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INFORMATION AND CONSENT FOR TREATMENT

Welcome to my practice. I look forward to working with you. This document contains important information about my professional services and other business policies. When you sign this document, it will represent an agreement between us.

Scheduling and Absences

For numerous reasons, it is best for you to schedule a recurrent appointment time, which I will reserve for you on an ongoing basis during our work together. If you are unable to attend your appointment, I request that you inform me 24 hours in advance so that I may make alternate arrangements. Without such advance notice, you will be charged for the missed session. However, I will forgo my fee for two unplanned absences per calendar year since inclement weather, illness, or transportation issues that arise affect us all.

Professional Fees

The initial 75-minute evaluation session cost is \$250. The fee for subsequent 45-minute psychotherapy sessions is \$225. This fee is also charged on a prorated basis for other professional services you may require such as report or letter writing, telephone consultations lasting longer than 15 minutes, consultations or attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Some of these services may not be reimbursable by an insurance carrier. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time required even if I am called to testify by another party. Fees for involvement in legal proceedings are different than above and will be presented when requested.

Billing and Payments

Payment is due at the time of service. I accept cash or checks, and require a credit card remain on file for missed appointments. Checks should be made out to Robin Luband, Psy.D.

If your account has not been paid for more than 30 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. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Contacting Me

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I frequently monitor. I will make every effort to return your call within 24 hours with the exception of weekends and holidays. It is best if you leave me good times to return your call as well as a telephone number where you can be reached. If you are unable to reach me and feel that you can't wait for me to return your call, contact your physician or the nearest emergency room and ask for the psychiatrist/psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

In some situations, we may communicate via email or for scheduling purposes, text. Please note that e-mail and text messaging are subject to breaches in confidentiality, therefore they should not be used to convey clinical or private information. Our use of these technologies implies your consent.

The list of accepted and prohibited uses of email/texting is subject to change at any time. Clients under 18 years may email or text me, however, s/he must abide these conditions, and any changes requested by a minor must be confirmed with the parent or legal guardian.

Insurance Reimbursement

I do not participate in insurance plans. Coverage for outpatient mental health services is variable. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Insurance companies are also variable in the amount of information they request from the psychologist about your treatment. Though insurance companies claim to keep such information confidential, I cannot assure confidentiality of this information once submitted.

I do not submit directly to insurance companies, but am happy to provide you with an itemized bill that you can then use to file claims and apply for reimbursement. Please note that insurance companies typically do not provide reimbursement for cancelled sessions.

Statement Regarding Child Custody/Visitation Legal Proceedings

You agree not to enlist my involvement in child custody/visitation related matters or legal proceedings associated with custody and visitation decisions. Furthermore, I will not testify in court about your child custody or visitation case as these issues require specific protocols, including investigations and evaluations, which we will not be a part of our work together. Additionally, involvement in such matters would interfere with your therapeutic progress.

Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging or injurious to you or your child(ren)'s health, in which case I will be happy to send them to a mental health professional of your choice. Because professional records use specialized terms, they can be misinterpreted and possibly distress patients and/or their parents. I recommend that you review your records in my presence so that we can discuss the contents.

Confidentiality

Information that you discuss in therapy is confidential. I will not reveal to anyone that you are receiving services from me, unless I have your written permission. For example, with your written permission I may provide a diagnosis, treatment plan or summary. There are several situations in which confidentiality may be breached or I am legally obligated to report or take action without your permission:

- 1) If testimony is required by a judge for certain judicial or criminal proceedings
- 2) If abuse or neglect of a minor is suspected (I will make every effort to discuss the matter with you before I make a report, unless I judge that there is imminent danger that someone will be harmed.)
- 3) Emergency situations such as:
 - a. if a client threatens to harm him/herself or another person
 - b. if a client is in danger due to extremely severe symptoms (e.g., severe depression, psychosis)

I may occasionally find it helpful to consult with other professionals about your case. During a consultation, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

If you have questions about confidentiality, I will be happy to discuss them with you. If there are legal issues involved, it may be necessary for you to seek legal

advice.

For Parents of Minor Children: New York law gives children of any age the right to independently consent to and review mental health treatment without parental consent if they request it and I determine that such services are necessary, and that 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 therapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment, especially with younger children. Therefore, it is my policy not to provide treatment to a child under age 12 unless s/he agrees that I can share 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/he attendance at scheduled sessions. 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. In such situations, before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Treatment Termination

If, in the course of our work together, you decide to terminate treatment, I have the option of having a few closing sessions with your child to properly end the treatment relationship.

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INFORMATION FOR CLIENTS AND CONSENT FOR TREATMENT
Signature

Your signature below indicates that you have read the information in this document and agree to comply with its terms during our professional relationship.

Signature

Date

Print Name

Date

(If a minor, relationship to client)

Please return signature page and keep the attached document for your records.