date of service. The fees for our service vary by the service provided and the clinician providing the service. Please speak to your clinician about the fee schedule if you have questions.

HEALTH INSURANCE: Many health insurance policies cover the services that our group offers. Nevertheless, reimbursement varies considerably from company to company and from policy to policy. Also, most policies have co-payments and some have annual deductibles, or other limits. It is up to you as the policyholder to read your policy carefully and be aware of what is or is not covered. We recommend that you call your insurance company directly to ask about your benefits. We will make our best effort to obtain reimbursement information for you. If your services are covered, we will bill your insurance company directly. If you do not have insurance, payment is expected on the day services are rendered.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Please read the [Notice of Privacy Practices](#) for more information.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be 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, or when a client's family members communicate to Gershon Psychological Associates, LLC that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. 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 Gershon Psychological Associates, LLC. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Gershon Psychological Associates, LLC will use his/her clinical judgment when revealing such information. Gershon Psychological Associates, LLC will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Gershon Psychological Associates, LLC becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the biographical sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Gershon Psychological Associates, LLC, only the minimum necessary information will be communicated to the carrier. Gershon Psychological Associates, LLC has no control over, or knowledge of, what insurance companies do with the information s/he submits or who has access to this information.

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 which 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(s), nor anyone else acting on your behalf will call on Gershon Psychological Associates, LLC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: Gershon Psychological Associates, LLC consults regularly with other professionals regarding his clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and faxes, in particular, are vulnerable to such unauthorized

access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and faxes that go through them. While data on Gershon Psychological Associates, LLC's server is encrypted, e-mails and faxes are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the U.S. Post Office. Gershon Psychological Associates, LLC's server is equipped with a firewall, a virus protection and a password, and backs up all confidential information from the computer on a regular basis onto an encrypted hard-drive. Please notify Gershon Psychological Associates, LLC if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or faxes. If you communicate confidential or private information via unencrypted e-mail, texts or fax or via phone messages, we will assume that you have made an informed decision, we will view it as your agreement to take the risk that such communication may be intercepted, and we will honor your desire to communicate on such matters. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Gershon Psychological Associates, LLC profession require that we keep treatment records for at least 7 years or 3 years after becoming an adult. Unless otherwise agreed to be necessary, Gershon Psychological Associates, LLC retains clinical records only as long as is mandated by Rhode Island law. If you have concerns regarding the treatment records, please discuss them with Gershon Psychological Associates, LLC. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Gershon Psychological Associates, LLC assesses that releasing such information might be harmful in any way. In such a case, Gershon Psychological Associates, LLC will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Gershon Psychological Associates, LLC will release information to any agency/person you specify unless Gershon Psychological Associates, LLC assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couples and family therapy, Gershon Psychological Associates, LLC will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Gershon Psychological Associates, LLC between meetings, please leave a message at (401) 349-3131 and your call will be returned as soon as possible. Gershon Psychological Associates, LLC checks messages a few times during the daytime only. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 911. Please do not use email or faxes for emergencies. Gershon Psychological Associates, LLC does not always check email or faxes daily.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$140.00 per one hour session at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer

sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Gershon Psychological Associates, LLC if any problems arise 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. Unless agreed upon differently, Gershon Psychological Associates, LLC will provide you with a copy of your receipt if you would like, which you can then submit to your insurance company for reimbursement, if you so choose. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Gershon Psychological Associates, LLC can use legal or other means (courts, collection agencies, etc.) to obtain payment.

SOCIAL NETWORKING AND INTERNET SEARCHES: We do not accept friend requests from current or former clients on social networking sites, such as Facebook. We believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, we request that clients not communicate via any interactive or social networking web sites.

OTHER SERVICES: We are sometimes requested to complete paperwork or deliver services that are outside the realm of the medical record or coordination of care. Some examples include letter for attorney, disability questionnaires, and school consultations/observations. These services are not covered by insurance and are charged at an hourly rate of \$100.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Treatment carefully; I understand them and agree to comply with them:

Patient's Name (print) _____

Signature _____

Date _____

Clinician's Name (print) _____

Signature _____

Date _____