

# **Change Your Life Counseling, LLC.**

**Professional Counselor**

**License #**

**49 High Street**

**Newton, NJ 07860**

**908-447-6129**

## **PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

### **My Responsibilities to You as Your Therapist**

#### **I. Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

**The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.**

1. If I have 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 your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform

the Division of Youth and Family Services (DYFS) within 48 hours and 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 the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the NJ Dept. of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

**The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me.**

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

## **II. Record-keeping.**

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone outside of our practice.

## **III. 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. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-IV-TR*; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

## **IV. Other Rights**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

## **V. Payment**

Our fee for therapy is nominal. The 65 dollar fee must be paid in full at the start of each session. Personal checks, credit cards, and bartering are not acceptable forms of payment at this time.

### **My Training and Approach to Therapy**

My name is Deborah McCarren, I hold a Masters in Counseling Psychology and I am a Licensed Professional Counselor. I have worked in the field of mental health for over 20 years. My experience includes; starting the first “Independent Living homes” in Sussex County, for the Association for Retarded Citizens, also, acting as lead counselor for the first “Adolescent Substance Abuse Program” for High Focus Rehabilitation Centers in Sussex County. Other work experiences include; Director of Counselor for Easter Seals, Chief of School Services for St Mary’s Hospital, “Giant Steps” substance abuse program, and adjunct professor at Sussex County community college. I have had a private practice for over 10 years, where I specialize in working with couples, but, also work with families and individuals.

I currently hold the position of Program Coordinator for the Acute Partial Program at Newton Medical Center in Sussex County. My role in this position is to oversee professional clinicians treating a full range of persons with various mental illness and addictive issues. We provide a highly structured program incorporating many approaches to wellness and recovery. Our success rate and patient satisfaction is extremely high. We attribute our success to offering an intensive recovery program using many modalities with highly trained professionals who maintain compassion and empathy for those whom they serve.

Throughout the course of our therapeutic relationship, I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist. Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment, not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy. I am away from the office occasional throughout the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my

regular office hours (after 8 pm), please call the Newton Medical Center's Psychiatric Emergency Hotline at 973-383-0973. If you believe that you cannot keep yourself safe, please call 911, the above hotline, or go to the nearest hospital emergency room for assistance.

### **Your Responsibilities as a Therapy Client**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes to an hour. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay a 25 dollar cancellation charge at our next regularly scheduled meeting. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session is \$65. Payment is expected, in full at the start of each session. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week I will bill you on a prorated basis for that time.

I am not willing to have clients run a bill with me. I cannot accept barter for therapy, nor do I take credit cards or checks.

### **Complaints**

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to Ms. Elaine DeMars, Executive Director, State Board of Marriage and Family Therapy Examiners, PO Box 45007, Newark, NJ 07101, (973) 504-6415 or (973) 504-6582.

### **Client Consent to Psychotherapy**

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I agree to pay the fee of \$65.00 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Deborah McCarren, MA LPC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Ms. McCarren. I am over the age of eighteen.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Client guardian or parent if under eighteen: \_\_\_\_\_