

Jason Stern, L.C.S.W
30 South Ocean Ave. Suite # 303
Freeport, NY 11520
Phone: 516-359-2915 Fax: 631-256-5541

Consent for Treatment

I authorize and request that Jason Stern, L.C.S.W carry out psychotherapeutic examinations, treatments and or diagnostic procedures which now or during the course of treatment are advisable. I understand that the purpose of the procedures will be explained to me upon my request and are subject to my agreement. I also understand that the first three sessions will be for consultation only and does not guarantee that treatment will continue after that. By the end of the third session a discussion will take place detailing if therapy will continue or if referrals will be made.

Informed Consent and Confidentiality

I understand that information about psychotherapy is kept confidential by my therapist and will not be revealed to others without my consent. A few possible exceptions exist. Some of these are:

- My therapist is required by law to report suspected child abuse and neglect to authorities.
- If I tell my therapist that I intend to harm another person, I understand that my therapist may be required to take steps to warn and protect by informing the person involved, the police or other health care providers. Similarly, If I indicate an intent to harm myself, or if my life or health is determined by my therapist to be in imminent danger, my therapist may take steps to try to protect me including telling others such as my relatives, police, or other professionals who may assist in protecting me.
- If I am involved in certain court litigation proceedings, my therapist may be required by law to reveal information about my treatment.
- If my health insurance or managed care will be reimbursing me, or paying my therapist directly, this may require that I waive confidentiality, and require my therapist to provide them with detailed information about my treatment, diagnosis and history.
- My therapist may need to consult with therapists about my treatment but in doing so would not reveal my name or other identifying information about me without my consent.
- If my account with my therapist becomes overdue and I do not work out a payment plan, my therapist may need to reveal a limited amount of information about my treatment in taking legal measures to be paid. I understand that payment is due when services are rendered unless other arrangements are made in advance with my therapist.

In all situations described above, I understand that my therapist will try to discuss the situation with me when applicable, before any confidential information is revealed, and will always reveal the least amount of information necessary.

Client signature

Date

Witness

Date