

## **INFORMED CONSENT AND DISCLOSURE STATEMENT**

Welcome to Trinity Pediatrics Behavioral Health Care. Our mission is to help individuals and families utilize their strengths to improve biological, psychological, social, and spiritual health.

This agreement is intended to provide you, the client, with important information regarding the practices, policies, and procedures of Stacy Salamone, the mental health consultant, and to clarify the terms of the professional therapeutic relationship between client and consultant. If you have any questions about the material contained in this statement, or about any aspect of our work together, please do not hesitate to ask. Please discuss any questions or concerns with the contents of this agreement prior to signing.

### **My Credentials:**

- Undergraduate Degree in Psychology from the University at Buffalo
- Master's Degree in Clinical Psychology from Medaille College
- Completed 4-year Doctoral Level program in Clinical Psychology at Medaille College
  - Completed 1-year APA accredited predoctoral internship program at Buffalo Psychiatric Center
- Doctorate in Christian Counseling in Progress
- Mother of 4 children

### **Clinical Approach/Therapeutic Orientation:**

My foundational approach to psychotherapy is based upon Existential/Systemic theory and will incorporate elements of: Mindfulness awareness practices, Acceptance and Commitment Therapy, Cognitive Behavior Therapy (CBT), and Dialectical Behavior Therapy (DBT). As I am an unlicensed psychotherapist, I am unable to provide formal or manualized psychotherapeutic treatments at this time. My services are reserved only for children and families; I do not provide services to couples or adults outside of the family context.

### **Behavioral Health Services and Fees:**

#### Consultation

Our initial session will involve an evaluation of the psychosocial-spiritual needs and goals of you and your child. During this time, I will obtain background information from you, your family, and Dr. Gloria Roetzer (Trinity Pediatrics), to learn how together we can work to meet those needs and goals. By the end of the evaluation, I will be able to offer you some first impressions about what our work will include. I often utilize cognitive (thinking) and behavioral (action) treatment strategies as these as the most evidenced-based in psychological studies, but always take a flexible, eclectic approach. Therefore, specific treatment modalities will vary based on the individual needs and goals of each client and family, and what works best for them. This service will likely be covered by your health insurance provider and you will be financially responsible for a \$25 copay.

#### Additional Psychological Services

Additional services, such as more in-depth diagnostic impressions, psychoeducation on holistic management of pathological symptoms, or skills training in behavioral management are available for a fee of \$75 per clinical hour (approximately 50 minutes).

*\*Please be advised that these services are currently being provided by an unlicensed psychologist and we are unable to bill health insurance for any additional services provided by the mental health consultant\**

#### Psychological Testing

Psychological testing includes the use of evidenced-based and standardized assessment instruments to evaluate various psychological and learning problems. As this service is being provided by an unlicensed psychotherapist, only psychological tests authorized for use by a Master's level clinician may be used at this time. If psychological testing is recommended or requested, the family and consultant will have a detailed discussion regarding the goals of the assessment, as well as the methods that will be employed.

My fee for psychological testing is \$350. This fee will include three sessions: 1 session for information gathering, 1 session for test administration, and a final feedback session to review testing results and recommendations with both the client and family. You will also be provided with a written report of findings at no additional fee which will be reviewed by a licensed psychologist prior to the final session.

#### **Payment:**

Payment or co-payment is due at the time of each session unless other arrangements have been specifically agreed upon. We accept cash and all major credit cards. *I do not accept insurance reimbursement, all fees are ultimately your responsibility.* When fees are not paid for services rendered, a collection agency may be used and given appropriate billing and financial information. Please speak with me if you are having difficulty paying for treatment and we can make other arrangements.

#### **Cancellations:**

The time of your scheduled appointment is reserved for you. If you need to cancel your appointment with me, please do so at least 24 hours in advance. If your appointment with me falls on a Monday, please do your best to notify me the business day prior (Friday). If you cannot, simply state in your voicemail the weekend day and time you are calling. If you fail to notify me within 24 hours, or if you miss an appointment, you will be charged a fee of \$50.

#### **Contacting Me:**

##### Non-Emergency Communication

Generally speaking, I provide non-emergency psychotherapeutic services by scheduled appointment. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. If I believe your psychotherapeutic needs are above my level of competence or outside my scope of practice, I am legally required to refer you, terminate therapy, or seek outside consultation.

If you need to reach me between sessions for any reason, you may leave a message in my confidential voice mailbox (716)281-3870. Although I do not provide 24-hour coverage, I check this voicemail daily and will make every effort to return your call promptly. I can also be reached via email at [TrinityBehavioralHealth@therapysecure.com](mailto:TrinityBehavioralHealth@therapysecure.com).

##### Clinical Emergencies:

If at any time you feel that you cannot safely wait for a response from me, or are faced with a situation that requires emergency medical attention, call 911 or go to the nearest hospital Emergency Department. In the event of a non-life threatening emergency, you can also reach the Mobile Crisis Unit (716) 834-3131.

