

**Peter A. Miller Psychotherapy & Consulting, LLC**  
**43 Tamarack Circle**  
**Skillman, NJ 08558**  
**Phone/Fax: 609-921-6070**  
**www.Pmillertherapy.com**

## **Informed Consent**

There are several things that are important for you to know before we begin discussing your reasons for seeking services.

This practice provides the services of assessment, referral and treatment using psychotherapy. Psychotherapy involves change, which can be difficult. There are some risks involved including but not limited to: increased short term anxiety, experiencing painful or discomforting emotions, changes in relationships, things getting worse before they get better, and in rare instances psychotic exacerbation of symptoms.

Fortunately, the benefits of treatment far outweigh the risks. These benefits include: relief of symptoms, resolution of problems, increased ability to define, pursue and achieve goals, and increased quality of life and relationships.

If there is a need at any time during therapy that other services may be needed such as medication, psychological testing or more intensive levels of treatment, the psychotherapist will make recommendations and assist with the referral process. The client will also be informed of the risks involved in not following these recommendations as well as to any appropriate alternatives to these recommendations.

### **Communication:**

The psychotherapist can be reached through phone or email. The phone is not answered during sessions so please leave a confidential voice mail. Calls will be returned within 24 to 48 hours during the week. Calls made during the weekends will be returned on Monday.

Email is best used for scheduling or rescheduling appointments and short simple communications or questions. It is not appropriate for extensive writing. These issues should be talked about in session. Email will be responded to as needed within 24 to 48 hours. Email is **NOT** appropriate for emergencies. The psychotherapist can arrange for text messaging with clients on a case by case basis. Text messages are also only to be used for short simple communications regarding appointments or questions and are not appropriate for issues that should be covered in session. Text messaging is **NOT** appropriate for emergencies. If the client feels they are in any physical danger from ones

own impulses due to suicidal or homicidal ideation, they must call 911 or go to their nearest local hospital emergency room.

## **Confidentiality:**

All communication between psychotherapist and client are confidential and privileged. It will not be released to anyone without written consent of the client. There are three exceptions to this:

1. If there is any evidence of child abuse/neglect or abuse/neglect of a disabled adult.
2. If there are suicidal or homicidal threats.
3. If there is a court order.

Under any of these circumstances, psychotherapist will communicate with appropriate individuals in the interest of safety such as family members, significant others, emergency contacts and legal or law enforcement agencies.

Whereas psychotherapist utilizes supervision services, no identifying information will be disclosed. If the psychotherapist must communicate with another party for any reason, the client must sign a written consent form giving the psychotherapist permission to speak with this party.

## **Sessions:**

Sessions are 50 minutes. The first one to three sessions are for evaluation purposes. During this time, both the psychotherapist and the client will decide whether they are a good fit to work together and determine treatment goals and a plan. Should they decide that they are not a good fit, the psychotherapist will make treatment recommendations and/or refer the client to another psychotherapist within this psychotherapy group. If indicated, the psychotherapist will refer to a professional or program independent of the practice.

Once psychotherapy treatment has started, the sessions will be once weekly at a time mutually agreed upon by both parties. Sometimes the sessions may be more frequent due to clinical issues. The fee or co-payment is to be paid at each session except for special circumstances prearranged by the office and the client. Cash, checks and credit cards are accepted. **The client will be charged the regular full fee for any session canceled with less than 24 hours notice.**

## **Insurance:**

If the client wishes to use their health insurance to pay for services, Peter A. Miller Psychotherapy & Consulting, LLC can bill the insurance company directly. We are not enrolled in any managed care plans. You must have an out of network benefit for mental health services to use your insurance. Please check with your insurance company as to what your benefits are including: eligibility, deductible, your financial responsibility, their usual and customary fee and their limits to number of sessions per year. **The client (not the insurance company) is responsible for full payment of the fee.**

For insurance billing, client authorizes the release of any information to any insurance company and/or its agents involved in this case in order to determine eligibility and payment of benefits. Client authorizes payment of insurance benefits directly to: Peter A. Miller Psychotherapy & Consulting, LLC.

If you have any questions about this consent or about treatment, please speak to your therapist.

By signing this consent form, the client that they have read this agreement, understands it contents and agrees to its terms:

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

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