

Eileen Moran, LC
1129 Northern Boulevard
Suite 404
Manhasset, NY 11030
Eileenlcsw@gmail.com
516-737-1241

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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent consent for treatment and an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular concerns you bring forward. There are many different methods I may use to deal with the concerns that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience, as each person is unique.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

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I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 60-minute session per week at a time we agree on, although some sessions may be longer or more frequent. When sessions are extended beyond 60 minutes, you will be charged a prorated fee for the additional time. If you are late for your scheduled appointment you will still be charged for the full hour. If it is possible, I will try to find another time to reschedule the appointment.

Couples Therapy

I have been informed that as I am entering into therapy to work on my relationship with a partner there will be a need for open discussions about relationship concerns that may be shared during individual sessions. I hereby consent for these topics to be discussed with my partner and I in joint sessions in order to successfully facilitate our relationship goals. These topics will only be discussed in joint sessions with communication skill support from the treating therapist. The therapist shall not serve as an intermediary between partners to share each other's concerns but as a guide to facilitate appropriate communication. I understand that as part of the treatment process, it may be necessary to meet with the therapist one-on-one in addition to joint sessions with my partner. Initial_____ Initial_____

Family Therapy

I have been informed that as I am participating in family therapy there will be a need for open discussions about family dynamics in the presence of other family members. While the therapist may meet with each family member on an individual basis, in order to facilitate family growth and achieve therapeutic goals, open family discussions will be a necessary part of the process. As these family discussions may include issues discussed in individual sessions, the parties agree that the traditional rules of confidentiality are waived in order to improve family dynamics. The therapist will not serve as an intermediary between family members but as a guide to improve communication and strengthen the family unit. Initial_____

Minors

If you are under eighteen years of age, please be aware that your treatment sessions with me are considered confidential. However, as my goal of the practice is to strengthen the family bond it may be necessary to speak with your parent(s) or guardian(s) from time to time. These communications will not include details of our work together without your consent and will most often be done in a joint family session. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, or if you have been the victim of abuse. In this case, I will notify them and other needed law enforcement parties of my concern. I will also provide a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do

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my best to handle any objections you may have with what I am prepared to discuss.

Initial_____ Initial_____

PROFESSIONAL FEES

Self Pay Clients

My hourly fee for psychotherapy is \$100. An initial appointment for 90 minutes is available for \$145. When working with couples and families, it is often necessary to schedule 90 minute appointments in the beginning at the \$145 rate. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour, billed in 15-minute increments. Other services include report writing, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250.00 per hour for preparation and attendance at any legal proceeding, including travel and wait time.

Insurance Clients

I will bill your insurance company and collect your co-pay at the time of each visit. I have a 24-hour cancellation policy. _____

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 6 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call. _____

Please note that while I am available to clients via email, this is not considered confidential communication. Such communications should be limited to confirming or scheduling appointments and should not include treatment related discussions.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or the law allows me at my discretion to prepare a summary for you instead. Because these are professional records, they can be

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misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a social worker is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Consent for treatment

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I give any practicing therapist at the office of Eileen Moran, LCSW consent for treatment. Treatment could include any of the following: therapeutic counseling, life coaching, gathering of information for the purpose of treatment, the administration of testing materials for the purpose of an evaluation, and any other services under the definitions of the State of New York Department of Health for psychological services.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Name (Print)

Client Signature

Date

Client Name (Print)

Client Signature

Date

If under 18 years of age:

Signature of Parent or Guardian

Print Name of Parent or Guardian

Date

Signature of Parent or

Print Name of Parent or Guardian

Date