

Informed Consent

Confidentiality and Emergency Situations: Your verbal communication and clinical records are strictly confidential except:

- a) information (diagnosis and dates of service) shared with your insurance company to process your claims,
- b) information that informs me that you are in danger of harming yourself or others; then, under New Jersey State Law I am obligated to report this to the chief law enforcement officer of the municipality in which you reside or the Superintendent of State Police if you reside in a municipality that does not have a full-time police department,
- c) information that you and/or you child or children report about physical abuse, sexual abuse or elder abuse; then under New Jersey State Law I am obligated to report this to the New Jersey Division of Child Protection and Permanency or to the New Jersey Adult Protective Services,
- d) when required by court order,
- e) when you sign a release of information to have specific information shared, or
- f) information necessary for case supervision or consultation.

If an emergency situation for which the you or your guardian feels immediate attention is necessary, please call the emergency services in the community (911) for immediate help. I will follow up after those emergency services with standard counseling and support to you or your family.

Coordination of Treatment: It is important that all health care providers work together. As such, we would like your permission to communicate with your providers. Your consent is valid for one year. **Please understand that you have the right to revoke this authorization, in writing, at any time.**

☐ I decline to inform other provider(s)

☐ You may inform the following doctors/provider(s)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Consent for the Treatment of Children or Adolescents (*Must be completed for clients under 18 years of age*):

I/We consent that _____ may be treated as a client by Essential Counseling Services of NJ. It is understood that children over the age of 12 have confidentiality protected by law. This consent to treat expires at the end of treatment or if revoked in writing.

Payments and Cancellations: As a courtesy I will provide you with a bill/receipt for your insurance company. You are responsible for full payment, which is due at the time services are rendered. Please note, in order to provide a convenient schedule for you and all of my clients, if you cancel a booked appointment with less than 24-hour notice, a late cancellation fee of \$150 will be charged. Thank you for your understanding of this policy.

Notice of Privacy Practices and Client Rights: I/We have read and received a copy of the Notice of Privacy Practices and Client Rights document.

By signing below, you indicate that you have read and understood this document, and that any questions you have about this statement have been answered to your satisfaction.

Client signature

Date

Parent/Guardian signature

Date