

# Indigo Marriage and Family Therapy

302 5th Ave, 8th Floor, New York, NY 10001

## Client Information

### Counseling Sessions:

One session is 45 - 50 minutes long. It is customary to provide one session per week, however the frequency of sessions can be extended or reduced depending on the circumstances.

### Length of Treatment:

The length of treatment is mutually evaluated on an ongoing basis. Generally, we will work together on achieving both short and long term treatment goals. These goals can range from reducing incidence of an unwanted behavior to increasing awareness about oneself.

### Inquiries about Treatment:

It is normal to have questions about certain aspects of treatment. If questions arise, please bring them up with me as soon as possible. I will make every effort to explain any aspect of treatment that may be unclear.

### Telephone Calls:

Any time you wish to reach me, please call \_\_\_\_\_. I check my messages regularly. If you would like me to call you back please indicate this in your message and I will return your call the same day or as soon as possible. Please note that you are being seen in a private practice setting that does not have 24-hour coverage. If your call is an emergency, please leave a message on my answering machine, and then hang up and dial 911.

### Cancellations:

If you **must** cancel an appointment due to illness, a family emergency or other serious event, I need at least 24 hours notice or the client will be billed for a missed session. If there is less than 24 hour notice, the charge will be the same as for a regular scheduled session. The 24 hour cancellation policy is for emergencies or sickness. If you need to change your appointment time for non-urgent reasons, I need seven days notice or you are responsible to work out a time for a makeup session. I have found that the more committed and consistent a person is to his or her therapy then the more successful the therapy tends to be. In addition, my own scheduling process is quite complex. I strive to accommodate the complexities of my clients' schedules (changes in childcare, meetings, business travel, etc.), while maintaining some consistency in my own schedule.

### Vacations:

Please try to give me at least two weeks notice of when you will be gone, and notify me as to how long. I will provide you with the same information with any vacation plans.

**Payments:**

The fee of \_\_\_\_\_ is due at each session. Checks should be made payable to Lauren Deakin. Cash payments should be in the exact amount.

**Confidentiality:**

With a few exceptions, all information between therapist and client is held strictly confidential. You signing a release of information form may waive this right. This would occur, for instance, if I sought consultation from other professionals for medical, psychiatric, or legal evaluations, or made a referral of an alternative treatment.

**Permitted Breaches of Confidentiality:**

There are a few ways in which psychotherapist may legally break confidentiality without a client's consent.

- (1) **When there is suspicion of child or elder abuse.** I am mandated to report allegations of child abuse to Child Protective Services and in certain situations I am mandated to report allegations of elder abuse.
- (2) **When the client states intention to harm or injure an identifiable victim.** I am mandated to warn victim and to call the police.
- (3) **When the client is in imminent danger of harm or unable to care for herself or himself.** I may breach confidentiality to prevent any threatened danger or protect clients who are unable to care for themselves. This may include telephoning relatives, friends, or a hospital to arrange for emergency treatment.
- (4) **When the psychotherapist's records are subpoenaed by a court of law.**

**Termination:**

Termination is sometimes one of the most difficult and important parts of the therapeutic process. Ultimately the decision to end therapy is yours, but it is something that we should discuss together before any conclusions are reached. In some circumstances people feel that they want to terminate therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason, I request at least one session for termination under all circumstances. To gain the most benefit from therapy I almost always recommend at least four sessions for the termination process.

I have read, understood, and accepted the above client information.

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Client's Printed Name

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Client's Phone Number

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Client's Address

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Emergency Contact Name

Phone Number

Relationship

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Client's Signature

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Date

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*For Couple's Therapy:*

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Client's Printed Name

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Client's Phone Number

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Client's Address

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Emergency Contact Name

Phone Number

Relationship

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Client's Signature

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Date

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Therapist's Signature

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Date