

# TREATMENT POLICIES RIGHTS AND CONSENT

\*\*Welcome to my practice! My practice is exclusively limited to my specialization in children & adolescents. I sincerely hope that we are able to make significant progress towards reaching treatment goals!

Please read below to learn more about my practice.\*\*

## Philosophy

I typically employ a cognitive-behavioral therapy/acceptance commitment therapy approach to my treatment with special attention to the role of neuroscience. For younger children, I tend to emphasize behavioral modification and utilize play therapy. I strongly believe that parents and caregivers are the key to success in treatment. This is especially true with younger children. I partner with parents to ensure that skills learned in treatment will be used outside of treatment by being a "coach" and to track expected behaviors. I understand that children & adolescents may be initially uncomfortable being in treatment; thus engagement and establishment of rapport are most important at the start of treatment. Children typically play games or engage in making Lego creations and other activities to make it fun! I will weave my "agenda" into their play. I aim to make their experience as positive as possible!

After the intake session, I tend to meet with older children and adolescents alone (only when you and your child are comfortable doing so) as I find that progress is more efficient due to the child taking responsibility for treatment. However at the start of the session, I always ask for a report on progress and challenges and at the conclusion, I find it important to communicate what we worked on and discuss homework for in-between sessions. Sometimes, it will be important to have a session with part or the entire family and other times, we can meet without your child to discuss concerns and effective parenting strategies.

I abide by the American Counseling Association (ACA) Code of Ethics.

## Credentials

Licensed Mental Health Counselor (#6174) issued by Massachusetts' Division of Professional Licensure Board of Allied Mental Health.

Master of Science in Counseling Psychology from Northeastern University (2004). \*

Bachelor of Science in Psychology from Northeastern University (1997).

I have been involved in numerous counseling-related experiences since 1993 starting off as a volunteer phone counselor. I have worked in various treatment settings including community, school, home-based, and crisis. I started my private practice in 2007. \* I am a dad to three boys. I have the unique perspective of being a parent and provider. I understand how hard it is to do parenting with the stress of everyday life. In addition, I understand that while planning to use effective parenting strategies seems easy, putting them into practice as a parent is challenging!

## Confidentiality

State and Federal laws require that the medical records are kept private. Such laws require that I provide you with this information and your rights. I am required to abide by these policies until replaced or revised.

Information revealed during treatment is confidential and cannot be disclosed without your written consent. However, there are a few exceptions where anonymity may be compromised.

Some of the situations are noted below:

When a client discloses intentions or a plan to harm another person or persons, I am required to inform the parent or guardian, warn the intended victim, and report the information to legal authorities. In cases where the client discloses or implies a plan for suicide, I am required to notify the parent, guardian and/or and legal authorities. \* As a mandated reporter, I am obligated to make a report of child, disabled-person, or elder abuse in abidance of State and Federal laws. \* Professional consultation is best practice for ongoing development within our profession; in consultation the greatest level of anonymity will be maintained if supervision is sought in regards to your needs. \* I am required to release records when a court order has been issued. \* Parents or legal guardians of non-emancipated minors have the right to access client's records. \* Professional misconduct by a healthcare professional must be reported by other healthcare professionals. In cases where a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns. \* Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnoses, treatment plan, description of impairment, progress of therapy, and summaries. \*\*

## Risks

While I make every effort to limit risks, sometimes in the process of treatment, those participating in treatment may feel worse before they get better. Applying recommended parenting strategies may initially be frustrating to you and to your child resulting in an increase in behavioral issues. As well, family members may disagree about issues resulting in increased tension. \*\*

## Rights

### Treatment

No person will be denied services on the basis of race, religion, color, sex, sexual preference, national origin, ancestry, economic, or physical status. \* You have the right to know the professional discipline and training of the professional providing treatment.

You have the right to a full and understandable explanation of any treatment offered. \* You have the right to participate fully in the development of the treatment plan and refuse parts of treatment or all treatment offered.

### Medical Records

You have the right to request to review or receive medical files. You may request a copy of the records in writing with a signature. If your request is denied, you will receive a written explanation of the denial.

Records for non-emancipated minors must be requested by their custodial parents or legal guardians. You

have a right to disagree with the medical records in the chart. You may request that this information be changed. Although I may decline to change the record, you have the right to make a statement of disagreement, which will be placed in the chart.

### Release of Information

You have the right to confidentiality of all records and communication to the extent provided by law. Information revealed during treatment is confidential and cannot be disclosed without your written consent. \* You have the right to cancel a release of information by providing a written notice. \* You have the right to restrict which information might be disclosed to others. \* You have the right to know what information in your record has been provided to whom. Request this in writing.

### Complaints

If you have any complaints or questions regarding this notice, please inform me. You may also submit a complaint to the insurance company, the US Dept. of Health and Human Services and /or the Massachusetts' Division of Professional Licensure Board of Allied Mental Health. If you file a complaint, your treatment will not be impacted.\*\*

### Practice Policies

#### Communication in-between sessions

- I can be reached by phone at 774-836-3738. Messages can be left on a confidential voicemail. Texting can be used for scheduling issues. Note that texting is not considered secure and confidential.
- My email is adamdfriedman@counselingmail.com. It has an encryption option; please use that for communication to ensure privacy.
- My management system offers a private and confidential messaging feature. It can be accessed via the portal. You can use it to cancel and schedule sessions.

### Fees

Typical fees include the following: intake assessment: \$200, 50 -60-minute individual or family session: \$150, 30-minute session: \$80. Fees are subject to change.

Insurance claims will be submitted for your appointments, if applicable. You are responsible for any and all charges not covered by your insurance company. Copays, deductibles and any other out-of-pocket fees are required at each session unless otherwise discussed. There is a \$25 fee for all returned checks.

### Cancellations/No-Shows

Appointments are scheduled strategically to build and keep momentum towards reaching treatment goals. However, I understand that managing a family is stressful and that sometimes an appointment needs to be rescheduled. Please provide as much notice as possible to cancel a session (I prefer text or email). A fee of \$25 may be charged for missed appointments when no notice is given.

### Emergencies

In the event of a life-threatening emergency please call 911 or go to your local emergency department. For urgent situations, please contact me @774-836-3738. I will make every attempt at responding within one hour.

### Legal Proceedings and Court Hearings

It is not my policy to testify at any judicial proceeding on behalf of parents and guardians who are in an adversarial event. This includes issues related to custodial and/or visitations of a family. My goal is to help families in session to have tools to facilitate this process and make strides toward change and balance that help them achieve their goals. Courts appoint professionals who had no prior contact with a family to conduct custody evaluations and to make recommendations to the court.

In the event that you require my testimony in a non-adversarial event, you will be billed accordingly for my time spent talking with lawyers, traveling, waiting, and time in court. If I am asked to provide anything in writing, I will also bill for my time drafting written documents. I will only be able to testify on behalf of the person who is requesting this service and only with written and signed agreement to disclose protected health information. A letter with the outlined fees will be provided if my services are requested.\*\*

### Treatment Consent

**By signing this document, you acknowledge and agree to these guidelines, and are giving your consent for treatment for yourself or for your child or person under my legal guardianship.**