

Tara Sager, Ph.D., PMH-C
Licensed Clinical Psychologist
Perinatal Mental Health Certified
135 County Road, Suite 2C, Cresskill, NJ 07626
NJ License #: 35SI00593700
NY License #: 022020

OFFICE POLICIES AND INFORMED CONSENT

Welcome to my practice! I am so honored that you have chosen me to help with your psychological health and wellbeing. I encourage you to ask me any questions that arise as you review these policies. Your signature at the end of this document acknowledges that you have read these policies and represents an agreement between us. I am happy to provide you with a copy of these policies should you request one, and they are also available on my website (www.drparasager.com). I look forward to our work together!

Meetings and Professional Services

Psychotherapy sessions typically consist of 45-minute weekly appointments at a mutually agreed upon time and date. Intakes, couples sessions and group therapy sessions are scheduled for 60 minutes. We will collaboratively decide when it is appropriate to stop psychotherapy, and if necessary, I will provide you with referrals at your request. Like all forms of mental health treatment, psychotherapy carries potential benefits and risks. As a result of psychotherapy, you may notice symptom reduction or remediation, enhanced relationships, increased work satisfaction, and improved physical and emotional wellbeing. Given that psychotherapy and consultation often involve discussing personal problems and intimate details of your life, you may have uncomfortable feelings before, during, and/or after sessions. Please note that there is no guarantee of what you may or may not experience, or the outcome of treatment.

Psychotherapy is voluntary and you can revoke your consent to continue therapy at any point without penalty.

Payment methods include cash or check, and are due at the time of service unless other arrangements have been made prior to your session. I do not accept insurance, but am happy to provide you with a statement you can submit to your insurance company if you plan on using out-of-network benefits for our sessions. Other services that last 10 minutes or more (e.g., preparation of records separate from those required by insurance, phone consultations, or meetings with other professionals you have authorized) will be charged as a proportion of standard rate, and will be communicated to you. In the unusual circumstance that litigation is required (e.g., if I am compelled to testify in a custody hearing as a witness), you will be expected to pay for professional time required (e.g., preparing reports, time spent traveling, being in attendance) at my standard hourly rate.

In limited circumstances with ongoing clients, services may be provided via telehealth to provide accessible treatment (e.g., if an ongoing client goes away to college and would like to continue treatment, if a client is ill or injured for an extended period and unable to travel to sessions). This option may be discussed individually with me. Please note that privacy cannot be guaranteed during telehealth sessions. Possible benefits include continuity of care and continual provision of

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services. Possible risks may include a higher risk of public discovery, technological problems (e.g., disrupted service), and the possibility that clinical services are hindered when offered remotely. The client is responsible for any charges that may arise (e.g., data overages). If a technological failure occurs, a fee reduction may be offered on an individual basis.

Confidentiality

The therapist-client relationship is confidential and protected by law. In most instances, I cannot release information about our work to others without written permission from you, or from a parent/guardian if the client is a minor. There are certain exceptions to confidentiality as follows:

- 1) **Safety:** In the event of imminent harm (i.e., risk of harm to self or other), information may be shared to protect you or someone else. *Please note that a recent addition to New Jersey Law requires that if there is imminent danger of harm to self or others, psychologists are required to inform the police if the person who is an imminent threat has access to a firearm, so that the police can confiscate the weapon temporarily for safety.
- 2) If a child or vulnerable adult is being abused or neglected, the law mandates that I must file a report. This will be discussed with you should the need arise.
- 3) If the New Jersey Board of Psychological Examiners issues a subpoena, I may be required to testify before the Board, and disclose information and client records.
- 4) If you are involved in worker's compensation, you may be waiving your rights to have your records remain confidential.
- 5) If you are a minor, your parents/guardians will be appraised of general information regarding your care; however, I will not reveal specific details unless you request that I do so or if I believe your safety is at risk.
- 6) While I do not accept insurance, if you are using out-of-network benefits, in some cases your health care insurance may require Protected Health Information (PHI) to process claims or authorize benefits. This is typically general information including things such as diagnosis or dates of treatment, and not detailed private information.
- 7) In some legal proceedings (e.g., child custody cases or malpractice), a judge may require me to testify and/or subpoena my records.
- 8) In the event that your account is delinquent, I may release minimal information to a lawyer and/or collections agency to collect appropriate fees (see *Payment Installations and Delinquent Accounts*).

