

Please print and bring with you on your first appointment

## Treatment Agreement/Privacy Policy

The following contains important information about my policies. I am obliged to give you a copy of the Accountability Act (HIPPA), a law that aims to protect your privacy and patient rights. Please ask me for a copy and I will supply it to you.

### **Counseling Services**

The first session is an assessment session lasting one hour. We will discuss your goals in coming to therapy, and assess if we feel comfortable with each other. Psychotherapy can have both benefits and risks. Introspection can and may bring up both pleasant and unpleasant memories, which in turn can bring up many varied emotions. Therapy can help with self-esteem, communication skills, coping strategies and stress reduction, just to name a few benefits. Of course, there is no guarantee what you will experience.

### **Confidentiality**

I am bound by law to keep Protected Health Information about you in your clinical record. Any information held in these records will be held or released in accordance with state and/or federal laws regarding confidentiality of such records and information. For those clients under 18 and their parents, it should be known that parents may by law review the minor's records unless it is deemed counterproductive where such access will likely cause emotional harm to the child. The law generally protects the privacy of patient-therapist communications. I must have your written permission to release information about our work together except under the following circumstances: a judge may order my testimony if it is deemed pertinent and if I suspect that there is abuse of a minor or the elderly.

### **Duty to Warn**

I am mandated by law as a mental health professional to intervene and to take steps of protection if I believe there exists danger to self or others. The steps of protection may include calling the police, seeking hospitalization for those involved, or contact family members or others who can provide protection.

### **Contacting Me**

If I am unable to pick up your call, I will call you back as soon as I am able. My phone is only answered by me and you may leave a confidential message. My number is 973.801.7968. If you are experiencing a clinical emergency, call #911 or go to the nearest emergency room and ask to speak with a psychiatrist, psychologist or social worker on call. Please call me as soon as you are able. You can also reach me via email [bgalen31@gmail.com](mailto:bgalen31@gmail.com) or via text using the previous phone number. Please note that absolute confidentiality over the internet cannot be guaranteed. Therefore, your participation in the exchange of information via email is an acknowledgement of that risk. Aside from routine scheduling, anything sent via email will become part of your record.

### **Billing and Payments**

My standard session fees are \$175 for a 60 minute initial consult; individual therapy sessions are 50 minutes and are billed at \$150. Couples and families are seen for one hour and billed at \$175. Once an appointment is scheduled, you will be charged for it unless you provide 24 hours advanced notice of cancellation. Insurance companies do not provide reimbursement for cancelled sessions and therefore you will be billed directly.

Payment is due at the time of service.

### **Insurance Reimbursement**

At this time I am a provider for Aetna. Please check with me as this may change. You will be responsible for paying your full deductible. If you have out of network benefits, I may be able to submit to your insurance company. We can discuss this.

Your signature below indicates that you have read this agreement and agree to abide by its terms. Please return this signed copy.

Signature \_\_\_\_\_ Date \_\_\_\_\_