

Office Policies & Informed Consent Form Agreement for Services

Welcome to my practice! Your first visit to a new therapist is important, and you are likely to have questions. Please read this form carefully and ask me any questions that you have. This form will hopefully help as you decide whether it makes sense for us to begin working together. Once signed, this will represent an agreement between us.

About me: My qualifications and philosophy

I am a trained and licensed clinical psychologist in New York State (NYS License #: 1-018060) with a Doctorate of Psychology (Psy.D.) and a Certified Therapist in Emotionally Focused Couples Therapy (EFT) by The International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). My style is integrative, which means that I draw from various theoretical schools of thought in my practice of psychotherapy, including but not limited to, Emotionally Focused Therapy, Psychodynamic Therapy, Cognitive-Behavioral Therapy, and Attachment theory. After working with a variety of populations from around the world and in various settings, I find that different approaches are suitable for different people and different problems. My approach is nonjudgmental, respectful, curious and caring, with the belief that we all have the potential to change and grow as we choose.

As a psychologist, I bring certain expertise to our work together, but will also rely on your self-knowledge, reflection, and ultimate goals for our collaboration to be most successful. I will ask for your direct feedback along the way, to make sure we are making the kind of progress you are looking for.

Benefits and risks of psychotherapy

Participation in therapy can result in numerous benefits, including, but not limited to, reduced stress, depression, and anxiety, improved interpersonal relationships, increased self-confidence, increased comfort and satisfaction in various areas of your life, and the resolution of the problems that brought you to therapy in the first place. Working towards these benefits requires effort on your part, and psychotherapy will be most effective with your active involvement, honesty, and openness. In order to change, you must be willing to change, both during our sessions and in the world, and this can often be a challenging process. Although psychotherapy can be rewarding, it sometimes involves talking about unpleasant aspects of your life, which can bring up uncomfortable feelings, such as anxiety, anger, sadness and disappointment. Psychotherapy may result in decisions about making changes that were not originally intended, and sometimes a decision that you might view as positive might not seem positive to someone close to you. There are no guarantees of exactly what you will experience as a result of being in therapy.

Evaluation

During our first 1-3 sessions, we will decide together whether I am the right person to provide the services that you need to meet your goals. If I feel that I am unable to offer you the services that you need, I will provide you with referrals to someone who has greater expertise in the area of your needs. After a few initial sessions, if I am confident that I can help, I will offer you my impressions of how our work together may be effective and what it will include, and then together we can create a plan of how therapy will proceed, if you decide to continue with me. You should also be evaluating me during this time. For therapy to be effective, it is important that you feel comfortable with your therapist. Please feel free to discuss openly how you feel therapy is going with me. I am always interested in your feedback. If you have questions about my practice or procedures, please let me know as they come up. Likewise, if you have any doubts or dissatisfaction with therapy, please let me know, and I will be happy to address them. If any of these doubts or dissatisfaction persist and you wish to see someone else, I can also help with the process of finding another psychologist or mental health professional.

Confidentiality

Generally, the law protects the privacy of all communications between client and psychotherapist. I can release information to others about our work together only with your permission, *in writing*. In most legal proceedings, you have the right to decide whether or not you want me to provide information about your treatment to someone who may be requesting it. However, you should be aware that in some situations, a judge may order me to turn over my records or testify if they determine that the issues warrant such an action.

There are also a few exceptions. There are three situations in which I am legally obligated to take action to prevent others from harm, which may involve disclosing information about a client's treatment. For example, if a client threatens to harm himself/herself/themself, I am obligated to seek hospitalization for this person, or contact friends or family who can provide protection. If a client is threatening serious harm to someone else, I am required to take action to protect that person. Additionally, if I have reasonable suspicion of child abuse/neglect or elder abuse/neglect, I am legally obliged to send a written report to the appropriate state agency and call this agency. These situations have rarely occurred in my practice, and if a similar situation occurs in our work together, I will make every effort to discuss it with you before taking any action.

