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## **INFORMED CONSENT TO RECEIVE PSYCHOTHERAPY SERVICES**

The following is a description of the services offered by Dr. Jennifer Altman, New Jersey and New York licensed psychologist:

Our first few sessions will involve an evaluation of your needs, and a review of relevant information is obtained. By the end of the evaluation, I will be able to offer you some impressions of what your problems are and exactly what our work will include. Sessions typically involve one weekly face-to-face 45-minute session with an individual, couple, or family. Psychotherapy may also include emergency sessions, phone sessions, e-mail, or consultation with other providers. Any changes to the frequency, intensity, or duration of therapy are discussed with patients as part of ongoing treatment planning.

Once we schedule your appointment time, it will not be available to other patients. Thus, if any scheduling changes become necessary, these must be made by mutual agreement at **LEAST 24 BUSINESS HOURS PRIOR** to our next scheduled appointment. If you cancel an appointment, you are responsible for and agree to pay the full session fee (no later than the next scheduled appointment) unless other arrangements are made.

**Potential Benefits of Psychotherapy:** Therapy requires a comfortable working relationship between us. In order for therapy to be successful, you will have to work on the issues we talk about during our sessions and at home. Since therapy involves discussing unpleasant aspects of your life, the experience can lead to personal discomfort and may bring up uncomfortable feelings like sadness, frustration, and anger. Psychotherapy often benefits people by leading to better relationships and solutions to specific problems. Psychotherapy may help a person understand the nature of their problems more clearly and prepare them for future treatment services. Psychotherapy may alleviate psychological distress by providing patients with treatment that increases clarity about oneself and/or others, improves interpersonal communication skills, and fosters increased self-acceptance and/or acceptance of others.

**Potential Risks of Psychotherapy Services:** Consultations may fail to provide clear answers to the questions that the patient would like answered. The individual or parent/guardian may experience distress at the treatment recommendations and/or the results of the consultation. Psychotherapy Services may fail to achieve the desired result such as to decrease distress, improve relationships, change negative behaviors, or enhance self-awareness.

**Alternative Treatments:** Anyone considering receiving services has the right to an explanation of all treatment modalities and the potential risks, benefits, costs, and expected time frame of treatment. All patients have the right to choose treatment, stop treatment, or seek treatment from another provider. The Psychotherapy Services offered by Dr. Altman are done so on a voluntary, fee-for-service basis. If you have any questions about my procedures, please discuss them whenever they arise. If your concerns persist, I will be happy to help you arrange a consultation with a mental health professional for a second opinion.

**Professional Records:** I am required to keep treatment records, including session notes, by law and these as well as any other communication between us will remain confidential. Records, including those sent to an insurance company, are released only by your consent. The exceptions to this would be court order, or mandated report to DYFCS/appropriate agency if abuse/neglect is suspected. I also have a legal obligation to contact the appropriate agency or person if there is possible intent to harm yourself or others. Should any such contact become necessary, I will make every effort to discuss this with you before any action is taken. I am required to keep all clinical information pertaining to a patient confidential.

On occasion, I may find it helpful to consult with another licensed professional. I avoid revealing the identity of the patient, and the consultant is legally bound to keep the clinical information confidential as well.

**Phone Contact/Emergencies:** I can be reached at the phone number listed above. This is a cell phone, and you may leave a message on my voice mail, which is accessed only by me. Routine calls are returned within 1-2 business days. If no call back is received within this time frame, please leave your message again. In any event, understand that in an extreme emergency you are to go immediately to your local emergency room and ask for the Psychiatrist on call, dial 911 for emergency assistance, or dial 201-262 HELP.

**Professional Fees:** You are expected to pay for each session at the time it is held unless an alternative arrangement is agreed upon. I do not participate in any insurance plans, but I will give you a statement on a monthly basis (unless you request it to be at the time of session) so that you may obtain reimbursement from your insurance company. Please note that you are responsible for all charges resulting from returned checks. In the event of a missed session, without 24-hour cancellation, you will be charged your session fee.

Other charges may incur, such as reports to be written on your behalf or phone sessions lasting more than 10 minutes with yourself or with other parties relevant to your case. If there are such charges, they will be billed at the end of the month.

**Fee Schedule:**

60 Minute Psychotherapy Session \$260.00

45 Minute Psychotherapy Session \$225.00

I have read and understand this statement and agree to abide by its terms (for myself or for a minor in my care):

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