#### **The Counseling Process:**

Counseling has both benefits and risks. Benefits for people who undertake counseling often include a reduction of feelings of distress, more satisfying relationships, and resolution of specific problems. Growth nearly always brings change, and sometimes change, even positive change, causes stress. Potential risks of counseling involve recalling unpleasant aspects of your personal history that may bring up distressing thoughts and feelings. Due to the complexity of human behavior, there are no guarantees that you will feel better or that your problem(s) will be resolved upon leaving my office. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events and not grounds for alarm. Personal growth may be easy at times and at other times slow and frustrating. Progress and success may vary upon the particular problems and issues being addressed, as well as many other factors. If you have any concerns about your progress or the results of your counseling experience, please talk to me at any time during our work together.

It is always your right to terminate treatment at any time. However, I strongly encourage you to discuss this decision with me. It has been my experience that, particularly in a therapeutic relationship of any length, that termination is a very important process. I will always give you my professional opinion as far as the timing of termination and will be open to discussing this with you.

**Confidentiality:**

I am required by New York State law and professional ethical standards to keep anything you tell me confidential. In most situations, I can only release information about your child's treatment to others if you sign a written authorization form. However, there are some limitations of confidentiality:

- (1) I am required by law to report suspected maltreatment, abuse, or neglect of a child or older adult to appropriate authorities.
- (2) If I learn that a client intends to harm themselves or others, I may be required to break confidentiality and take protective action to ensure safety.

If such situations arise, I will make every effort to fully discuss it with you before taking any action, and will limit my disclosure to what is necessary.

**Minors & Parents**

Confidentiality and privacy issues in the treatment of children and adolescents are very complex. I believe that in nearly all circumstances, parental involvement is essential to ensure the success of treatment. Throughout the course of our work together, I will encourage your child to share or allow me to share with you any information that seems important for you to know or is likely to be helpful. With younger children, parents are always involved in each session, though I often meet individually with the child for a portion of the session. However, older children and adolescents are often reluctant to talk about their concerns unless they are confident that the details of what is discussed will not be shared with others without their permission. Violation of the trust of a child or adolescent in the therapeutic relationship can undermine their progress and make them very reluctant to seek help or share sensitive information with health professionals in the future.

When providing treatment to children, I request an agreement between myself and the child that I can share whatever information I consider necessary with his/her parent(s). For adolescents, I request an agreement between myself, the adolescent, and their parent(s) allowing me to share general information about the progress of his/her treatment, his/her attendance at scheduled sessions (if coming alone), and any serious safety concerns. Communication regarding any other information the adolescent shares with me will require the adolescent's authorization, unless I feel he/she is in danger or is a danger to someone

else, in which case I will notify the parents of my concern. Before giving parents information, I will discuss the matter with the adolescent, if at all possible. I recognize that agreeing to allow a child or adolescent to have such confidential communication with a professional requires a high degree of trust on the part of the parent(s). I am always happy to begin treatment by meeting with the parent(s) alone first, to discuss any concerns you may have. We will also meet together with your child to discuss what types of information will be shared so that you both feel comfortable and confident about treatment.

#### Your Privacy in the Community

Occasionally, I encounter a client or client's family member in public places. Because of your right to confidentiality, I will not approach or acknowledge you in such a situation unless you do so first, and will leave the decision on how to handle the situation up to you. Some clients feel comfortable saying hello, while others do not want to create a situation in which someone else may ask how we know each other. Should such a situation occur, it is particularly important to explain this to your child, as they may mistakenly believe I was ignoring them or not happy to see them.

#### Informed Consent for Telephone, Electronic, & Mail Contacts

Ordinary privacy precautions such as pin codes, voice mail boxes, and fax, mail, and secured computers are not foolproof; your confidentiality is potentially compromised by communicating by electronic devices or by mail. Neither deletion nor shredding of private material are totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication is used for private information. Your use of such communication constitutes implied consent for reciprocal use of electronic and mail communication as well. By signing this consent, you understand and agree to the following:

- Sent and received emails are stored both on my computer and your computer until deleted. I may or may not delete such emails. Any saved emails will be kept in a password-protected account. Emails may also be printed and placed in client's file.
- Whenever you send an email, it is stored in cyberspace. It is possible for authorities and system administrators to locate and read such emails under various circumstances. For more information regarding these circumstances, please contact your Internet Service Provider or email service.
- With your permission, I often use email as a way to communicate with teachers or other collateral contacts. You understand and agree to the limits of electronic confidentiality described in this section.
- By providing your contact information (phone, fax, email, home address), you understand and agree with the disclosures listed above regarding communicating with me via email, phone, fax, and/or mail.
- You also agree that if you send an email to me and request a response via email, that you are willing to accept the above stated risks.
- You understand that I cannot guarantee an email response due to time constraints in my practice. Appointment scheduling, non-urgent issues and follow-up, and billing questions are appropriate for email communication. You agree that email will not be used for emergencies and urgent problems.

Although there is no guarantee that treatment goals will be met, I will apply my resources in good faith to help you and your child reach them. If you have questions about my recommendations or approach, we should discuss them whenever they arise. If you feel that our sessions have not been as helpful as you had hoped, it is important that we develop a plan to better meet your needs.

Thank you for reading this disclosure form in its entirety. If you have any questions or would like additional information, please feel free to ask.

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Signature of Client (over 18 years) or Parent

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Date