General Description of Therapy

An important part of effective therapy is having a supportive relationship in which you are able to talk comfortably about your thoughts, feelings, and experiences. Therefore, I aim to provide therapy that is grounded in empathy, genuineness, and warmth. During the first session, I will ask you about your reasons for seeking therapy, goals you would like to accomplish by participating in counseling, and information pertinent to your presenting concerns and goals. In subsequent sessions, we will work toward accomplishing your goals for therapy. Each session typically occurs weekly and is scheduled for an hour, unless treatment needs dictate otherwise. Length of treatment varies for each person and also depends on the nature of one’s goals.

While I will help you attempt to achieve your goals, I cannot guarantee that the outcome will be exactly what you seek. At times, therapy can be stressful, tiring, and can bring on strong feelings, such as sadness, anger, or frustration. Also, therapy’s success depends on your sustained commitment, flexibility, active participation, and regular attendance.

You may ask questions about your therapy at any time. If at any time you feel that your needs are not being met, please feel free to discuss this with me. We can modify our treatment approach or I can refer you to other types of treatment that may be a better fit for you.

Confidentiality

As a licensed Clinical Social Worker in the State of New York, I have the duty to adhere to certain ethical and legal guidelines regarding our sessions. That means that, aside from certain exceptions listed below, I will not share any information regarding your attendance, progress or any other aspect of your therapy, without your written consent. The exceptions to confidentiality include:

* any reasonable suspicion of child abuse or neglect
* when you are in danger of harming yourself or another person, or are unable to care for yourself
* if you communicate to me a serious threat of physical violence against another person, I am required by law to inform both potential victims and legal authorities
* if I am issued a court order to release information as part of a legal proceeding  as otherwise required by law

Also, please note that I may from time to time seek consultation from my colleagues in order to enhance the effectiveness of my psychotherapy. If I do seek consultation, I will protect your privacy by not revealing any identifying information about you.

Telephone Contact

I can be reached by calling (347) 541-5571.  I am often not immediately available by telephone, but I will make every effort to return your call within 24 hours of the call.  If you do not want me to leave messages for you (e.g., on a shared answering machine), please let me know. **In the event that you cannot reach me in an emergency situation, please contact your family physician or your local emergency room and ask for the psychologist or psychiatrist on call, or call 911.**

Due to my schedule, I am generally not available for crisis sessions outside of our regular weekly sessions. If you are unsure who to turn to in times of crisis please discuss this with me and we will create a safety plan for such situations.

Payment for Services

The fee for outpatient psychotherapy is $150 per 45 minute session, unless otherwise arranged, and is to be paid at the time of the session, unless otherwise arranged. I accept payment by cash or check.  Longer or shorter sessions are generally prorated from this fee. **Telephone sessions will be charged according to the same fee schedule.** Of course, there will be no charge for brief telephone calls, such as for scheduling appointments. However, there will be a prorated charge for telephone that extends a brief check in or follow up.  At this time, I do not take insurance, but you can submit my billing statements to your insurance company for reimbursement. There may be periodic increases in fee contingent on increases of market rate. I will give you ample notice before any changes to your fee. Bank charges on returned checks are your responsibility.

Cancellation and Missed Appointments

Occasionally you may have to miss a session. Please notify me via telephone at least 24 hours in advance to cancel or change a scheduled appointment; otherwise you will be charged the full session fee. I, in turn, will notify you as far in advance as possible if I have to miss a session, and will do my best to reschedule your time as soon as is possible.

Ending Therapy

You may withdraw from therapy at any time. If you initiate this ending, I invite you to discuss your plan to end therapy with me, and I can offer you referral options as needed.

If you discontinue meeting with me for a period of 3 weeks or more, and I am unable to reach you after attempting contact, I will assume that you have decided to end your treatment and will close your case. If you wish to continue therapy with me in the future, I am happy to discuss that option with you at any time.

Should I become incapacitated or die, one of my colleagues will know how to access your records, will contact you to help you make arrangements for continuing your care with another provider if needed, and discuss arrangements for handling your clinical record.

Release of Information

Should I be asked or required to communicate with a third party regarding our relationship, then a separate “Release of Information” form will be provided to you before any such exchange of information occurs.

Your signature on this form acknowledges that I, Tzipora Shub, LCSW, discussed this information sheet with you as well as answered any questions you may have on my business policies, limits of confidentiality, and nature of the treatment process.

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*I have read and understood all of the above and give my consent for treatment for myself:*

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/legal guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist