

Psychology of Weston

Sheila Bloom Singer, Psy.D., P.A.

Confidentiality

All communications between you and us in the course and continuation of the psychotherapeutic relationship will be treated as strictly confidential. As the client, you control whether or not we may disclose confidential information. You have the power to waive confidentiality. As a matter of office policy, we ask that all waivers of confidentiality, in whole or in part, be on forms provided by us. We may, at our sole discretion, accept a waiver of confidentiality in some other form.

There are exceptions to confidentiality mandated or implied by Florida Law. Under the following circumstances, we will breach confidentiality:

1. When we have cause to suspect a child or elderly person has been or may be abused.
2. When we have reasonable cause to believe that you pose a risk of imminent harm to yourself or to another individual.
3. When we are compelled to testify pursuant to a valid court order. (In this circumstance, we will assert the communication is privileged and will only testify after you have had an opportunity to obtain a court order protecting the confidential information or we are compelled by law.)

Clients generally wish to establish certain limited waivers of confidentiality. Unless otherwise specified in writing, you agree to the following limited waivers:

1. To the referral source: you agree that we may contact the individual or agency who referred you and may convey the following information: (a) the fact that you have been seen and evaluated; (b) the number of sessions you have attended (or missed); (c) anticipated length of treatment; and (d) general comments regarding your progress, prognosis, fitness for employment, and participation in treatment.
2. For psychiatric/medical /nutritional consultation: You agree that we may consult with your psychiatrist, physician(s), and/or nutritionist. You authorize the release of information from your psychiatrist, physician(s), and/or nutritionist to us and vice versa to facilitate such consultation.
3. For consultation with professional peers. From time to time, we may consult with professional peers regarding a clinical matter. The professional peers are likewise bound by confidentiality. You authorize the release of information reasonably necessary to such a consultation. It is understood that your name will not be released to the consulting clinician in such cases.

Consent for Treatment

1. I the undersigned client or _____ (name of authorized representative acting on behalf of client), consent to psychological treatment, assessment, and testing by Sheila B. Singer, Psy.D., P.A.
2. I am aware that the practice of Psychology is not an exact science and I acknowledge that no guarantees have been made to me as to the results of assessment, testing, diagnosis, or treatment.
3. I consent to the release of psychological information to other institutions or agencies accepting the patient for medical, psychological, or institutional care, and consent to the release of psychological information to the client's insurer.
4. I am aware that fees for services are payable at the time service is rendered. If special circumstances exist that render it difficult for payment as agreed, I will discuss this with Dr. Sheila B. Singer prior to the time services are rendered.

Although the general practice is to require full payment from all insured, Dr. Singer will assist with any insurance forms or similar documents so that her clients can obtain reimbursement from their insurers.

In the event of phone conversations initiated for the purpose of psychotherapy, Dr. Singer reserves the right to bill her standard fee for time more than 15 minutes.

5. It is generally impossible to fill a time slot on short notice. Therefore, a twenty-four hour notice for cancellation is required. If scheduled appointments are not cancelled appropriately, patients will be charged for "no-shows."
6. If payment for services rendered is not made as agreed upon and we must undertake legal action to collect our fees, you agree that confidentiality will be waived to the extent necessary for that purpose.
7. In the event that it is necessary to refer your account to an attorney for collection, whether suit be brought or not, you agree to pay reasonable attorney's fees including attorney fees on appeal together with court costs and interest at the maximum lawful rate.
8. We try to be available to our clients by telephone for emergencies. In the event that we cannot be reached, please go to the nearest emergency room for assistance or call 911.
9. We will, from time to time, take time off for vacation, to attend seminars, or because we are ill. Psychotherapy is a uniquely personal service and therefore, therapy may be briefly interrupted. We will attempt to give you adequate advance notice.
10. We may deem it appropriate to make a referral to another practitioner for specific services. We know many professionals in our field and in related fields and will gladly make any necessary arrangements. It is understood that we cannot take personal responsibility for their competence.

Child and Adolescent Treatment

Both parents have the right to be informed about their child's treatment. We will, however, respect the confidences of your child or adolescent when, in our opinion, it is their best interest to do so. Absent such a guarantee of confidentiality, your child or adolescent may not trust us enough to establish a therapeutic relationship and treatment may be less effective.

Where children and adolescents are seen in treatment, it may be desirable to consult with their teachers. You agree that confidentiality is waived to the extent necessary to effect such a consultation.

Also, child and adolescent therapy frequently requires the active involvement of the significant individuals in a child's life. If necessary, you agree to participate in your child or adolescent's treatment and agree to assist in getting other significant individuals in the child's life to participate as well.

Family, Group and Couples Therapy

When multiple individuals are seen in therapy each of the individuals present has the power to waive confidentiality even though they may not have the right to do so. We do not take responsibility for the actions of others.

Unless otherwise specified, when multiple individuals with a common bond or relationship are seen in therapy, the "client" is the relationship that binds the individuals together (i.e., the marriage in marital therapy). Individual therapy for any of the participants in the relationship is available by referral.

I have read and clearly understand the above:

Date: _____ Signature of Client: _____
(or one who is legally authorized to consent)

Witness: _____

Minor's Consent: Unemancipated clients (minors under 18 years of age) must have parent's or guardian's signature.

Date: _____ Signature of Parent or Guardian: _____