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Treatment Consent Form

Dear Client:

Participating in therapy is a cooperative effort between therapist and client. There may be times when the material and issues being discussed are upsetting in nature. Working through this information is often distressing and will require your courage and patience, as well as, my skills to move towards a beneficial result. It is important that you understand that while therapy requires commitment and resolve, the pace at which issues are confronted is determined cooperatively. It is also important that you understand that you have the right to be fully informed of any procedures I may utilize, and that no procedure will be used without your consent. Your participation in marital therapy is not a guarantee that the marriage will survive the crisis that has brought you to this point. It is a cooperative effort to understand your particular needs as a couple and to help you define what it is that you each choose in your relationship to each other.

In an effort to make therapy more affordable, my out-of-pocket fee is \$80.00 for a full sixty minute session, payable at the time services are rendered. I will generate a bill that you can submit to your insurance company for compensation. Typically, clients will be reimbursed following two scheduled sessions and will use that payment for the subsequent sessions, easing their out-of-pocket expense. Payment schedules for other professional services such as report writing, treatment summaries, or if I become involved in any legal proceedings will be negotiated separately. Non payment issues will be addressed early in the therapeutic relationship, generally after the second default should this occur. Where deemed appropriate, I may be willing to negotiate a fee adjustment, or an installment plan. However, continued non payment, as agreed, may result in the suspension of services.

My office hours are between 4:00 and 6:30 in my New Jersey office and from 5:15 to 7:15 in PA. My answering machine at 937-625-4660 is always operative. In the event that you are unable to contact me during a crisis, it is important that you know that the emergency room at your local hospital provides assistance for psychological crises.

There are also limitations to a smaller practice that need to be addressed in order to keep it viable. One of the issues that needs to be discussed are cancellations. While I respect that not all problems are foreseeable, last minute cancellations do not afford me the time to fill the limited amount of slots that I have available for appointments. Several cancellations in a week present a small practice with considerable problems. Please be courteous and call if you know you are not going to be able to keep your appointment.

In general, the privacy of all communications between a client and a therapist is protected by law. This mandates that I can only release information about your case to any third party with your written consent. In the case of marital or family therapy, all consenting parties in treatment must be willing for me to release information to a third party should this become necessary.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment, and I will work with you to insure that your confidentiality rights are protected. However, it is important that you are aware that in some proceedings involving child custody, and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. Furthermore, there are also circumstances in which I am legally obligated to take action thereby compromising your rights to confidentiality. State and local laws require that I report cases of actual or suspected abuse or neglect of minors or the elderly. State and local laws also require that I report cases in which a client's behavior is determined to be a clear and present danger to self or others.

The laws and standards of my profession require that I keep treatment records. These records, within certain legally defined limitations, will not be revealed to any person or agency without your written consent. It is important that you understand that some managed care companies utilize case management personnel, and do require some limited information in order to determine if you qualify for additional sessions. It is important to note that these individuals are also bound by the same state laws mandated to protect your confidence. In an effort to provide you with the highest degree of confidentiality, I try to limit the personal information in your file to only that which will have relevance to my ability to provide you with the best possible service. For all private pay client's, unless ordered by a court of law, your records are completely confidential in compliance with state laws. Should there be a marital dispute that becomes contested in court, only those records related to each spouse personally can be released with your permission. Full disclosure requires the consent of both parties.

By signing this document you are also acknowledging that I practice both traditional and integrative energy therapy. Your signature indicates that you have been informed about the various techniques and have been given resources for your further study. By checking the box below you are indicating your awareness that these techniques and approaches are alternative methods that fall outside the current guidelines of traditional clinical practice.

This document is intended to provide you with an understanding that both therapist and client enter into a partnership when services are engaged. Your signature below indicates that you have read this document, that you understand the terms and conditions as they apply, and that you are consenting to treatment under my care.

I do wish to participate in Integrative Energy Therapy and I understand that many of the techniques fall outside of traditional practice guidelines for therapy.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____