

Griffin Hansbury, MA, LCSW
841 Broadway, Suite 302, New York, NY 10003

PSYCHOTHERAPY INFORMATION & POLICIES DISCLOSURE

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

I. Confidentiality

You have the right to confidentiality in therapy. However, the following are legal exceptions to your right to confidentiality:

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person, (or their legal guardian), and the police to warn them of your intentions.
2. If I have good reason to believe that you are abusing or neglecting a child or a vulnerable adult, or if you give me information about someone else who is doing so, I must inform the Administration for Children's Services and/or Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself I am obligated take protective actions, which may include seeking hospitalization, contacting family members, or contacting the police or Mobile Crisis Team to ensure your safety.

II. Appointments

Once we decide to work together, your appointment time(s) will be consistently held for you. I do not have a cancellation policy. The reserved time is yours, whether you choose to use it or not. This allows for greater security, predictability, and commitment in the therapy process.

In order to allow for illness, vacation, and unexpected interruptions, you may cancel up to 4 times per calendar year without being charged. You will be charged for any other missed or cancelled sessions. However, if our schedules allow, we may arrange a make-up session for the same week. You will not be charged for missed sessions due to my cancellations or vacations.

III. Payment for Services

You are responsible for paying for your session at the time of the session (including any deductible or co-payment) unless we have made other arrangements in advance. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment.

IV. Insurance Reimbursement

If you have a health insurance policy it should provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you to receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for the full payment of my fees. Most insurance companies do not pay for missed or canceled appointments, which means that you will be responsible for those charges (over the allotted 4 cancellations or misses per year) at the rate your insurance company would pay.

Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information, such as

treatment plans, summaries, or copies of the entire record. This information will become part of the insurance company files.

V. Contacting Me

I am often not immediately available by telephone. You can leave messages on my voicemail and I will make every attempt to return your call on the same day, with the exceptions of late evenings, weekends, and holidays.

When I am away from the office for vacations, I will have another therapist cover my practice. I will tell you in advance of any vacations and give you the name and phone number of the therapist who will be covering my practice during my absence.

If you are experiencing an emergency, please call 911 or go to the nearest ER for assistance.

Feel free to use my email address to contact me regarding basic administrative concerns, such as insurance or scheduling issues. Please do not use email as a method of contacting me around any urgent matter. Please be aware that while I can receive texts, I cannot easily send them. If you elect to communicate with me via e-mail, please be aware that e-mail is not completely confidential. All e-mails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the service provider.

VI. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training and credentials, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read the above statement and been given the opportunity to ask any questions. I understand the limitations to confidentiality required by law. I understand Griffin Hansbury's scheduling and payment policies. I understand my rights and responsibilities as a client and my therapist's responsibilities to me.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____