

# GOLD PSYCHOLOGICAL SERVICES

## *Psychological, Forensic, Educational and Therapeutic Services*

701 E Brookside Lane  
Hillsborough, NJ 08844

Phone: (973) 615-7759  
Email: [drgoldstein8@gmail.com](mailto:drgoldstein8@gmail.com)

Web: [www.goldpsychological.com](http://www.goldpsychological.com)

### **Understanding Psychological Services and Informed Consent**

Thank you for selecting Gold Psychological Services as the place for your assessment, therapy, or consultation needs. This document was created to help you understand the policies and procedures for therapy and prepare you for the steps ahead. Please thoroughly review this document, as it contains information that is very important for you to know.

### **Understanding Psychotherapy**

#### *What to expect in your therapy sessions*

During initial visits the emphasis will be on understanding the nature of your personal issues and on creating a plan of treatment. Psychotherapy will consist largely of an ongoing dialogue between you and your therapist about 1) problematic behavior, feelings or attitudes, which may be deeply entrenched, 2) what new behaviors, feelings or attitudes you might adopt; and 3) how you might adopt them. The training, resources, and experience of your therapist will be used to help you identify, select, and accomplish these desired changes.

Because life happens outside of the therapy room, you may be given ‘homework’ assignments to help carry on your work between sessions. These assignments may include reading, keeping records of behaviors, feelings or attitudes, or experiencing new activities. You are encouraged to discuss any difficulties in accomplishing these assignments with your therapist. To ensure that therapy is delivered in the most helpful way, please ask questions at any time. The more deeply you understand the process of therapy, the more effectively you will be able to grasp concepts and incorporate positive changes into your life.

It is important to recognize that therapy is not magic, and change does not occur overnight. Your persistence in carrying out homework assignments and your willingness to be invested in your treatment plan will have a determining role in how much you accomplish. In particular, the extent to which you are open and honest about yourself

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will play a role in how quickly you and your therapist can move on together to achieve your goals.

There can be discomfort involved in participating in psychotherapy. You may remember unpleasant events, or have aroused feelings of anger, fear, anxiety, depression, frustration, loneliness, helplessness, or other unpleasant feelings. If you are in couple's therapy, you and your partner may have difficult conversations as you work towards finding resolution to your problems. In some cases, couples may decide during the course of therapy that they no longer wish to remain united. In these situations, the goal of therapy may change to working towards a harmonious and cooperative separation. If distressful emotions arise during your therapy, talk to your therapist about your feelings. He or she will help you effectively manage these feelings and identify support systems to assist you during these transitions.

### *Setting aside time for you*

If you arrive a few minutes ahead of your appointment time, you will have the opportunity to set aside the concerns of the day, and prepare for your session. Additionally, you may find it helpful to take notes during your therapy session or keep a journal of the skills and tools you will gain from working with your therapist.

### *Child and Adolescent Therapy*

Like adults, children and adolescents can benefit from therapy. Throughout therapy, your child's strengths will be highlighted and a nurturing approach will be taken to encourage positive change. Our work begins with a family consultation to more thoroughly understand the nature of the concern and gather relevant background information. Depending on the child's age and nature of the concern, this session will either include the child or will involve a private conversation between the parent/guardian and your therapist. At this session consent for treatment will be required from parent(s)/legal guardian(s). Therapy will not begin without applicable consents. If any question exists regarding the authority of Representative to give consent for therapy, the therapist will

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request supporting legal documentation, such as a custody order, prior to the commencement of services.

Following this initial session, children are invited to meet with the therapist on a one-to-one basis. However, parental involvement is a crucial component to therapy. Parents provide information concerning their child's behavior, and are relied upon when outlining goals for therapy. Throughout the course of therapy, parents frequently receive consultation from the therapist regarding positive parenting techniques to manage disruptive behaviors and interventions to use at home to help support children's emotional needs. In such cases, time devoted to family sessions, either in person or over the phone is charged at the full session fee.

### *Privilege*

In order for therapy to be effective for children and adolescents a safe and confidential environment must be created. As a result, it is crucial to the therapy process that parent/guardian consent and child agreement supports a confidential therapist and client relationship. Thus, the dialogue and the content of the sessions between child and therapist will remain private. Limitations include any instances of safety concerns, which will be determined by the therapist. If such situations arise, both the therapist and the child will discuss these issues with the child's parent or legal guardian. Feedback is provided to parents and legal guardians regarding the progress of therapy for the child and adolescent. This information is typically delivered in family meetings, or parent/guardian consultations. Information shared in these sessions will be first discussed with the child or adolescent.

