

Confidentiality and Informed Consent

The contents of an Intake session, Assessment session and Counseling session are considered to be highly confidential. As per the ethics of the American Counseling Association and the American Psychological Association, both verbal and written records about a client cannot be shared with another party without the written consent of the Client. It is the policy of this therapist not to release any information about a client without a signed release of information. The noted exceptions, demanded by law include:

- (1) When a Client discloses intention or a plan to harm another person, the therapist is required by law to warn the intended victim and report this information to legal authorities. In cases in which the Client discloses or implies a plan for suicide, the therapist is required to notify legal authorities and make a reasonable attempt to notify the family of the Client;
- (2) If a Client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the therapist is required to report this information to the appropriate social service and/or legal authorities;
- (3) Therapists are required by law to release records of clients when a court order has been placed;
- (4) In the event of a Client's death, the spouse or parents of a deceased Client have a right to access their spouse's or child's records.

Consent to Treatment of Minors (Only Applies to Patients Under 18)

This section must be completed by the parent or legal guardian of each child who attends session. Some custody agreements require the signatures of both parents for treatment. Because of this, it is generally my policy to require the signature of both parents in any divorce/custody situation.

Confidentiality with Minors

The State of New Jersey believes that minors seeking mental health treatment have limited rights to confidentiality. My role as a therapist is to help minors learn to communicate openly and directly with their parents, and thus, I involve parents in the counseling process. When children are making poor and dangerous decisions parents will be brought into the conversation as soon as possible, which in the case of many situations – such as suicidal ideation or attempts – is immediately. As a parent, you are entitled to be involved in the process and, when time allows, will regularly participate in counseling sessions. You are also entitled to discuss your child's care with me. Should courts be involved, such in a case of custody, I will act according to my outlined role by the courts and will act in the best interest of the child.

I hereby consent to treatment of my child per the terms outlined in this document:

Name _____ Birthdate _____

Parent / Guardian Name (please print) Parent / Guardian Signature Date

Parent / Guardian Name (please print) Parent / Guardian Signature Date 2

Consultations with Other Professionals

Information about clients may be disclosed in consultations with my supervisor or other professionals in order to provide the best possible treatment. In such cases, the name of the Client or any identifying information is not disclosed.

Theoretical Orientation

You, the Client, have a right to know that I practice from a Psychodynamic perspective; that is - our behavior and feelings are powerfully affected by unconscious mind and our childhood experiences shape our adult conflicts and quality of life. This means that we will be looking at patterns in your current life and relating them back to past experiences so that you can have a fuller view of who you are as a person. I am also sensitive to you as an individual and realize that reflection is not merely enough. Thus, in attempting to reach your therapeutic goals, I will at times engage you in activities and homework designed around cognitive restructuring. No therapy will be administered without your full consent. You can, at any time, choose to stop our therapeutic relationship without penalty of any kind.

Payment

I am considered “Out of Network”. However, most insurance companies will reimburse up to 75-100% of my fee. I provide you with all the necessary paperwork.

Fee Schedule:

- Individual Counseling (55 minutes): \$165
 - Couple’s Counseling (75 minutes): \$200
 - Family Counseling (75 minutes): \$250
 - Group Counseling (90 minutes): \$65
 - Clinical Supervision (55 minutes): \$125
- Reduced fee services are available on a limited basis.*

I accept all major credit cards, cash or checks payable to “Emily Ryzuk” upon the conclusion of each session. Because both my time and your time are valuable, I ask that we establish a 24 hour rule. Should you need to cancel, please do so at least 24 hours before your session - otherwise, you will be expected to pay for your full session. I will also allow for at least 24 hours before I cancel.

Note: Extenuating circumstances will be considered on a per-event basis.

Client Name or Parent/Guardian

Today’s Date

Client Name or Parent/Guardian

Today’s Date

Clinician: Emily K. Ryzuk, Ed.S., LPC

Today’s Date