

BROCKPORT MARRIAGE & FAMILY THERAPY, P.C.

DISCLOSURE AND INFORMED CONSENT

DISCLOSURE

About Brockport Marriage & Family Therapy, P.C.

Brockport Marriage & Family Therapy, P.C. is a private psychotherapy practice owned and operated by Jennifer King, MS, MS-LMFT. As a licensed marriage and family therapist, I treat children, adolescents and adults within the context of their unique family history. I received a Master's degree in clinical psychology from Millersville University in Pennsylvania and a Master's degree in marriage and family therapy from the University of Rochester, School of Medicine and Dentistry. I am licensed to practice in the State of New York and am a clinical member in good standing with the American Association for Marriage and Family Therapy.

Philosophy on mental health

Unlike traditional therapists, whose treatment approach centers on the individual client, my approach focuses first and foremost on *the complete relational system*, whether it is a couple or a family. My approach is both holistic (I consider both physical and mental factors that might impact mental health) and comprehensive (I assess the full context that people live in). I believe therapy is most effective when it is compassionate, solution-focused, culturally sensitive, and collaborative.

All team members must be present

At Brockport Marriage & Family Therapy, treatment is designed to meet mutually agreed-upon goals. For this reason, it is critical that all members be present for therapy sessions. This is especially true for couples in treatment. Indeed, couple sessions cannot take place unless both members are present. Please call to reschedule sessions, if one member cannot attend. Exceptions will be made in family cases, where one child or one parent has an unexpected obligation.

The process of therapy

Sessions typically occur on a weekly basis so that progress can be achieved and maintained. Signs of progress are typically reported between 5 and 10 sessions. Sessions are generally 45-minutes long.

From time to time, notes may be taken to assist in the process of memory retrieval and to ensure that your thoughts and words are recorded. As with any written documentation pertaining to your case, these notes are never shared with others. You are welcome to see these notes and any

other materials generated by Brockport Marriage & Family Therapy, P.C. at any time. Please be advised that any requests to view materials (letters, reports, summaries, etc.) generated by other entities (physicians, schools, court, etc.) will be directed to those entities for viewing. This is because your questions pertaining to the opinions and recommendations of others are best addressed directly with those other professionals.

At Brockport Marriage & Family Therapy, P.C., clients are invited to rate their sessions along the way so that treatment can be optimized. Two weeks following your first appointment, a treatment plan will be developed based on your needs and goals. Your input will be a core component of the plan. The plan is not fixed, but instead adapts to changing needs, goals and circumstances throughout treatment. Every three months, you will be invited to review the treatment plan and evaluate your progress toward achieving the goals as set out in the plan. As treatment progresses, sessions are gradually tapered to a bi-weekly, then monthly, schedule. Following termination, clients can expect a routine follow-up call.

Safety and privacy

Brockport Marriage & Family Therapy, P.C. takes matters of safety and confidentiality very seriously. To ensure our safety during your visits, 24-hour cameras monitor the corridor and waiting area. In addition, an intercom system and electronic door release control the use of the waiting area. Please be advised that for their safety *children are not to be left unattended by an adult in the waiting area*. Please refer to the Privacy Notice for an outline of safeguards ensuring your privacy and the limits of confidentiality.

Supervision and professional development

There may be times when cases are presented in peer and/or individual supervision meetings for the purpose of gaining professional perspective and improving the quality of my work. In these cases, every effort will be made to protect your identity. Any identifying details pertaining to your case will be altered to preserve anonymity.

It's a small world

Brockport Marriage & Family Therapy, P.C. is located in a small village where families and students—and marriage and family therapists—intermingle. Chance encounters outside of our office space are likely. I respect your right to privacy and will discuss your preferences regarding possible encounters outside of our office space. I would urge all of my clients to show the same degree of respect and discretion toward other clients of Brockport Marriage & Family Therapy, P.C. It is my policy as well as that required by law that I will not confirm or deny if you or any of your family members is receiving or has ever received services at Brockport Marriage & Family Therapy, P.C., unless I have obtained your prior consent.

No smoking policy

For your health and the health of all others, Brockport Marriage & Family Therapy, P.C. has a smoke-free policy. Therefore, please refrain from smoking in and around the building.

Changes

Please advise Brockport Marriage & Family Therapy, P.C. of any changes in your circumstances, including your current address, contact information, place of employment, child's school and/or school district, marital status, visitation, and medication. A Changes Form is available in the waiting area for your convenience.

No shows and cancellations

If you are unable to keep a scheduled appointment, you must contact the office 24 hours in advance. This will allow me to accommodate others during the cancelled time slot. If you fail to attend an appointment without advance notice, this is considered a No Show. If three no shows occur in a row, a letter will be sent reminding you that the case may need to be closed.

Your rights

You are entitled by law to services that will not discriminate on the basis of race, creed, skin color, gender, national origin, age, sexual orientation, disability or health status. Your treatment at Brockport Marriage & Family Therapy, P.C. is voluntary. You have the right to terminate treatment at any time. If you decide to terminate services, I would encourage you to share your concerns early on so that you can be assisted in developing alternative plans for care.

Should you have any concerns about any aspects of your treatment or the quality of the care you have received at Brockport Marriage & Family Therapy, P.C., please consult the New York State Education Department/Office of the Professions, which oversees the licensing of my profession. For a copy of your Consumer's Bill of Rights, to lodge a formal complaint or to gain better clarification on the nature of my profession, contact:

New York State Education Department
Office of the Professions
Education Building - 2nd Floor
Albany, NY 12234

Website: <http://www.op.nysed.gov/rght4ver.htm>

Telephone: 518-474-3817

TDD: 518-473-1426

Fax: 518-474-1449

Email: op4info@mail.nysed.gov

Professional Misconduct Complaints:

conduct@mail.nysed.gov, 1-800-442-8106, or fax: 212-951-6449

INFORMED CONSENT

I understand that treatment at Brockport Marriage & Family Therapy, P.C. may involve discussing relationships, psychological issues, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help me, personally, and with my relationships. I am aware of alternative treatment facilities available to me.

My therapist has answered all of my questions about treatment at Brockport Marriage & Family Therapy, P.C. satisfactorily. If I have further questions, I understand that my therapist will either answer them or find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with the therapist.

I have read the above disclosure and agree to its terms.

Signature

Date

Signature

Date

Witness signature

Date

Copy given to child/family.