### *Pickup and drop-off policies*

The Gold Psychological Services office is not able to accommodate children outside of a scheduled appointment time. Unattended children in the waiting room can represent a safety issue, as no supervision is available during this time. Parents and guardians are encouraged to wait for their child in the office for the first one or two sessions in case the

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therapist has a question or if your child would benefit from parental encouragement. After the first one or two sessions most parents/guardians feel comfortable leaving the office to run an errand or enjoy a quick meal. In such cases, we ask for a *timely pickup* and that during this time parents/guardians are available via cell phone.

### *The Therapeutic Relationship*

The relationship between you and your therapist is very special and unique. You will be sharing information with your therapist that may be sensitive and intimate. It is not your therapist's job to make judgments or give advice. Rather, the therapist's role is to help you find the best course of action taking into account your beliefs, culture, lifestyle, and particular circumstances.

You can always count on your therapist for professional help. With time, you may come to feel close to your therapist and may wish to spend time with her in a more social environment. However, in order to protect your confidentiality and maintain professionalism, therapists and clients do not socialize together. One of the biggest violations of the therapist's role is those therapists who have dated or had sexual relationships with clients. While talking about sexual thoughts or feelings is a part of therapy for many people, sexual relations between a therapist and client is never okay.

In therapy, the focus is always on you. This is a luxury that everyday life doesn't often give us. At first this luxury may seem a little awkward; you may not be used to talking about yourself to someone who doesn't tell you much about themselves in return. After a while this uneasiness usually goes away and you may find yourself enjoying the time that is devoted solely to you.

You are encouraged to be honest with your therapist about your feelings, not only about others, but also about your therapist. Take space in therapy to take care of you, ask for what you need, and express any fears, anger or resentments that your therapist may trigger in you. This is the best and safest way to cultivate a stronger sense of self and an effective working relationship.

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### *Additional Interventions and Medications*

Many different life problems can bring people to therapy. Research shows that for some particular problems such as eating disorders, alcoholism, and severe depression, additional interventions are necessary for treatment success. Examples of additional interventions may include support group attendance and/or Psychiatric referrals. Psychologists are not physicians, and do not prescribe medication or perform medical procedures. As a part of your time in therapy, you are encouraged to see a medical physician for any physical or medical concerns that could be related to emotional difficulties. If evaluation by a physician or psychiatrist is indicated, your therapist will make a recommendation, or you may consult your personal physician.

### **Limits of confidentiality**

In accordance with professional ethics and New Jersey law, the information you reveal in your assessment sessions is confidential, and will not be shared with anyone without your written permission, except as required by law.

Some of the circumstances where disclosure is required by New Jersey law are when there is a reasonable suspicion of child, dependent or elder abuse or neglect. This includes instances when material has been accessed, streamed, or downloaded where a child is engaged in an obscene sexual act. If you are a danger to yourself, to others, or to property of another person, or if you are gravely disabled, your therapist is mandated to make a report to the appropriate authorities. Your therapist is also obligated to disclose information if a close family member communicates to the therapist that you are a danger to others.

Disclosure may also be required during a legal proceeding by or against you. For example, if your mental status is questioned during litigation, therapy or assessment records and/or testimony by your therapist may be required by a Court Order. Your therapist will use her clinical judgment when revealing such information, and do her best to minimize disclosure unless absolutely necessary.

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Although Gold Psychological Services does not currently participate in any insurance plans, you may have out of network benefits afforded to you through your insurance. Therefore, disclosure of confidential information may be required by your health insurance carrier in order to process claims. In such cases, your therapist will communicate only the minimum necessary information to the carrier. Gold Psychological Services has no control or knowledge over what insurance companies do with the information that gets submitted or who has access to your information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance, or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computer and is likely to be reported to the national Medical Data Bank. Accessibility to companies' computer or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also may put you in a vulnerable position.

### *Confidentiality of records*

Gold Psychological Services will prepare and maintain separately for each patient/client a permanent client record, which accurately reflects the client contact with Gold Psychological Services, whether in an office, evaluation, or consultation setting.

