

Notice of Privacy Practices

Introduction

Welcome to my practice. Please read the following carefully—it is an explanation of my office policy and how the treatment here will be conducted. Take a moment to read it through before you begin treatment. If you have any questions, please let me know anytime. I believe good communication is essential for effective psychotherapy treatment.

Qualifications

I received Master of Social Work (MSW) at Fordham University and have completed Bowen Family System Theory Certificate Level I and II at Rutgers University. I have completed numerous training sessions that cover Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), trauma, sexuality and cultural awareness. I often incorporate my clinical experiences in different settings, including outpatient, residential, and hospital settings into my private practice. Mt office is a place that welcomes diversity and an individual's unique challenges.

Assessment

During the first 2-3 sessions, I will assess whether I can be of benefit to you. The initial assessment for children and adolescents who are younger than 18 includes at least one parents-only session. It is important for me to learn the client's developmental history from the parents and what their perspective is of their son/daughter's problems. Information from a client's parents is a crucial part of the initial assessment for clients younger than 18 years old. As a clinician, I would like each client to have the best and most suitable treatment. If I believe I cannot provide effective treatment for you, I will refer you to others who work well with your particular issues. I will make these recommendations within a reasonable period of time after the client has stated their objectives and possible outcomes of therapy. If you have questions about any of the procedures used in the course of your therapy(their possible risks, my expertise in employing them, or about the treatment plan in general) please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you can benefit from a type of treatment that I do not provide, I have an ethical obligation to assist you in obtaining that treatment. In addition, I sometimes refer clients to other helping professionals as an addition to psychotherapy. These additional resources may include medical specialists, occupational therapists and alternative medicine treatment providers. My recommendations are based on my clinical experience, but it is up to you whether you to follow through with the additional referrals.

Termination

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgement about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or

reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request and authorize it in writing, I may talk to the psychotherapist of your choice (with your permission only) in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements if your financial situation changes.

Limitations to Treatment

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working towards these benefits requires effort on your part. Psychotherapy requires your active involvement, honest, and open-ness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or over the course of therapy, remembering unpleasant events, feelings, or thoughts may result in you experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Other services

In addition to psychotherapy at my office, I work as an educational consultant to assist a child and his/her family to understand the client's needs and to advocate for them. The services include consulting with school personnel and specialists as well as attending educational meetings, such as IEP meetings.

I also assist clients who need a translator for psychiatric evaluation if they are Japanese speaking and need assistance to express their concerns or problems.

These services are not covered by any insurance plans. Therefore, it will be your own expense to receive if you would like take advantage of these additional resources.

As a psychotherapist, my service is your treatment. I am not trained to determine if you are suitable for short term and or long term disability benefits. I do not provide any written document which would serve as a determination of a client's disability.

Dual relationships

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together, and I will do my best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

Emails, Phone Calls and Emergencies

For small administrative matters such as checking appointment times or changing them, you are welcome to email me at yinzana@tsecuremail.com or call me at 609-917-4011. I generally receive and return these emails within 24 hours with the exceptions of Sundays.

If you need to contact me between sessions about a clinical matter, please leave a message for me at 609-917-4011. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance.

Emergency phone consultations of ten minutes or less are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, if I spend more than ten minutes reading and responding to emails or coordination of care, I will bill you on a prorated basis for that time.

If you feel the need to make several phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest crisis center, which are open 24/7.

- **Call 911**

- **Call the psychiatric hotline or visit the Psychiatric Crisis Center**

Mercer County — Capital Health Regional Medical Center
750 Brunswick Ave Trenton, NJ 08638
(609)396-4357/ (609)989-7297

Somerset County — UBHC
671 Hoes Lane Piscataway, NJ 08855
(732)235-5700

Middlesex County — Bridgeway Rehabilitation, Inc.
512 Church Ave Bound Brook, NJ 08805
(908)526-4100

- **Go to your nearest emergency room.**

Cancellations and Lateness

There are times that we need to cancel or reschedule appointments for various reasons. I would appreciate if you contact me as soon as possible when you need to schedule changes. I hold your scheduled appointment time specifically for you. It is extremely difficult for me to fill your last minute cancelled session on a short notice. Therefore, **I charge for appointments**

cancelled with ***less than 48 hours*** notice unless we can find another time that week that works for us both. There are a few exceptions for being charged a fee for not giving ample notice or not showing for a scheduled session, which include illness, bad weather conditions or lack of a means of transportation.

