**Behavioral Psych Studio**

behavioralpsychstudio.com

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## **Disclosure Statement, Service Agreement & Office Policy**

Updated March 28, 2016

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This handout will inform you of what to expect at the Behavioral Psych Studio, including policies and services I offer. It also constitutes a contract between the two of us. Please read it carefully so that you understand your rights and responsibilities. In the end, I will ask you to sign it. I will sign it as well and make a copy for both of us.

# About Me and Psychotherapy

Behavioral Psych Studio is the private practice of Stefanie Sugar, Psy.D. I have extensive experience with treating emotion dysregulation, impulsivity, substance abuse, depression, anger management, eating issues, and anxiety in a variety of settings.

I am formally trained in Dialectical Behavior Therapy (DBT) through several positions held at DBT treatment programs and from participating in an intensive training with Behavioral Tech. Currently, I hold a clinical faculty appointment at the University of Washington, provide supervision for DBT graduate students who see clients in Marsha Linehan’s clinic. I also have a background in cognitive behavior therapy, psychodynamic therapy, mindfulness and relaxation training. In addition, I have been trained in DBT with families and couples, using Dr. Alan Fruzzetti’s adaptation of of DBT for families and couples. I am licensed in the state of Washington #60348056 and in New York # PY60084603 and am a member of the Obsessive Compulsive Disorder Foundation, American Psychological Association (APA), and Association for Behavioral and Cognitive Therapy (ABCT). Despite my training in a variety of psychotherapy orientations, this practice focuses on evidence-based treatment in which I also have intensive training that include: informed DBT, DBT individual skills class, Behavior Activation, Cognitive Behavior Therapy (CBT), Behaviorism, Mindfulness Based Practices, Acceptance Commitment Therapy (ACT), Exposure, Exposure and Response Prevention (ERP), and Prolonged Exposure for Post Traumatic Stress Disorder.

By the end of our first or second session, I will tell you how I see your case, individual or couples, and how I think we should proceed. I view therapy as a partnership between us. You, individual or couple, define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, financial agreements, homework, and some other things like length and frequency of treatment. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

# About Confidentiality

I will treat with great care all the information you (and your partner) share with me. It is your legal right that our sessions and my records about you (and your partner) are kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you (and/or your partner) tell me. I will not even reveal that you (and your partner) are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
2. If I believe a child, developmentally disabled person of any age, or an elderly adult has been or will be abused or neglected, I am legally required to report this to the authorities.
3. If I have strong reason to believe that you are in danger of suicide, I will take steps to save your life. If I believe that you are no longer able to physically take care of yourself and/or intend to physically injure yourself in a serious manner or commit suicide, I will act in a way to minimize your harm to yourself. I cannot (nor can any friend or family member) commit you to involuntary psychiatric hospitalization. However, if hospitalization seems necessary for your safety, and your judgment is impaired in making this decision, a county designated mental health professional (CDMHP) will be called to assess the appropriateness of involuntary committing you to hospitalization. The CDMHP is the only person who can commit you.
4. If I receive a court order that requires that I release my records about you, I will comply. I will also inform you.
5. If you waive privilege by bringing ethical or legal charges against me, I have the right to provide whatever information is necessary for my defense.
6. If you are behind on your bill and fail to make payment arrangements, I may refer your account to a collection agency.
7. There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations. First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I consult other therapists or other professionals about my clients. This helps me to provide high-quality treatment. These colleagues are also required to keep your information private.
8. I reserve the right to terminate treatment and contact appropriate authorities if acts of violence, or threats of such acts, toward myself or others in my office occur.

1. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

# The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not give you the results you expect.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed find their mood elevated. Others experience a reduction in fear, anger or anxiety. In therapy, people have a chance to talk things out until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills often improve greatly. They are able to get more satisfaction out of social and family relationships. Their personal goals and values frequently become clearer. They may grow in many directions— as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

# Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

# Appointments: First Session, Canceled, Missed, or Tardy Policies

The very first time I meet with you, we will need to give each other basic information. For this reason, I usually schedule 60 to 90 minutes for this first meeting. Following this, we will usually meet for 50 minute sessions once a week, then less often, if you would feel treatment is working. I will give you notice of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore, I am rarely able to fill a cancelled session unless I have several weeks’ notice. You will be charged the full fee for sessions cancelled with less than 24 hours’ notice. This policy includes, but is not limited to, reasons related to sickness, inclement weather, scheduling conflicts, transportation issues, traffic, etc. In addition, tardiness for appointments will be charged from the time your appointment was scheduled.

☐ By checking this box, you confirm that you have read and understand the 24-hour cancelation policy.

You will also be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

# Telephone consultations

I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, please view the fee agreement of such communication. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

**Other services:**

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals’ charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 14 days of when you get it.

At the end of each month, I will send you a statement. The statement can be used for health insurance claims. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, I will send you a final statement for your tax records.

Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client’s personal income taxes as medical expenses.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches up to two unpaid sessions, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.

Patients who owe money and fail to make arrangements to pay may be referred to a collection agency.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

# If You Have Traditional (or “Indemnity”) Health Insurance Coverage

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan’s booklet under coverage for “Outpatient Psychotherapy” or under “Treatment of Mental and Nervous Conditions.” Or call your employer’s benefits office to find out what you need to know.

If your health insurance will pay part of my fee, I will help you with your insurance claim forms. However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.
2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.

# If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan’s description of services to one of our early meetings, so that we can talk about it and decide what to do.

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result.

I am not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; I am not part of that contract. However, I will supply you with an invoice for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You can use this to apply for reimbursement.

# Medicaid and Medicare

If you are eligible for these services, I am required to make you are aware that the Behavioral Psych Studio does not provide services through Medicaid or Medicare. If you are on Medicare, it is possible to receive services from the Behavioral Psych Studio. You will need to accept full responsibility for payment and sign a contract in which you agree not to submit claims to Medicare.

# If You Need to Contact Me

I cannot promise that I will be available at all times and I usually do not take phone calls when I am with a client. You can always leave a message on my answering machine, and I will return your call as soon as I can. Generally, I will return messages daily except on Sundays and holidays.

If you have an emergency or crisis, please call my cell phone. This number will be provided to you usually after our first session. If you have a behavioral or emotional crisis and cannot reach me by telephone, you or your family members should call 911 or go to your nearest hospital. If you are hospitalized for symptoms or behaviors that we are working on in treatment such as panic attacks or non-suicidal self-injurious behaviors, please contact me as soon as possible. I can help coordinate with the hospital staff and provide them with any information they may require for your treatment.

☐ By checking this box, you confirm that you have received information regarding what to do in the case of a clinical emergency.

# If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Quality Assurance

As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life-relationships, changes, concerns, attitudes, and other areas.

# Ethics and Professional Standards

As a licensed psychologist and member of the American Psychological Association, I am accountable for my work with you. If you have any concerns about the course of treatment, please discuss them with me. You have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you feel that I have been unethical or unprofessional, you may contact the NY State Office of the Professions and submit a complaint to: 1-800-442-8106 or [conduct@nysed.gov](mailto:conduct@nysed.gov)

# Our Agreement

I, the client (or his or her parent or guardian), understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter into therapy with Stefanie Sugar, PsyD, and to cooperate fully and to the best of my ability, as shown by my signature here.

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Signature of client (or person acting for client) Date

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Printed name

Relationship to client:

❑ Self

❑ Parent

❑Legal guardian

❑Health care custodial parent of a minor (less than 14 years of age)

❑ Other person authorized to act on behalf of the client – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of client (or person acting for client) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

Relationship to client:

❑ Self

❑ Parent

❑Legal guardian

❑Health care custodial parent of a minor (less than 14 years of age)

**❑** Other person authorized to act on behalf of the client – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of therapist Date