Confidentiality of email, cell phone, and fax communication

It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people. Therefore, the confidentiality of such communication can be compromised. Please notify me at the beginning of treatment if you want to avoid or limit in any way the use of any or all of the above-mentioned communication devices. I do not use email to communicate in any way other than for scheduling and administrative purposes. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters, and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please call me so we can discuss it on the phone or wait until we can discuss it during your therapy session. The telephone or face-to-face contexts are more secure as modes of communication. Because text messaging is an unsecured and personal mode of communication, I do not text message to, nor do I respond to text messages from, anyone in treatment with me. A secure and HIPAA-compliant video conferencing platform is required by law when providing teletherapy and telehealth services. *During the COVID pandemic, all sessions are being conducted using a HIPAA compliance video conferencing platform, such as Doxy.me. I do not utilize FaceTime or Skype, as these are not HIPAA compliant.

Scheduling sessions

If you are interested in beginning individual psychotherapy, we start with an initial consultation. If we decide to work together, we will begin with a schedule of one 45-minute session per week, on a day and time we agree to, unless you need another arrangement. If you are interested in beginning couples counseling, weekly sessions are 60 minutes. After the initial consultation, if you and your partner decide to work with me, I will meet with you both individually for sessions, gather your history, conduct an attachment assessment, and discuss your goals for treatment. We will begin with a schedule of one 60-minute session per week, on a day and time we agree to, unless you need another arrangement. That time will then be your regular weekly appointment time, reserved specifically for you. It is important to begin sessions on time. Because my schedule requires that I end sessions promptly, if you arrive late, we will not be able to have a full 45-minute individual or 60-minute couples therapy session. In time, when you begin to achieve your goals, we may decide to meet less often, and eventually taper our meetings down until we decide to stop. You are always welcome for refresher sessions once we terminate therapy.

Cancelling an appointment

My goal is to provide quality, therapeutic care in a timely manner. In order to do so, I have implemented a cancellation policy. The policy enables me to better utilize available appointments for patients in need of therapeutic care.

Cancellation Policy

Therapy is a weekly commitment. It is expected that you will attend therapy every week, as your appointment time is reserved for you. Effective September 1, 2015, you will be allowed to cancel five sessions per year, without incurring a financial obligation, at the rate of one missed session per three-month time period, plus one “floater.” Three-month time periods are: *September-November, December-February, March-May, and June-August.* How you use these five days is completely up to you (sick days, vacation, work-related commitments, etc). If you miss more sessions than this and are unable to reschedule them *within seven days*, you will be charged for them.

Should you need to cancel your session, I will do my best to accommodate you and reschedule if possible. If you are able to reschedule, then you will not be charged for the missed session. You can request alternate times within seven days from your missed appointment, and this rescheduled appointment can take place either in-person (with the exception of the COVID pandemic), by telephone, or by a telehealth HIPAA-compliant platform, depending on my availability. *If you are unable to make up the missed session, you will be charged the full fee of the session.* If you use insurance, you will be responsible for the *contracted rate* for the session, not just the co-pay, as insurance companies do *not* reimburse for missed sessions. For example, if your co-pay is \$20 per session and your insurance pays \$75 per session, then you will be responsible for the contracted rate of \$95. I do, however, make exceptions in case of emergency hospitalization, death of a family member, or other mutually agreed upon unforeseen or extenuating circumstances. There is no charge if I cancel or am out of the office.

How to Cancel Your Appointment

To cancel an appointment, please call me at 917.716.4834 or email me at KristinKoloizianPsyD@gmail.com. If you do not reach me, please leave a detailed message.

Payments and insurance reimbursement

You are expected to pay the standard fee of \$_____ per 60-minute individual session or \$_____ per 60-minute couples session. You will be expected to pay for each session when we meet, unless other arrangements have been made.

