

Office Policies and General Information

Adolescent Informed Consent

Mental Health Matters, LLC
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PART I: To Be Reviewed and Signed by the Adolescent Client and Legal Guardian(s) (p. 1-2)

The purpose of meeting with a psychotherapist is to get help with problems or processes that are bothering you or interfering with being successful in important areas of life. You may have asked to meet with and talk to a therapist or this could have occurred because your parents, teachers, doctor or someone else has concerns about you. The process of therapy involves getting to know your perspective on these difficulties or predicaments in your life, developing an understanding of the nature of the difficulties, and generating better ways to cope with or manage those difficulties. Sometimes the predicament will disappear altogether, but other times learning to manage or cope with difficulties is a good outcome.

CONFIDENTIALITY

Sometimes these difficulties will include topics you do not want your parents or guardian to know. For most people, knowing that what they say will be kept private helps with disclosing thoughts, feelings, and perceptions and to have more trust in their therapist. As a teenager, you have certain rights to privacy that are not equal to those of an adult (the legal definition of which is 18 years old), but privacy, also called confidentiality, is a critical part of effective psychotherapy. As a general rule, information you share in therapy sessions is confidential, unless you give consent to disclose certain information. However, there are exceptions to this rule that are important to understand prior to starting with the therapy process. In some situations, professional guidelines and/or the law may require that information discussed in therapy must be disclosed. Some of these situations are described below. Most involve your protection and the protection of others from the potential to be hurt or harmed.

1. If you report having a plan to harm yourself, based on the evaluation of that plan, confidentiality can be broken in order to protect you from harming yourself.
2. If you report having a plan to harm someone else, based on the evaluation of that plan, confidentiality can be broken in order to protect the person you plan to harm.
3. If you are involved in activities that could cause harm to yourself or someone else, even if you do not *intend* to harm yourself or someone else, based on the evaluation of the behavior, confidentiality can be broken.
4. If you report that you or another minor are currently being abused physically, emotionally, or sexually or have been abused in the past, the law requires that this be reported to the New Jersey Department of Children and Families.

Client's Initials: _____ Legal Guardian Initials: _____ Legal Guardian Initials: _____

5. If you are involved in a court case and a mandatory request (subpoena) is made for information about your therapy, the information will be disclosed accordingly. If this occurs, you will be informed of the proceedings and efforts to protect your confidentiality will be taken and discussed with you.
6. If you agree that information may be shared with a specific person or entity, then we will discuss the limits of what will be shared, and how that information will be shared.

Except for situations as described above, your parents/guardians **will not be told** of specific information you disclose in therapy. This includes activities and behavior that your parents/guardians would not approve of or be upset by, but that do not put you or others at risk for immediate harm. It may be important to let your parents know some information that is protected by confidentiality and you may be encouraged to share that information. Part of the therapist’s job is to discuss this with you and to decide together the best way to communicate the information.

In addition, parents and guardians may be able to be more helpful if they have general ideas about themes of therapy (such as autonomy, important privileges, achievement, or the status of symptoms) and the therapist may have specific suggestions for parents that do not involve breaking your privacy. Parents are strongly urged to respect the privacy of your treatment and the related records.

Schools and Teachers. Information **will not be shared** with your school, including that you are even seeing a therapist, unless you and your parents/guardians give permission. If someone from your school wants to talk about your treatment, or if it is decided that talking to someone at your school would be beneficial, then you and your parents will be asked to give their written permission to do so. If your parents or school want information about the treatment, and you do not want to give permission, then we will discuss these incidents in session.

Physicians/Doctor’s Offices. Your medical doctor may have been involved in referring you for therapy, may have prescribed medication for you, or may be considering prescribing medication. Thus, it may be important to coordinate with your doctor or doctor’s office regarding your progress or status, especially when medication is involved or there are other health issues. Again, your permission will be required for such a consultation to occur and it will be important to discuss in therapy what information will be disclosed, especially since some information can be disclosed to a doctor that is not disclosed to your parents. The only time information may be shared with your medical doctor without your permission is if you are engaged in harmful or risky behavior that creates a concern about safety.

We understand and agree to comply with the policies and information above:

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Part II: To Be Reviewed and Signed by Parent(s)/ Legal Guardian(s) Only

LITIGATION LIMITATION

Due to the nature of the counseling process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...) neither you (legal guardian(s) representing the minor client's interests) nor your attorney/s, nor anyone else acting on your or the minor's behalf will call on Greg Ieraci to testify in court or any other proceeding.

PAYMENTS AND INSURANCE REIMBURSEMENT

The responsible parties (parent(s)/legal guardian(s)) to the minor client are expected to pay at the end of each session, including but not limited to co-payment amounts, deductible amounts, and all other fees not covered by the insurance company. Please notify Greg Ieraci if any problem arises during the course of counseling regarding your ability to make timely payments. It is your responsibility to verify specifics of your coverage. Report and letter writing and reading will be charged at the rate of \$ 150.00 per hour (minimum charge: \$ 150.00) and travel time will be charged at the rate of \$50.00 per hour (minimum charge: \$100.00). All report and letter writing charges and travel charges will be paid in full before reports and/or letters are issued or travel commences.

MEDIATION & ARBITRATION

All disputes arising out of or in relation to this agreement to provide counseling services shall first be referred to mediation before and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Greg Ieraci and party(s) representing the client's interest. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to the agreement shall be submitted to and settled by binding arbitration in Bergen County, New Jersey in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Greg Ieraci may use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorney fees. In the case of arbitration, that sum will be determined by the arbitrator.

CANCELLATION

Since scheduling of an appointment involves the reservation of time specifically for the client, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. A \$95.00 cancellation fee will be charged for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

We understand and agree to comply with the policies and information above:

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____