



Behavioral Care Center of New Jersey, LLC

205 Ridgedale Avenue, Suite 101

Florham Park, NJ 07932

Phone: (973) 660-0700

AUTHORIZATION FOR TREATMENT

I would like to start by extending a warm welcome to you and your family. Making the decision to bring your child to therapy is not always easy and I look forward to making this a helpful experience and to building a close collaborative relationship with each member of your family. In this document you will find important information about my services and about the business policies of this practice. Please read through this paper carefully and feel free to discuss with me any concerns that you may have or any information that is not clear. When you sign this document, it will represent an agreement between us.

Psychological Services:

I believe that each person is unique and requires an individualized and collaborative approach to their treatment. At the same time, I feel that it is very important to provide you and your family with treatment that has been thoroughly researched to ensure that I am using treatments that have been shown to be helpful with other children with similar problems. Together we will identify your goals for therapy and outline a treatment plan that will allow us to work together towards achieving those goals. If you are interest in learning more about evidence-based psychotherapeutic treatments for children and adolescents I recommend looking at the following website: <http://www.effectivechildtherapy.com/>

Feel free to ask me further questions about the treatments that I utilize and how they may impact your child and family. There are both benefits and risks involved in the therapeutic process. During therapy, you and your family may be asked to discuss things that elicit uncomfortable feelings like sadness, guilt, anger, and helplessness. However, therapy can help to ameliorate feelings of distress, address maladaptive behaviors, and can also help foster better relationships both within the family and between peers.

The first few sessions will include an evaluation of your needs and goals. During this time we will also evaluate if I am the right therapist to work with your family and address your treatment goals. It is important that you feel comfortable working with me as the most effective therapies are those that take a collaborative approach to treatment. If at any time you have questions or concerns about my procedures, I would like for you to discuss them with me.



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Confidentiality:

Prior to beginning treatment, it is important for you to understand some rules about your child's confidentiality during the course of his/her treatment. Under HIPAA and the APA Ethics Code I am legally and ethically responsible for providing you with informed consent. Consultations, test results, and disclosures will be held in the strictest confidence subject to state law. Written authorizations will be required if you request that I share information with other persons or agencies.

There are certain situations in which, as a therapist, I am mandated by law to reveal information obtained during therapy to other persons or agencies without permission. These include the following:

- If I believe that a child is being neglected or abused whether by physical or sexual means I am required to report the "reasonable suspicion" of such abuse. I have no authority to investigate the case. I must file a report with the state agency.
- If I believe that your child is threatening serious harm to another person I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and /or seeking hospitalization.
- If your child threatens to harm him/herself in ways that may lead to suicide, or indicate that he/she is unable to control impulses which may lead to his/her suicide I am able to inform the individuals or agencies necessary to prevent the completion of such actions, including hospitalization.

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom.

Office Policies:

Psychotherapy appointments:

Appointments are generally made on a regular basis, and the 45 minutes are held for you. In the event that you are unable to keep your appointment due to a prearranged conflict I ask that you inform me as soon as possible. If you cancel within less than 24 hours of the appointment you will be charged the full



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fee for the missed sessions. My session fee is \$\_\_\_\_\_. Payment of fees will be expected at the time of service and there is a \$25 fee for returned checks.

Additional Information:

You have the right to choose not to receive therapy from me at any time. If you choose this I will provide you with the names of other qualified professionals whose services you might prefer. You also have the right to ask any questions about or prevent the procedures used during therapy. I encourage that you ask questions about my methods as they arise.

I am very pleased to welcome you as a client in my practice. Please feel free to discuss with me any problem that may arise regarding any of these policies. I look forward to a successful and beneficial relationship with you and your child.

Patient name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

If the session has been canceled within less than 24 hours of the appointment or if I am carrying an overdue balance, I understand that the following credit card will be charged:

Credit Card type: master card      visa

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_