Your fee for individual therapy: \$_____

Your fee for couples therapy: \$_____

Your insurance: _____

Insurance contracted rate: \$_____

Your responsibility as per your policy: \$_____

In addition to weekly appointments, other services lasting longer than 10 minutes, such as telephone conversations, site visits, report writing and reading, consultations with other professionals that you request, release of information, reading records, longer sessions, etc., will be charged at the standard rate, pro-rated, unless indicated and agreed otherwise.

Please notify me if any problem arises during the course of therapy regarding your ability to pay. In the event that your account is overdue, and there is no agreement on a payment plan, I may charge the credit card on file or use legal means, such as a collection agency, to obtain payment. Please also note that if you plan to use Out-of-Network benefits to be reimbursed for services, not all issues/conditions/problems that bring you to therapy are reimbursed. It is your responsibility to verify the specifics of your coverage.

Client-Therapist Privilege

Client-therapist privilege results from the special relationship of the client and therapist from a legal perspective. If I receive a subpoena, I will assert this privilege until otherwise instructed by you, in writing. Please be aware that you may be giving up this privilege if you make your mental or emotional condition an issue in a legal proceeding.

Litigation

To maintain the integrity of psychotherapy, I do not voluntarily communicate with an attorney regarding your treatment in any litigation or custody dispute in which you become involved. It is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Dual relationships

Psychotherapy never involves sexual, business, friendship, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness, or could be exploitative in nature. Please feel free to bring up any questions that you may have about this.

Working with minors (people under the age of 18 years)

If you are under 18 years of age, I will need your parents' or legal guardian's written permission to treat you, along with proof of guardianship.

Consultation

I regularly consult with other professionals in the field when I judge that doing so will help the psychotherapy. During such consultations, I make every effort to avoid revealing the identity of my clients. The consultant with whom I work is also bound to keep this information confidential.

Ending therapy

Both of us have the right to decide not to continue with therapy. Ideally, therapy is finished when you feel that you have satisfactorily reached your goals. Another reason for termination could be that your needs might be outside of my scope of practice, in which case I will refer you to another professional. We also may end therapy if progress is not being made, or if payments are not being made. Once we decide to end therapy, I will generally suggest at least one session (though having several sessions to terminate therapy is optimal) to make sure that you make a smooth transition out of therapy, to make recommendations or referrals, and to discuss how to continue the progress that you have made.

Contacting me

Due to my work schedule, I am rarely immediately available by telephone, as I do not answer phone calls when I am working with clients. Please leave me a message on my confidential voicemail, and I will make every attempt to return your call within 24 - 48 hours, with the exception of weekends and holidays. If you are also difficult to reach, please let me know the best times that I may be able to reach you directly. As email is not a secure method of communicating, please utilize email for scheduling purposes only, and reserve personal information for your sessions.

In the case of an emergency

If you are experiencing a psychiatric emergency and you cannot reach me, please call 911 or proceed to the nearest hospital emergency room. Should you need support, you can also call the Mental Health Help Line at (212) 222-7666 or 1-800-LIFENET.

Kristin Kolojian, Psy.D.
Licensed Psychologist
ICEEFT Certified EFT Couples Therapist

Summary

Thank you for giving this notice careful attention. It is important that we discuss any questions or concerns that you may have, and it is important for you to understand and feel comfortable agreeing to the terms of this contract. Please bring up any questions that you have. I look forward to our work together!

Acknowledgment

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

I understand and agree to the information regarding professional services and business policies in this Office Policies and Informed Consent form, and I consent to treatment with Kristin Kolojian, Psy.D. If I am using insurance, I also acknowledge and permit the release of information regarding my care to my health plan for the payment of claims, certification/case management decisions, and other purposes related to the administration of benefits for my health plan.

Client (or parent/guardian) printed name	Signature	Date
Client (or parent/guardian) printed name	Signature	Date
<u>Kristin Kolojian, Psy.D., Licensed Psychologist</u>		
Therapist printed name, Title	Signature	Date