Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you may have so that you and I can discuss them at our next meeting. When you sign this document, it represents a contract between us.

**Psychotherapy & Counseling Services**

Psychological treatment varies depending on a number of factors. These include the specific needs, issues, history and personality of the client, as well as the training and personality of the therapist. While there are many methods I may use to address the issues you present, psychotherapy requires an active effort on your part. Together we can work to address your issues.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, psychotherapy has been shown to have significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees about what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and goals we could work toward. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Psychotherapy involves a significant commitment of time, money, and energy, so you should be careful about the therapist you select. If you decide to discontinue your work with me, I can help you secure an appropriate consultation with another mental health professional. Please feel free to ask me any questions or express any concerns as they arise.

**Meetings**

If you and I decide to work together, I will usually schedule one session per week at a mutually agreed time. Session frequency may vary depending on your needs.

**Contacting Me**

I will make myself as available as I can for ongoing telephone communications with clients. Often, I am not available immediately by phone and messages may be left for me at the above telephone number. I routinely check my voice mailbox for messages during regular business hours and usually all calls are returned within 24 hours. When you leave
a message, please let me know some times when you will be available and the best
number(s) to reach you at during those times. Telephone communications requiring more
than 15 minutes will be pro-rated at my hourly rate for standard sessions.

If you need to reach me immediately, you may call me at 917.399.3837.

If I will be unavailable for an extended time, I will indicate the length of my absence and
inform you in advance. If you experience a life-threatening emergency, call 911 or go to
the nearest hospital emergency room and request to be seen by a mental health
professional.

Oftentimes e-mail is a good way to stay in contact with each other. However, please keep
in mind that no email communication is guaranteed to be private. E-mail can be a good
way to cancel or change an appointment time or provide me with additional information
about how your week is going. It should not be used for emergencies.

**Professional Fees**
My fee may increase periodically, no more than once per year. I will inform you in
advance of any changes in fees. Fees are discussed and agreed upon during the initial
consultation. Payment can be made by cash, check, or credit card.

**Billing and Payments**
You will be expected to pay for each psychotherapy session at the time it is held, unless
you and I agree otherwise. You may pay in cash, by check made out to Allison Lloyds. In
circumstances of financial hardship, a fee adjustment or payment plan may be arranged.
At your request, I will be happy to provide you with a monthly statement of fees paid so
that you can seek reimbursement for “out of network” care. It is your responsibility to
contact your insurance company to make sure you understand their policies and
procedures about what is and is not covered.

**Professional Records**
Both law and the standards of my profession require that I keep appropriate treatment
records. You are entitled to receive a copy of the records at your written request, unless I
believe that seeing them would be emotionally harmful to you. Because these are
professional records written in technical language, they can be misinterpreted or can be
upsetting, so if you request your records, I recommend that you and I review them
together to discuss what they contain. If I deny you access to your records because I
believe that seeing them would be harmful to you, you may appeal that decision to the
New York State Department of Health.
Confidentiality
In general the privacy of all communications between a client and a mental health clinician is protected by law, and I can only release information about our work to others with your written permission. However, there are a few exceptions:

- **Abuse or neglect.** I am required by law to report suspected abuse or neglect of a child, elderly person, or disabled person.

- **Potential harm to self or others.** If a client is demonstrating a genuine threat of inflicting serious bodily harm to another, I must take protective action such as notifying the potential victim, contacting the police, or seeking hospitalization for the client. If a client threatens to harm him or herself, I may alert appropriate individuals such as family members who can provide protection and supervision of the client and/or recommend hospitalization of the client.

- **Legal proceedings.** In most legal proceedings you have the right to prevent me from providing any information about your treatment. However, in some cases involving child custody and those in which your emotional condition is an important issue, a judge may order me to testify.

- **Insurance companies.** Your insurance company may require me to provide some information about your treatment.

- **Consultation.** Sometimes I find it helpful to discuss my treatment plans with another professional; however, I do not tell them your name or any identifying information. Moreover, they are ethically required to maintain confidentiality.

- **Families and couples.** When I work with more than one person at a time, it is impossible for me to insure that everything you say remains confidential. Out of respect for each other and the treatment, it is important that all members of the family or couple agree to maintain each other’s confidentiality. However, this is a voluntary agreement and is not binding by law. Additionally, if one of you tells me something that you do not want the other(s) to know, I cannot maintain that confidentiality if doing so would be detrimental to the treatment.

- **Children and teens.** For clients under the age of 18, please be aware that the law may provide your parents with the right to examine your treatment records. When possible, I will discuss the matter with you before I disclose any records to your parents and do my best to respond to any concerns you may have. I will encourage you to share information with your parents. I will periodically meet with your parent(s) to give them a general sense of what we have worked on.

These situations occur rarely in my practice. Should such a situation occur, I would make every effort to discuss it fully with you before taking any action.

After you have read this document and noted any questions you may have, please turn the page and sign the **Informed Consent Agreement** indicating that you have read the information in this document, we have discussed your questions and concerns, if any, and that you agree to its terms. Your signature indicates that you give your consent to treatment. Please return the signature page to me. Thank you.
Informed Consent Agreement

Your signature below indicates that you have read the information in this document, we have discussed your questions and concerns, if any, and that you agree to its terms. Your signature indicates that you give your consent to treatment.

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