Gold Psychological Services documents in the client record material pertinent to the nature and extent of the professional interaction, for example:

- 1) The location of treatment, evaluation or consultation
- 2) The client name, address and telephone number;
- 3) The client complaint on intake;
- 4) Medical history recognized as of potential significance;

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- 5) Past and current medications;
- 6) Significant social history;
- 7) Findings on appropriate examination;
- 8) Raw data and interpretation of tests administered;
- 9) Current functional impairments and rating levels thereof;
- 10) A diagnostic impression;
- 11) Contemporaneous and dated progress or session notes including specific components of treatment, evaluation or consultation;
- 12) Dates of all treatment, evaluation or consultation sessions;
- 13) An evaluation of progress (if applicable);
- 14) A prognosis;
- 15) The client identity on each page;
- 16) Fees charged and paid;
- 17) The identity of each provider of treatment, evaluation or consultation (and supervisor, if any); and
- 18) If services are rendered by a permit holder, the written disclosure form signed by the client as required by N.J.A.C. 13:42-4.4(f).

The client record shall also contain information regarding referrals to other professionals together with reports and records provided by other professionals and integrated into the client's treatment, evaluation or consultation report.

When records are to be maintained as confidential as described previously, Gold  
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Psychological Services has developed procedures to protect such records from access by unauthorized persons. Gold Psychological Services will retain the permanent client record for at least seven years from the date of last entry, unless otherwise provided by law.

Gold Psychological Services has also developed procedures for maintaining the confidentiality of client records in the event of their provider's relocation, retirement, death, or separation from the practice. This includes making reasonable efforts to directly notify any patient treated during the six months preceding the cessation, providing information concerning the established procedure for retrieval of records.

### *Request for release of information*

A signed release is required in order to authorize the release of any part of the client file. Gold Psychological Services reserves the right to charge a reasonable fee for any copying costs associated with preparing the client record (i.e., \$.20 per page).

### *Electronic communications*

It is important to be aware that electronic communication such as E-mail can be relatively easily accessed by unauthorized people and can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. A non-encrypted e-mail, such as your therapist's email, is even more vulnerable to unauthorized access. Although your therapist's emails are not encrypted, the therapist's computer is equipped with a firewall, a virus protection and a password.

Phone contacts between sessions can be helpful for discussing particular events or situations that are causing you distress. If phone contact becomes routine and/or a phone conversation becomes lengthy, you may be charged. E-mail is a helpful tool for asking general questions of your therapist, confirming appointments, and conveying relevant information and updates. However, e-mail should not be used as a substitute for a

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session in the office. Your therapist cannot conduct assessments over the phone or via email.

Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail. Otherwise, your therapist may communicate with you via e-mail when necessary or appropriate. If you communicate confidential or highly private information via e-mail, your therapist will assume that you have made an informed decision and will honor your desire to communicate via e-mail. Please do not use e-mail for emergencies. Please, note that e-mails, faxes, etc. are all part of the clinical records.

### *Online reviews*

We understand that there are more choices than ever when it comes to choosing the right therapist. With the Internet impacting virtually all aspects of our lives, it has been increasingly more common for consumers to find and vet businesses online. In the case of psychological assessments, online reviews such as Yelp.com pose a unique challenge for both the therapist and client. If you post an online review based on your experience during an evaluation, you are publicly acknowledging a therapist-client relationship and have thus waived your right to privacy. You should be aware of any potential negative impact that could occur on the basis of this disclosure. Furthermore, the nature of the confidential relationship between client and therapist is known to contribute to the effectiveness of the assessment. Instead, we invite you to share your comments – either positive or negative directly with us. Your therapist is always willing to discuss your reactions and work with you to make your experience in the assessment a positive one.

### *Social networking & Internet searches*

Your therapist neither searches for clients on Internet search engines, such as Google, or searches for clients' Social Networking profiles, such as Facebook. Exceptions to this may include instances of safety or situations of acute crisis.

### **Emergencies**

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Your therapist can be reached during normal business hours Monday through Friday by calling Gold Psychological Services at (973) 615-7759. Please note that the therapist may not be immediately available to handle emergency situations. If you are in need of emergency assistance, call '911'. Unless otherwise specified, Gold Psychological Services will make every attempt to return phone messages within 24 hours.

### **Other Office Policies**

#### *Scheduling appointments*

Appointments will be made via phone, email, or form available on the Gold Psychological Services website.

