

Therapeutic Sand, LLC

The following information is provided to establish informed consent of office policies and procedures:

1. As a Licensed Clinical Social Worker, I provide counseling and psychotherapy services and specialized treatment in which I have been trained. My commitment is to assist clients with their identified mental health needs.
2. New Jersey law and professional ethics require that communication between the client and therapist remains confidential. However, the law requires disclosure in these cases: ● If you are in danger of harming yourself or others ● If there is evidence of child or elder abuse, past or present ● Per court order . Additionally, it is sometimes necessary to share certain information with the client's insurance company for treatment authorization. Your signature below will authorize the discussion of treatment if needed for reimbursement.
3. When a minor becomes my client and there is a separation or divorce of parents, opinions regarding custody or visitation will not be provided, as this would be considered a conflict of interest according to New Jersey state law and my professional ethics. Both parents are expected to sign this informed consent unless parental rights have been terminated. My services are therapeutic and do not include mediation.
4. Information disclosed in sessions (both individual sessions and family sessions) will NOT be released for legal purposes. This includes, but is not limited to, collecting evidence, financial settlements and evaluations / opinions in divorce and custody issues. In order for therapy to be effective, our relationship and the content of our sessions needs to be safe, confidential and protected from legal intrusions of all kinds.
5. Therapy sessions are made by appointment and are generally 45 minutes in length. I require notification 24 hours in advance of canceling a session. First late cancellation will result in a 15 min charge, 2nd will be ½ session fee, 3rd will be full session fee and evaluation of continued service. If you are unable to make an office appointment a telephone session can be arranged if needed and will be billed according to my hourly rate. It is the policy holder's responsibility to determine if phone sessions/telehealth is covered by the insurance carrier. In the event of an emergency, circumstances will be evaluated case by case. No show appointments will be billed for the full session rate.
6. Payment for services is required at the time of your appointment unless other arrangements have been made in advance. I will provide you with a receipt to submit to your insurance company for reimbursement for Out of Network benefits. There may be an extra charge for letters, reports or other correspondence you request/authorize.
7. Bromley, a certified therapy dog, may be utilized in sessions for animal assisted therapy. If there is any concern for the canine being present during sessions please be sure to express your preference.
9. Confidentiality is essential to the therapeutic relationship. When working with a minor information shared during sessions will not be disclosed to the parent. If there is evidence that the child's safety is in jeopardy appropriate contacts will be made to ensure the child's safety. Impressions, assessment of need, and recommendations will be shared with parents to best support the child.
10. If you are in need of immediate assistance, or have a psychiatric emergency, please call the crisis line 732-923-6999 at Monmouth Medical Center or your nearest hospital or 911.
11. I do not respond to text messages unless it is about scheduling. If you want to share information between sessions, emailing is required, however please note I will reply to the email at the next scheduled session, or by scheduled phone session for which hourly rates apply, please refer to financial agreement.

Please discuss any questions or concerns you may have regarding these policies, prior to signing. By signing below you indicate your understanding and acceptance of these policies and procedures.

Client's signature (parent or legal guardian): _____

Date: _____

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Covid Protocols:

All areas that clients utilize (bathroom, office, waiting area) are sanitized between sessions including all items that are utilized within my office space. Clients are spaced out with ample time to complete sanitation.

If a client is a minor I ask that only one parent/guardian be present unless the session is a family session and discussed prior to session appointment.

I will *not* be wearing a mask during sessions, if a client wishes to wear a mask during sessions that is their choice, but not a requirement. I do find reading facial expressions is essential to the therapeutic process, however if you would like me to wear a mask as well, please don't hesitate to ask. Vaccination status will not be requested nor will it be shared.

Dyson air purifier with a hepa filter that clears 99.97% of allergens and pollutants 0.3 microns in size runs in the office space at all times. Windows will remain open when weather permits.

Any client that is not comfortable with in-office, face to face sessions, teletherapy sessions are available. It is the clients responsibility to determine when their insurance carrier will be terminating teletherapy session benefits.

If anyone in your immediate household presents with symptoms of Covid-19 you will need to schedule your sessions for teletherapy for a minimum of 10 days.

Please contact me with any questions or concerns.

Client's Initials (parent or legal guardian): _____ Date: _____