

Informed Consent for Psychotherapy & Practice Policies

Forward Thinking Mental Wellness: 201-419-5308, info@ftmwellness.com

General Information

Hello and welcome to Forward Thinking Mental Wellness! Beginning therapy is an exciting step in life and the purpose of this document is to outline information you need to make the decision to proceed with treatment, including policies, procedures, and legal aspects of care. It is important that you have an understanding of the information below, and you can ask questions at any time to make sure you're comfortable with this information.

Clearly defined rights and responsibilities held by each person in the therapeutic relationship are important to help our work together. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

Risks and Benefits

The purpose of psychotherapy is to assist individuals in coping with life's problems and resolving conflicts in order to thrive, achieved by increasing awareness, acceptance, coping abilities, and modifying behaviors.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part; in order to be most successful, you will have to work on things we discuss outside of sessions.

The Process

Our first few sessions will involve lots of questions as I get to know you and evaluate your needs. Please try to be open and forthcoming with the information you share; the therapy process is non-judgemental and limiting information may hinder your progress. We will discuss your treatment goals and create a plan to meet them. It is important for you to have input in creating these goals and we will work together to establish priorities that are achievable and relevant.

Therapy may be short-term (i.e., between 5 and 20 sessions) or longer-term (ongoing) depending on the type of problem or issues. For example, when one basic problem of recent onset is identified and is the sole focus of therapy, short-term therapy is likely to be sufficient. When there are multiple problems or difficulties which have persisted over a long period of time, therapy is likely to be longer in duration. Furthermore, many individuals switch the course of therapy as situations change and new challenges arise.

When our work together is reaching its end, the appropriate length of the termination depends on the length and intensity of the treatment. If I determine that the psychotherapy is not being effectively used or if you are in default on payment, treatment may have to be terminated. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. When therapy is terminated for any reason, or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Appointments & Cancellations

Sessions last approximately 45-53 minutes. Please arrive on time, as we must end on time. We may schedule on a weekly, biweekly, or monthly basis at a mutually agreed upon day and time. You can reach out if you require additional sessions during a specific time of moderate crisis (although I am not always available and cannot be relied upon in an urgent situation) or may wish to adjust the frequency to more or less often as we progress. In the event of a medical or psychiatric emergency, or in any event in which you feel unsafe, please contact 911 or 988 or go to your nearest hospital's Emergency Room. Do not rely on communicating with your therapist in the event of an emergency.

If you must miss a scheduled appointment, we can try our best to reschedule for another time during that week. I try to accommodate changes as best as I can within reason, and sometimes I may also ask you to be flexible as well. Cancellations made within 24 hours of the appointment will incur a fee of \$100. Insurance does not reimburse for cancellations.

Fees

The fee per session will be determined on a case-by-case basis before you begin your first session. You are responsible to pay in full via credit card, Venmo, or Zelle for each appointment. I utilize a platform called Reimbursify which will issue you a "superbill", or an invoice for the services you received, and you will be able to submit that to your insurance company to potentially obtain reimbursement of a portion of the cost. I am unable to make any guarantees about reimbursement; some people have zero out-of-network benefits while others receive reimbursement for all or most of their session fees—this is determined by the insurance company and not the provider. Regardless of reimbursement, you are required to pay in full for sessions at the time they occur. You are encouraged to set up automatic payments through our client portal, which you can access and make changes to at any time. If you become delinquent in payment, we may need to pause sessions until you are able to rectify the matter. I reserve the right to use an attorney or collection agency to secure past due payments.

In addition to our weekly appointments, you may request additional services from me, such as report or letter- writing, phone conversations longer than 15 minutes, or consultations or meetings with other providers, schools, etc. The fee for these actions will be prorated according to the standard session rate (for example, an ESA letter may take me 30 minutes to write, and therefore would cost ½ of your normal session fee).

If you anticipate becoming involved with a court case, I recommend we have a discussion about your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Insurance & Payment

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Forward Thinking Mental Wellness is not in-network with any insurance providers. If you have a health insurance policy with out-of-network benefits, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims for reimbursement (through the superbills mentioned above) and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. I will be glad to share information with you to learn more about your diagnosis, if applicable.

Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information database. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your insurance carrier for payment purposes.

Records

I am required to keep appropriate records of the psychological services that I provide. Your records are digital and maintained securely. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

Session content and all relevant materials to your treatment are confidential, as per the Health Insurance Portability and Accountability Act (HIPAA). You may, at any time, request in writing to have all or portions of such content released to a

specifically named person/persons (you must request a specific form to do so). Limitations of client privilege exist and are itemized below:

1. If you/the client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you/ the client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Additionally, I may occasionally need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office. Further, due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients or their family members on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless the child agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised. [See [Consent for Treatment of Minors Form, to be signed by both youth and parent\(s\).](#)]

Communication

You may sign up for appointment reminders through the Client Portal, and you may also reach out to me to alert me of a cancellation or request to reschedule an appointment, or with any questions regarding your bill, account, etc. Communication through email or text message is very convenient, however it is not considered secure and your private information may be at risk of being viewed by third parties, as is other information stored on a cell phone or computer. You are welcome to communicate through those channels, however you do so with the understanding of that risk. I strive to reply to all communication within 24-48 business hours. Forward Thinking Mental Wellness operates in the state of New Jersey and all communications regarding time will be in Eastern Standard Time (EST). I am often not immediately available as I do not answer my phone when I am with clients or during my personal time. I will make every attempt to inform you in advance of planned absences and, when possible, provide you with the name and phone number of the mental health professional covering my practice.

In the event of a medical or psychiatric emergency, or in any event in which you feel unsafe, please contact 911 or 988 or go to your nearest hospital's Emergency Room.

Telehealth

Services by electronic means, including but not limited to video chat, telephone communication, the internet, facsimiles, and e-mail are considered telemedicine/telehealth. Telehealth therapy appointments are considered to take place in the state where the client is located at the time. Forward Thinking Mental Wellness is licensed to operate in New Jersey (and Keith Brouca is licensed in Pennsylvania); please notify me in advance of any out-of-state travel plans that may impact our sessions. I am required to note your location at the start of each session so that I may assist however possible in any type of emergency.

There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients or their family members on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. I will not look you up on any social media service or search engine. If there is something you wish to show me that will benefit the therapeutic process, you may do so of your own volition and share a screenshot of the relevant information it via email. Please remember that I have no control over the data and privacy information, contact suggestions, or anything outside of Forward Thinking Mental Wellness. If you have questions about this, please bring them up when we meet and we can talk more about it.

Other Rights

If you are unhappy with what is happening in therapy, I hope you will talk with me and/or the practice owner (Nicole J. Rossetti, LCSW, LCADC –info@ftmwellness.com) so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

BY ELECTRONICALLY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

EFFECTIVE JUNE 6, 2023

UPDATED JULY 26, 2024

Your signature/checkbox below indicates that you have read, understand, and accept the terms of this Agreement.