#### *Arriving on time for your appointment*

Please make effort to arrive to your appointment on time. If you arrive early you are welcome to wait in our comfortable waiting area and relax before your meeting. You will benefit the most from participating in a full session. We understand that some things are out of your control such as traffic, emergencies, or car problems. In the case that you know you will be late for your appointment, please call ahead. If you are more than twenty minutes late your therapist may decide that it is not in your best interest to hold the session. In such cases, you may incur a missed session fee. If arriving late to your appointments becomes a pattern and it interferes with your assessment, you and your therapist can discuss alternative solutions such as meeting at another time or location, or receiving care from another therapist.

### **Fees**

Obtaining a Psychological Assessment can be a substantial investment and it is important that you know exactly what your financial obligation will be. During the diagnostic interview, you will receive an estimate of charges for the remainder of the evaluation, including testing, scoring, and conducting the feedback session, as well as writing the report if necessary. The fees at Gold Psychological Services for psychological

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assessments, therapy, and/or consultations are \$175.00 per hour. Payment is due at the time of session. Fees for evaluations prepared for the courts are \$210.00 per hour. Fees for testimony are billed at \$225.00 per hour.

Note: For those wishing to use a credit card, a 3% fee will be added to the total amount.

### *Cancellations*

Your appointment is reserved exclusively for you. If you missed your appointment or cancel at the last minute, we will be unable to care for another client. We have no method of recovering lost revenue from missed appointments or last minute cancellations. Thus, missed appointments, or those cancelled within **48 hours** of scheduled appointment time are subject to a \$100.00 missed appointment fee.

### *Client Statements*

At the end of each month, clients with outstanding balances will be sent a client statement. This statement will include any balances owed, and a summary of services received. As mentioned previously, payments are due at the time of session. However, if a statement is received, payment for the balance due is expected within 15 days of the date posted on the client statement.

If payment is received after 15 days, the following late fee schedule applies:

If you would like to pay in advance for your Psychological Assessment either by credit card, check, or cash, our staff will track your balance and deduct services rendered from your total credit.

You are responsible for ensuring that all of your fees are paid on your account. This means that even if another person or entity such as another parent is expected to cover the charges and does not, you will be financially responsible. The person calling to request services is generally considered the guarantor on the account. If a balance remains on your account after repeated attempts to collect payment, Gold Psychological Services reserves the right to pursue collections through either a collections agency or small

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claims court.

## *Returned Checks*

In the event that a deposited check is returned due to insufficient funds (“bounced” checks), a \$35.00 fee will be charged. In addition, you will be responsible for the original amount owed. If such situations arise, you may be asked to pay either with a credit card or cash for subsequent sessions.

Payment Schedule	Late Fee
If payment received within <b>15 days</b>	No Fee
If payment received within <b>30 days</b>	\$25.00
If payment received within <b>45 days</b>	\$35.00
If payment received within <b>60 days</b>	\$45.00

## **Consent and Agreement for Psychological Assessment**

I, \_\_\_\_\_ [your name] agree to the following services:

interpretation interpretation interpretation

Consultation with school personnel

School School

Consultation with attorneys

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Testimony in court

Other (describe): \_\_\_\_\_

The type(s) of feedback you, or your child would like to receive:

or each measure, an integrative summary, and recommendations for treatment and/or other interventions summarysummary

e) that provides an overview of findings and recommendations findings and recommendations

In-person, verbal feedback

\_\_\_\_\_

This agreement concerns myself or \_\_\_\_\_

I understand that this evaluation is to be done for the purpose(s) of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that the fee for these services will be approximately \$ \_\_\_\_\_, and that

This fee is due upon first session.

By signing below, I acknowledge that I consent to psychological assessment by Gold Psychological Services, and that I have been informed of the policies regarding evaluations. I fully understand my rights and obligations as a client of Gold Psychological Services and freely agree to this agreement for these psychological services.

\_\_\_\_\_ Client's Signature

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\_\_\_\_\_ Legal Guardian's Signature

\_\_\_\_\_ Legal Guardian's Signature

\_\_\_\_\_ Client's Printed Name, Date

\_\_\_\_\_ Legal Guardian's Printed Name, Date

\_\_\_\_\_ Legal Guardian's Printed Name, Date

Client Initials: \_\_\_\_\_

Therapist Initials: \_\_\_\_\_