If you are running late for your appointment, please call or email me as soon as you can to let me know you will arrive. If I don't hear from you 20 minutes into your session, I will call to check on you and will assume you do not plan to attend your session.

If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointment.

Payment and Financial Arrangements

Fee

My standard fees are the followings;

- \$165 for 1 hour initial evaluation session,
- \$140 for 45-52 minutes adult individual and family member(s) only sessions,
- \$150 for 45-52 minutes family session and individual or individual for a minor with parents check-in,
- \$160 for 60 minutes adult individual session.

Insurance

For the clients with insurance plan, if you provide me with your insurance information, I will inform you of your financial responsibility, including your copay and the deductible amount at the initial session. Please let me know if you have any changes in insurance immediately. I spend extra time to submit claims and communicate with insurance companies, and I do not want to waste that time unnecessarily for insurance related issues. My goal is to provide the best possible treatment, I would rather spend that time on preparation for your treatment.

The fee is to be paid at the beginning of each session unless other arrangements have been made. At this time, acceptable payment methods are cash or check unless another payment method has been arranged. I will provide a receipt for each payment if requested.

Late fee

Full payment is expected at the time of service unless otherwise agreed upon. If I do not receive payment within 30 days, I will charge a 5% late fee.

Fee Reduction

I offer some lower fee slots, based upon income and circumstances, but I prefer to hold these slots for current clients who are experiencing life transitions. If my fee is a concern, please discuss it with me. If I am unable to accommodate your financial situation, I will provide you with referrals.

Other fees

For an educational consultation with a school outside psychotherapy sessions, I charge \$125 / hour rate for phone and/or face to face contact with the family, school staff, medical specialists and other professionals. For a meeting outside the office, the fee is \$125 per hour. If the meeting takes place over 15 miles outside the distance from my office, I will charge an extra fee for transportation. (\$20 for 15-30 miles away from the office; \$40 for between 30-45 miles away; and for over 45 miles away, I will discuss a fee with the client if the circumstance warrants the travel).

For a written letter to other professionals, I do not charge for a proof of attendance; however, I will charge for a treatment summary letter, which may include your diagnosis, treatment, progress, discharge summary and any relevant information related to treatment. The fee will be \$140 per hour rate based on the time needed to compose the document.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time and services even if I have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to my regular practice, I charge \$400 per hour for preparation and attendance at any legal proceeding. I will provide bills/receipts at the end of each session and expect to be paid upon receipt unless otherwise agreed upon.

Confidentiality

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy Practices.

When Disclosure is required by law: Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When disclosure may be required: Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else or about your receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others, and will ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your intake form.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, date and lengths of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Confidentiality of Email, Voicemail, and Fax Communication: Email, voicemail and fax

Communication can easily be accessed by authorized people, compromising the privacy and confidentiality of such communication. I do use an email service, which promises secure, encrypted messages (yinzana@tsecuremail.com). Please notify me at the beginning of treatment if you would like to avoid or limit in anyway the use of any or all of these communication devices. Please do not contact me via email or faxes for emergencies.

Consultation: I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

Complaints

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or have behaved unethically, you can contact the Board of Social Worker Examiners which oversees licensing, and they will review the services I have provided.

**Division of Consumer Affairs
State Board of Social Work Examiners
P.O. Box 45033 Newark, NJ 07101
(973)504-6495**

You are also free to discuss your complaints about me with anyone you wish. As a client, you do not have any responsibility to maintain confidentiality since you are the person who has the right to decide what you want kept confidential.

I hope this answers some of your questions. Please let me know if you have concerns or questions about any of these policies, procedures or this agreement.