Hudson Mental Health
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Information about Services and Consent for Treatment

This document is intended to answer questions you may have as you begin therapy and to outline policies and procedures that are specific to my practice. Feel free to share any comments, questions, or concerns you have about this information.

Office Hours

Sessions are scheduled by appointment and are 45 minutes in length. If you are late for a scheduled session, I will likely end the session by the regularly scheduled time to insure timeliness for all patients.

Cancellation Policy

At the beginning of our work together, you and I will agree on a weekly meeting time. That hour will be considered your time, reserved only for you. Since that appointment cannot be offered to anyone else, I request 24 hours notice to cancel a session. If I am able to offer a make-up session that you are able to attend, within the same week of the missed or canceled session, I will charge only for that make-up session. This cancellation policy is subject to change.

Communication Between Sessions

If you need to reach me by phone, please call me at 914-620-2268. Although I am often not immediately available by telephone, I check voicemail messages regularly and will make every effort to return your call within 24 hours, with the exception of weekends and holidays. I use email and text messaging only for scheduling-related matters. Email and text messaging should never include clinical information. Please notify me if you do not wish to use email or text messaging for scheduling purposes.

Emergency Procedures

If an emergency situation arises and you cannot reach me, please call 911 or go to your nearest emergency room. Please also leave me a message regarding the situation and where I can reach you as soon as it is feasible.

Billing and Fees

My session fee is $250. I ask that you please pay at the end of each session or at the end of the month depending on your needs. I will provide you with a statement of your account at the end of each month, detailing all monthly charges and payments. Should you elect to receive reimbursement from your insurance company, you should be aware that your health insurance may require that I provide them with clinical information relevant to the services rendered. In these situations, I will discuss this with you and release only the minimum information necessary.

Confidentiality and Privacy of Information

I will make every effort to safeguard the privacy of information concerning our work together. It is unethical for me to disclose any information regarding your treatment with few exceptions.

1. You may authorize me to release records or other information to individuals of your choosing (insurance companies, other providers, etc). This may only be done with your expressed written consent.

2. Under ethical and legal requirements, I must break confidentiality in the event of a clear and imminent danger to yourself or another person.

3. In the event that you disclose information that provides evidence of current abuse or neglect of minor children, the law requires that I make a report to the appropriate agency.

4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

I have read, understood, and agree to all of the above information. A copy of this document can be provided at your request.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____