If you wish for me to consult with anyone (e.g., another professional, family member) about your care, I will ask you to authorize this communication in writing.

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Email and Phone Policy

Please note that email is used only for scheduling and administrative concerns, and will not be used for clinical matters and communications. Despite extra precautions I take to ensure your privacy, please note that email may not be a secure means of communication. In the event that you need to communicate with me regarding scheduling or administrative issues, feel free to email me (drtarasager@gmail.com), or call or text me (201-575-1255). To protect your privacy, I ask that you do not forward emails from me that may contain your personal data and information.

Please note that while you may call me regarding clinical matters, I may not be immediately available. I will make every effort to return your phone call within 24 hours with the exceptions of weekends, holidays, and planned vacations, during which time it may take longer for me to respond. If I will be away for an extended period of time, I will share with you options for emergency contacts and colleagues whom you may contact.

In the event of a psychological emergency, if you are unable to reach me immediately, please call 911 or go to your local emergency room. In Bergen County, you may also contact 201-262-HELP in the event of a psychological emergency.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides privacy protections for patients and guidelines for the disclosure of Protected Health Information (PHI) used for treatment, payment, and health care operations. In accordance with HIPPA and NJ state law, I may disclose certain PHI to process insurance claims when applicable (e.g., if you are using out-of-network benefits and this information is requested by your insurance company).

HIPPA also expands your rights to examine your clinical records. You may request to inspect, obtain a copy of, or examine your clinical record. Under certain circumstances such requests may be denied. Upon your request, I will discuss with you the request and denial process. You may also request to amend PHI that is maintained in a record, and to receive information regarding disclosure of PHI.

Parents and guardians may have the legal right to access minor clients' records. However, it is my policy, in order to build a trusting relationship with the minor client, to ask parents to consent to receive only general information about minors' treatment unless there is a safety concern.

Cancellations/No Shows

I understand that circumstances including illness may prevent you from attending a scheduled appointment. I ask that you call, text, or email at least 24 hours in advance to cancel or reschedule appointments. Clients will be given one "free pass" annually. Otherwise, except

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under rare extenuating circumstances, last minute cancellations and “no shows” will be charged the full session fee.

Minors

Please note that the law may provide parent/guardians the right to examine certain treatment records for minors under 18. However, I ask that parents/guardians agree to receive only general information regarding treatment, rather than specific details about therapy sessions, unless there is a concern about safety (e.g., if there is concern about the minor harming themselves or someone else). In addition, please note that if a client turns 18 while in my care, the parent/guardian no longer has a legal right to any information. I will inform parents if their minor attends session. Finally, please note that in working with a minor, I will not “secret keep” from the minor. If a parent/guardian should call me to discuss their minor, the client, between sessions, in order to maintain the trust of my client, I will be fully transparent with the minor regarding the fact that the communication occurred and what was discussed.

My role is to provide treatment, and I ask that parents/guardians agree to not involve me in any legal dispute (e.g., custody evaluations). Also, I ask for agreement that in any such proceedings, neither parent/custodian will ask me to testify in court, whether in person or by affidavit.

Although I will work to prevent any legal involvement, I may be legally required by a judge to provide testimony. If I am required to testify, I am ethically bound not to give my opinion about either parent’s custody or visitation suitability (provided that I am treating only the child). If I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$190 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

I also ask that parents agree to instruct their attorneys not to subpoena me or to refer in any court filing to anything I have said or done. My primary duty is to keep the minor safe and in optimal care. If requested, I may provide parents with a summary of treatment; these decisions would be discussed with the adolescent prior to disclosure of any information.

Payment Installation and Delinquent Accounts

In special circumstances, I work with clients to accommodate flexible payment arrangements. In the absence of a predetermined arrangement, I reserve the right to use legal means to secure payments from accounts delinquent for 60 days by working with a collection agency, or going through small claims court. In these instances, I would release the minimally necessary information regarding treatment (e.g., name, nature of services/CPT code, and the amount due) and include legal costs in the claim.

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I have read and agreed to the above office policies and procedures:

Client Name (printed): _____

Client Signature: _____ **Date:** _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature (if applicable): _____ **Date:** _____