

Integrated Therapy Center  
108 Fairway Terrace  
Mt. Laurel, NJ 08054  
856-787-7150

Hello! Welcome to the wholeness center known as ITC. As a new client to this practice, I would like to tell you what you can expect from us, as well as what we expect from you.

We work with individuals, couples, groups, and families in therapy. We have expertise in many areas, addressing a wide range of emotional and behavioral concerns. We offer massage therapy, yoga, nutritional counseling and other creative therapies. For more information on the philosophy of ITC, the various services ITC provides, and information on our practitioners, go to: [www.itc-home.com](http://www.itc-home.com) or ask your therapist.

The typical process for therapy includes initial assessment and goal planning that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your therapy goals.

We typically meet with clients once per week, unless there are special circumstances requiring more frequent contact, or a person is moving toward terminating therapy. It is important that you come consistently to your sessions on the agreed upon day and time. We attempt to be prompt and consistent with every client. You can expect us to begin and end sessions reasonably close to the agreed upon time. Due to our schedules, we do not exceed the limit of forty-five minutes per session, even if you are late. We recognize that occasionally situations arise that prevent a client from making their scheduled appointment. While we understand these sometimes unavoidable circumstances, prior notice of 24 hours is needed to cancel an appointment. **Without 24 hours advance notice for canceling an appointment, you will be responsible for the full fee of the session, both co-pay and the contracted rate (copay plus what your insurance pays). If you are paying privately, you will be responsible for your full session fee.** It is important to note that insurance companies do not provide reimbursement for cancelled sessions. Missed group sessions are \$25 regardless of cancelling in advance.

You are going to be asked for a co-payment or private payment (depending on what has been arranged with your therapist) at the conclusion of each session, which may be in the form of cash or check. Please have your check prepared in advance to assist us in being timely. Please be aware that in the event of a bank returned check(s), you will owe the agreed upon fee as well as an additional \$25. Late fees of \$10 per month apply to unpaid or outstanding balances. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. The cost for testifying in court is \$1500 for a half day and \$2500 for a full day. All other services such as reports and letters will be billed at the standard hourly rate.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, or going through small claims court which will require me to disclose otherwise confidential information. Interest will be applied to outstanding balances. In most situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Please keep track of what you have paid and request receipts if needed. Monthly receipts provided by my support staff are \$15- we don't use billing software that helps generate this information easily. You may ask for a daily receipt to avoid this fee, at no cost. You may create the receipt yourself for us to sign to save money.

If you are using your health insurance to pay for therapy, there are a few important things to consider. As a courtesy, we initially check on your benefits and get you authorized for therapy (if this is required). Also as a courtesy, we also keep track of your sessions to determine when you have exhausted these benefits. If your insurance company does not pay in full for therapy, you will be expected to reimburse ITC for services rendered. It is important that you keep track of your benefits such as deductibles, co-payment amounts, and number of sessions (total and per authorization, to ensure that you are using your insurance appropriately.

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail, or by the secretary, (who knows where to reach me). I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. In the event of an emergency or crisis situation, please go to your local emergency room, call 911, or the local crisis center at: (856) 234-8888. Additional crisis information, including numbers and hotlines can be retrieved by going to: [http://www.state.nj.us/lps/nj\\_crisis\\_hotlines.htm](http://www.state.nj.us/lps/nj_crisis_hotlines.htm) or <http://www.co.burlington.nj.us/contact/>

The law protects the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPPA.

However, there are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request/court order is made for information concerning the professional services I provided you.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If I receive information in my professional capacity from a child or the parents/guardian of a child that gives me reasonable cause to suspect that a child is an abused or neglected child, the law requires that I report to the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates an immediate threat of serious physical harm to himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If a patient communicates an immediate threat of serious physical harm to an identifiable victim, I may be required to take protective actions which may include: notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

New Jersey law gives children of any age the right to independently consent to and receive mental health treatment without parental consent if they request it and I determine that such services are necessary and requiring parental consent would have a detrimental effect on the course of the child's treatment. In that situation, information about that treatment cannot be disclosed to anyone without the child's agreement. Even where parental consent is given, children over age 12 have the right to control access to their treatment records. While privacy in

psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is my policy not to provide treatment to a child under age 12 unless he/she agrees that I can share whatever information I consider necessary with his/her parents. For children age 12 and over, I request an agreement between my patient and his/her parents allowing me to share **general** information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern.

You should be aware that in keeping with generally accepted standards of practice, I often consult with other mental health professionals within this practice regarding the management of cases. The purpose of consultation is to ensure quality of care. Every effort is made to protect the identity of my clients. All of the health professionals are bound by the same rules of confidentiality.

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence so we can discuss the contents.

It is strongly suggested that you read through the HIPPA manual located in the waiting room area.

Please take care of the waiting area as many people use this space. Please remain as quiet as possible while walking through the building, as other sessions are in progress. If you are bringing a child here, please make sure that children are not left unaccompanied or consume food and drink anywhere in the building. If your child needs to use the bathroom, please escort him/her to and from the facility. Please keep the confidentiality of every client so that therapy is safe and private.

Please note that if you decide to correspond with me through email, this information can not be guaranteed to remain private. While every reasonable effort will be made to ensure privacy, there are limits to electronic transmissions which cannot be guarded. We appreciate you sharing your email with us and will use this method of communication discretely. If you do not wish to receive any type of email correspondence from us such as periodic newsletters, please let us know. If you have any questions or concerns, your therapist will be happy to discuss the above information with you.

We hope your therapy experience is fulfilling. Please bring all concerns to your therapist for a continued open and honest exchange. Please let us know if there is anything we can do to support your work in therapy. We wish you courage in your effort to grow.

Jared Scherz, M.Ed., LPC, Ph.D.  
Director

I have read, understood, and agreed to the expectations of my therapy described above. I have read, understood, and agreed to the conditions in the HIPPA manual located in the waiting room.

I authorize ongoing billing of my insurance company using the CMS 1500 form and/or electronic billing via the internet through my signature on this form.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if client is a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clinician Obtaining Consent

\_\_\_\_\_  
Date