

Daniel S. Sokal, LCSW

Psychotherapy

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Informed Consent

Client-Therapist Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychotherapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, 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.

Goals of Psychotherapy

There can be many goals for the therapy relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for therapy, they will be set by the clients according to what they want to work on in counseling. The therapist may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Psychotherapy

Psychotherapy is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that psychotherapy will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. 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.

However, there are many benefits to therapy. Therapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments

Appointments will ordinarily be 30-60 minutes in duration, 1-5 times per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you **will** be required to pay for the entire fee for the session. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Confidentiality

Your therapist will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your therapist may consult with a supervisor or other professional therapist in order to give you the best service. In the event that your therapist consults with another therapist, no identifying information such as your name would be released. Therapists are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your therapist receives a court order or subpoena, he may be required to release some information. In such a case, your therapist will consult with other professionals and limit the release to only what is necessary by law.

Confidentiality and Technology

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via FaceTime, Skype, telephone, email, or text. Due to the nature of online therapy, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your therapist will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in therapy sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your therapy sessions. Should a client have concerns about the safety of their email, your therapist can arrange to encrypt email communication with you.

Record Keeping

Your therapist will keep records of your therapy sessions and a treatment plan which includes goals for your treatment. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be

released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically, on a USB flash drive, or in a paper file and stored in a locked cabinet in the therapists' office.

Professional Fees

You are responsible for paying before the start time of your session unless prior arrangements have been made. Payment must be made by credit card, check, or cash. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

The hourly court fee you will be charged is \$250.

Fees are non-negotiable. Fees are subject to change at the therapist's discretion.

Fee Schedule

(Dependent on insurance plan or sliding scale fee agreement)

Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims 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. Sometimes I have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by credit card, check, or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital's emergency room or call 911.

Email

This therapist may request client's email address. Each client has the right to refuse to divulge their email address. This therapist may use email addresses to periodically check in with clients who have ended therapy suddenly. If you would like to receive any correspondence through email, please write your email address here _____.

If you would like to opt out of email correspondence, please check here _____ .

Your signature below indicates that you have read this Agreement and agree to its terms.

CONSENT FOR TREATMENT SERVICES	
I consent to treatment at private practice of Daniel S. Sokal, LMSW for myself or for the person for whom I am the parent/legally authorized representative. Psychotherapy may cause thoughts, feelings, or memories to surface which may be uncomfortable or even painful. That no guarantee has been made to me concerning the effect of treatment. My signature below indicates that I have reviewed and understand the Consent for Treatment Services and that I consent to treatment.	
_____	_____
Signature of Client	Date
_____	_____
Signature of Parent/Guardian	Date