NJ License 44sc043877000 Telephone 201-594-9900

STARFISH EXPERIENCE INC.
Sheila F. Kaminski LCSW
Psychotherapy and Counseling
99 Kinderkamack Road, Suite 308
Westwood, NJ 07675

Informed Consent for Psychotherapy

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person, Client and Therapist. You have certain rights that are important for you to know about because this is your therapy, the goal of which is your well-being. There are also certain limitations to those rights that you should be aware of. They are as follows:

CONFIDENTIALITY

You have the absolute right to the confidentiality of your therapy. What is discussed between you and your therapist will be held in confidence. The only exceptions to this right are:

1. If I have a good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect the intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you me information about someone else who is doing this, I must inform the Department of Youth and Family Services within 48 hours or Adult Protective Services immediately .
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or Psychiatric Emergency Screening Program. I am not obligated to do this and would explore all other options with you before I took this action.

RECORD-KEEPING

I keep brief notes of each session noting the dates we meet, the topics we cover, progress made, my interventions and impressions, and recommended next steps.

DIAGNOSIS

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnosis are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems.

OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to utilize a particular Theory (CBT, Psychodynamic Therapy, Object Relations Therapy, Ego Psychology etc). You are free to leave therapy at any time, although I finding a way to give me advance notice so that I can help you end treatment well and consolidate gains.

Because I have a limited practice, I do not have 24-hour emergency or “on call” coverage. If you experience a psychiatric emergency, you should call 911, Psychiatric Emergency Screening Practice (201-262-help) or go to your nearest emergency room.

FEES

I am a provider of most insurance companies. Deductibles and co-pays are established according to your policy. You are responsible for all deductibles and co-pays. You can pay by check, cash or credit card. If you need an invoice, one will be provided once a month upon your request.

DIGITAL TECHNOLOGY

I understand that my therapist at Starfish Experience may utilize technology-assisted-media via telephone, video, internet, smartphone and tablet devices, laptop/desktop, et al., to support and/or provide clinical services for my benefit. All electronic information and communication technologies adhere to previously mentioned mandates of Confidentiality addressed elsewhere in this document.

YOUR RESPONSIBILITIES AS A CLIENT

You are responsible for coming to your next session on time. If you are late, the session will end on time and not run over into the next client's time. If you miss a session without cancelling less than 24 hours notice, you will be responsible to pay a forty dollar ($40.00) payment unless I can reschedule you within the same calendar week.

INFORMATION ABOUT STARFISH THERAPISTS

All therapists in this Practice hold Masters Degrees and are licensed by the State of New Jersey. Each Therapist's license is available for your inspection and you are free to ask about your therapist's Education and preferred Therapy Modalities utilized.

By SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature _____ Date: _____/_____/_____