



Schoolhouse Pediatrics

Sudipti Luthra, M.D., F.A.A.P.
Margaret Centurioni, M.D., F.A.A.P.
John Bevilacqua, D.O., F.A.A.P.
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Margaret Leary, M.D., F.A.A.P.
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Diane Tenenbaum, M.D., F.A.A.P.
Marc Benison, D.O., F.A.A.P.
Brittany McDonald, F.N.P.
Lindsey Reyman Rizzolo, P.N.P.
Katie McLean, L.M.H.C.
Katie Turner, L.M.H.C.

Informed Consent for Therapy Services

Welcome:

Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as we can be about the therapy process, so you are fully informed prior to starting your journey.

What to expect from therapy:

Psychotherapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. When an appointment is made between a therapy patient and the therapist it is considered to be a commitment between two parties. The therapeutic relationships are based on trust, with both parties accepting responsibility for keeping appointments.

Confidentiality:

The information you share during therapy sessions is considered confidential information and is protected by state law. As a licensed mental health practitioner, I cannot reveal to third parties whether or not you are a past or current client and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so. In the following instances, however, I may be mandated or allowed to share information without your written consent:

- If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical or sexual abuse, neglect, or exploitation, I am required by state law to make a report to the NYS CPS office or NYS Justice Center with or without your consent.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist, I am required to make a report to the licensing board governing the license of the therapist.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.
- If you submit an out-of-network health insurance claim and the insurance provider needs information to authorize the therapy or the billing.

(CONTINUED NEXT PAGE)

www.SchoolHousePeds.com

ALBANY (MAIN) OFFICE

81 Schoolhouse Road
Albany, NY 12203
Ph. (518) 456-1211
Fx. (518) 452-2535

COXSACKIE OFFICE

11835 Rt. 9W, Suite 3
West Coxsackie, NY 12192
Ph. (518) 731-3800
Fx. (518) 731-3838

CLIFTON PARK OFFICE

1750 Route 9
Clifton Park, NY 12065
Ph. (518) 344-6706
Fx. (518) 357-3341



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E-mail/Text notifications:

Communication through email or text may occur to coordinate services with other providers, parents or you. By signing this consent form, I understand that email/texting is not a confidential medium for transmitting health information and will do so at my own discretion.

Attendance Policy:

It is required that you provide 24-hour notice to cancel appointments or you will be charged \$25 for late cancels and no-show appointments. This practice of being charged for no-shows or late cancellations is standard practice in the field and takes into account that you are not just paying for services rendered but reserving a time slot which I cannot offer to someone else on short notice.

- If an appointment is scheduled after 3pm and the patient does not provide 24-hour notice and/or no shows twice they will no longer be able to schedule an appointment for after 3pm.
- If a patient has not provided 24-hour notice and/or no shows for 3 appointments they will be discharged from therapy services.
- For therapy to be effective, consistent contact with your therapist is important, that being said, if there has been no contact for 30 days and no future appointments are scheduled you will be discharged from therapy services. If you are placed on the inactive list and wish to enter treatment you will be placed on the waitlist until an opening is available.

Payment:

Schoolhouse Rd. Pediatrics requires payment at the time of your child’s visit. We accept cash, checks or credit cards. Payment is expected at the time of your appointment. Please read below for payment options:

- Insurance: We accept most insurances. However, insurance company reimbursement is often contingent on receiving a mental health diagnosis and certain diagnoses may not qualify. If your insurance does not cover treatment you will be required to pay out of pocket (see **Fees** below for rates). Should your insurance carrier pay for services rendered, you are still responsible for copayments and deductibles as assigned by your insurance carrier. It is your responsibility to notify us of any changes to your insurance.
- Fees: For patients whose insurance carrier does not cover for mental health services, therapy is billed at the rate of \$80 for the First Appointment and \$50 for Subsequent Appointments. I agree to pay the stated fee by cash, check, or credit card at the beginning of each session. If I am prevented from attending my scheduled session and do not cancel my appointment at least 24 hours in advance, I agree to pay a \$25 fee (see **Attendance Policy**).

*By signing this, I consent to the above terms and agree to initiate treatment with Katie McLean, LMHC and/or Katie Turner, LMHC.

Patient’s Name (Printed)

Patient’s Date of Birth

Signature of Patient (Parent/Guardian if under 18)

Date

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