

*Miriam Wolosh Ph.D.*

*Psychologist*

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## **Office Policies & General Information, and Agreement for Psychotherapy Services**

Welcome to the practice of Miriam Wolosh Ph.D.. I am looking forward to working with you and your family. Please read thru the following general information and office policies and sign the agreement on the last page. Please don't hesitate to ask me any questions you might have about this material.

**INFORMED CONSENT** You have chosen to pursue psychological treatment for an interpersonal/relationship issue, a psychological problem or concern for you or a family member. Dr. Wolosh uses evidenced based treatments whenever appropriate to assist you or a family member in addressing these issues. These are standardized treatments which research has shown to be effective in dealing with a specific problem. The goal is to help ameliorate the condition or symptom for which you are seeking out help. However with any psychological treatment there is no guarantee that the treatment will yield positive or intended results. In addition, it is possible that the treatment itself carries with it certain challenges and may create an increase in your distress level. This is something that will be assessed and monitored throughout treatment.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions, are confidential are and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Dr. Wolosh that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Wolosh will use his/her clinical judgment when revealing such information. Dr. Wolosh will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during the course of therapy, or in the future after termination, where Dr. Wolosh becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper medical or psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact a significant other to help ensure you get the help you need. For a child or teen, parents or legal guardian might be contacted if there are concerns about the minor's personal safety.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. In New Jersey the NJ Peer Review Law significantly limits what Dr. Wolosh, can communicate to the carrier. Dr. Wolosh has no control over, or knowledge of, what insurance companies do with the information s/he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access.

**CUSTODY DISPUTES:** Due to the nature of the therapeutic process it is not recommended that the treating therapist be asked to testify in a custody dispute. That can interfere with the therapeutic process and treatment. Testifying in court or providing a deposition or releasing the full record often involves making a full disclosure with regard to many matters which may be of a confidential nature. In addition it makes it very difficult for the child or teen to be open with the therapist. With that said if both parents agree that they want the therapist to release the record or testify, Dr. Wolosh would be obligated by law to comply. Consent would be required by both parents and a child aged 14 and over.

**CONSULTATION:** As is standard practice, Dr. Wolosh consults regularly with other professionals regarding her clinical work with clients. This is done to help ensure that she is doing the best job possible. When consulting, each client's identity remains anonymous and confidentiality is fully maintained. If you do not want Dr. Wolosh to discuss you or your family member with colleagues please let her know.

**COMMUNICATION:**

## **E-MAIL**

Emails between therapist and client or between therapist and other professionals on your treatment team can be an efficient way to communicate. In order to help ensure privacy and confidentiality when sharing clinical or personal information, Dr. Wolosh uses an encrypted email service called Hushmail. It is a web based mail system that requires a password and answering security questions to open. That minimizes the risk of unauthorized access or breaches of confidentiality.

If you communicate confidential or private information via unencrypted email, Dr. Wolosh will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters. Please do not use email for emergencies.

## **PHONE**

All messages left on Dr. Wolosh's answering machine are confidential. She is the only person who hears those messages. Routine calls made to Dr. Wolosh's office phone voicemail will be answered in a timely fashion, usually within a 24 hour period. Messages left on Friday or Saturday will not be returned until Sunday. In case of an emergency please go to your local ER or call the Morristown Memorial Crisis Center at 973-540-0100 and leave Dr. Wolosh a message that you have done so. Dr. Wolosh's office phone is a landline. She is not able to receive texts.

Also, be aware that sometimes phone messages are electronically sent to Dr. Wolosh via unencrypted emails. Efforts are made to ensure computer security as outlined below and to minimize the possibility of an authorized person accessing those messages.

## **FAX**

Confidential information is sometimes sent via fax. All efforts are made to ensure accurate transmission of information and maintenance of confidentiality. Cover sheets with instructions regarding confidentiality are always used. When faxes are received they are filed and put away in a timely fashion. However there are times when human error can result in information being sent to the wrong person or someone for whom the information was not intended could view the information.

**Computer Security and Related Issues:** Dr. Wolosh's laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto a hard-drive. There is no other office staff that has access to the records. Progress notes and the client chart are kept on the computer via a secure software application called Therapist Helper.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Dr. Wolosh's profession require that she keep treatment records for at least seven years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Dr. Wolosh retains clinical records only as long as is mandated by New Jersey law. If you have concerns regarding the treatment records, please discuss them with Dr. Wolosh. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Wolosh assesses that releasing such information might be harmful in any way. In such a case, Dr. Wolosh will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Wolosh will release information to any agency/person you specify unless Dr. Wolosh assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy or family based treatment, Dr. Wolosh will release records **ONLY** with signed authorizations from ALL the adults (or all those who legally can authorize such a release) involved in the treatment.

**PAYMENTS & INSURANCE REIMBURSEMENT:**

**Private Pay** Clients are expected to pay the fee of \$200.00 per 50 minute session at the end of each session or at the end of the month unless other arrangements have been made. Credit card payments, check or cash is accepted. Clients are not charged for brief phone calls between sessions or conversations with other team members. Payment for longer calls or frequent phone support would be discussed on a case by case basis. Clients will be charged for meetings held at your child's school or treatment center. Please notify Dr. Wolosh if any problems arise during the course of therapy regarding your ability to make timely payments.

**Out of Network** :If Dr. Wolosh is out of network for your plan, she will bill you for her services and then give you a receipt with all of the necessary information that you can use to submit to the insurance company for reimbursement if you choose. Not all services are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**In-Network** If Dr. Wolosh is in network for your insurance plan, please give her a copy of the insurance card and she will submit the claims for professional services provided. It is still **YOUR** responsibility to call the insurance company prior to the first meeting to verify that she is in network for your particular plan and to find out what your benefits you have and the amount of your copay or deductible. Please note that not all services provided are covered by insurance. For example in some cases, the initial consultation might be a two hour meeting, which is not always fully covered by insurance. You would be responsible for the balance of the fee.

In all cases, if your account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Wolosh can use legal or other means (courts, collection agencies, etc.) to obtain payment\

**TREATMENT PLANS:** Within a reasonable period of time after the initiation of treatment, Dr. Wolosh will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and his/her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Wolosh's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

**CLOSURE/TERMINATION:** As set forth above, after the first couple of meetings, Dr. Wolosh will assess if she can be of benefit to you. If for any reason she does not believe that she can be of help to you, she will provide you with referrals for other treatment providers. In the rare case in which Dr. Wolosh believes that you are not compliant with the treatment format and recommendations, this will be discussed with you and referrals to other clinicians will be made. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Wolosh will help facilitate that process. You have the right to terminate therapy and communication at any time. If you choose to do so, and if appropriate and possible, Dr. Wolosh will provide you with names of other qualified professionals whose services you might prefer.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Notification for Sunday cancellations must be given by Thursday afternoon. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully; I understand them and agree to comply with them:

**Client's Name or Guardian (print)**

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Client or Guardian's Signature

\_\_\_\_\_ Date \_\_\_\_\_

**Therapist's Name (print)**

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**Therapist's signature Name**

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Date\_\_\_\_\_