

Heather Christensen, LCSW, RPT, LCADC

127 Walton Street, Rear

Englewood, NJ 07631

(201) 527-5305

### Informed Consent for Assessment and Treatment

#### Qualifications

- Licensed Clinical Social Worker of New Jersey (#44SC05061800)
- Licensed Alcohol & Drug Counselor (#37LC00191600)
- Registered Play Therapist (T-1066)
- Master in Social Work, Yeshiva University, Wurzweiler School of Social Work, NY, NY, 1996
- Bachelor of Arts in Social Work, Herbert H. Lehman College, Bronx, NY 1994
- Association for Play Therapy, member
- NJ Association for Play Therapy, member
- National Association of Social Workers, member

#### Services

I offer psychotherapy to children, adolescents, and their families in individual, dyad, small group, and family modality. I also provide one-time and ongoing parent consultation around such issues as family dissolution, negotiating the special education system, and behavioral management. I am trained as a Play Therapist and utilize play therapy techniques with younger children as a primary treatment approach. Confidentiality is upheld with adolescents. Although, it is my policy to provide parents with general information about treatment status. I meet with parents regularly to consult about changes, as well as to find out how your child is managing at home and school. If I feel it necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you.

#### Cancellation Policy

Once an appointment is scheduled, you are expected to provide a four (4) hour notice of cancellation. If you do not provide adequate notice of cancellation, then you will be charged a fee of \$30.00

#### Benefits and Risks of Therapy

Therapy can benefit your child in a variety of ways. Your child will receive emotional support, learn to understand feelings and problems, and be encouraged to try out new solutions to their problems. While therapy may provide significant benefits, it may also pose risks. Therapy may elicit uncomfortable feelings, thoughts, or memories. Occasionally, a disagreement among parents and or a disagreement between parents and therapist regarding the best interest of the child may occur. We can usually resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic process.

#### Confidentiality

Therapy is only effective when a trusting relationship exists between the therapist and client. Privacy is important in securing and maintaining trust. Specific details of the information a child shares with me in sessions are not shared with parents unless given permission by the child. Although, as part of the therapeutic process I encourage children to share information directly with their parents. There are specific exceptions to this confidentiality which include the following:

- When there is a risk of imminent danger to your child or another person, I am required to take necessary steps to prevent such danger.

- When there is suspicion that your child is being sexually and/or physically abused or is at risk of abuse, I am mandated to take steps to protect your child and inform proper authorities.
- When a valid court order is issued for health records, I am bound by law to comply with such requests.
- I regularly participate in consultation group with other professionals. In my consultation, I make every effort to avoid revealing the identity of my clients. The consult is legally bound to keep information confidential. Unless you object, I will not tell you about these consultations unless /I feel it is important to our work together. Please review the Notice of Privacy Practices.

Co-parenting Issues

The treatment provided by me is independent of any litigation. I am not trained to serve as a forensic clinician, not am I qualified as an expert witness in the evaluation of injuries, custody and/or visitation matters. I do not allow treatment records to be read or reviewed by any person other than myself. In order to begin treatment, I require proper documentation to show responsibility for decisions regarding the medical and mental health needs of the child.

Emergencies

I do not provide emergency or after hours services. I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a private voice mail which I monitor frequently. I will make every effort to return the call within 24 hours. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call our family physician or go to the nearest hospital emergency room.

Rates

\$85.00 45 minute session / \$115.00 60 minute session

You will be expected to pay for each session in full at the beginning of the appointments. In addition to weekly appointments, it is my practice to charge the session amount on a pro-rated basis for other professional services you may require that last longer than ten (10) minutes. These services include reports, telephone consultations, communication with other professionals, or the time required to perform other services requested.

Grievance Procedure

If at any time you are dissatisfied with any aspect of your therapy experience, please inform me immediately so we can take the necessary steps to resolve any issues that may arise. If for any reason we cannot resolve an issue, you will be provided with contact information for the appropriate board to file a complaint.

Termination Policy

Although treatment may be terminated at any time, it is recommended that children and adolescents experience a termination process of three to six weeks. If this is not possible, a minimum of one session is strongly recommended to facilitate closure.

Consent for Treatment

I have read and understand the Informed Consent for Assessment and Treatment. I agree not to subpoena or request testimony or copies of my child's records from Heather Christensen, LCSW, RPT, LCADC. I hereby give consent for Heather Christensen, LCSW, RPT, LCADC to provide child psychotherapy to the above named child.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

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\_\_\_\_\_  
Heather Christensen, LCSW, RPT, LCADC

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date