

Marianne Grace Dunn, Ph.D.
645 Westwood Ave River Vale, NJ 07675
NJ License # 5656 NY License # 019544

OFFICE POLICIES AND INFORMED CONSENT

Welcome to my private practice! I'm deeply honored that you have chosen me to help support your psychological health and wellbeing. I encourage you to ask me any questions that arise as you review these policies. Your signature acknowledges that you have read these policies, and represents an agreement between us. I will provide you with a copy in writing should you request one; also, the policy is available on my website (www.drmarriannedunn.com).

Meetings and Professional Services

Psychotherapy sessions typically consist of 45-60 minute weekly appointments at a mutually agreed upon time and date. We will collaboratively decide when it is appropriate to stop psychotherapy, and if necessary I will provide you with a referral at your request. Like all forms of mental health treatment, psychotherapy carries potential benefits and risks. As a result of psychotherapy, you may notice symptom remediation, enhanced relationships, increased work satisfaction, and improved physical and emotional wellbeing. Given that psychotherapy and consultation often involves discussing personal problems, you may have uncomfortable feelings before, during, and after sessions. Please note that there is no guarantee of what you may or may not experience, or of the outcome of treatment. Psychotherapy is voluntary and you can revoke your consent to continue therapy at any point without penalty.

Unless otherwise stated by insurance agreements, my rate for a therapy session is \$190. Payment methods include cash or check. For individuals using health insurance, please note that insurance deductibles and co-payments are due at the time of service. If you are not using health insurance, it is expected that full-payment is due the same day as the receipt of services. Other services that last 10 minutes or more (e.g., preparation of records separate for those required by insurance, phone consultations, or meetings with other professionals you have authorized) will be charged as a proportion of my aforementioned rate, and will be communicated to you. In the unusual circumstance that litigation is required (e.g., if I am compelled to testify in a custody hearing as a witness) you will be expected to pay for professional time required (e.g., preparing reports, time spent traveling, being in attendance) at my aforementioned hourly rate. If you wish to file insurance claims for out-of-network benefits you will be provided with a statement that you can submit to your insurance company.

Services may be provided via telehealth to provide accessible treatment. This option may be discussed individually with your therapist. Please note that privacy cannot be guaranteed during these sessions. Possible benefits include continuity of care and continual provision of services. Possible risks may include a higher risk of public discovery, technological problems (e.g., disrupted service), and the possibility that clinical services are hindered when offered remotely. The patient is responsible for any charges that may arise (e.g., data overages). If a technological failure occurs, a fee reduction may be offered on an individual basis.

Confidentiality

The therapist-client relationship is confidential and protected by law. In most instances, I cannot release information about our work to others without written permission from you, or from a parent/ guardian if the client is a minor. There are certain exceptions to confidentiality:

- 1) Safety- In the event of imminent harm (e.g., risk of harm to self or other) information may be shared to protect you or someone else.

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- 2) If a child or vulnerable adult is being abused, the law mandates that I must file a report.
- 3) If the New Jersey Board of Psychological Examiners issues a subpoena, I may be required to testify before the Board, and disclose information and client records.
- 4) If you are involved in worker's compensation, you may be waiving your rights to have your records remain confidential.
- 5) If you are a minor, your parents/guardians will be appraised of general information regarding your care; however, I will not reveal specific details unless I believe your safety is at risk.
- 6) Your health care insurance may require Protected Health Information (PHI) to process claims or authorize benefits.
- 7) In some legal proceedings (e.g., child custody cases or malpractice) a judge may require me to testify and/or subpoena my records.
- 8) In the event that your account is delinquent I may release minimal information to a lawyer and/or collections agency to collect appropriate fees (see *Payment Installations and Delinquent Accounts*).
- 9) On occasion, I may receive professional consultation, speak at professional engagements (e.g., workshops, conferences, or classroom presentations), and write about my clinical practice. During these instances, I am very careful to maintain confidentiality and not reveal anything that could identify a client.

If you wish for me to consult with another professional about your care, I will ask you to authorize this communication in writing.

Email and Phone Policy

Please note that email is only used for scheduling and administrative concerns, and will not be used for clinical matters and communications. Despite extra precautions I take to ensure the your privacy, please note that email may not be a secure means of communication. Instead of text messaging me, I ask that you send an email if you need to communicate regarding scheduling. I do NOT receive text messages on my office phone. Instead, you may leave a voicemail. To protect your privacy, I ask you NOT to forward emails from me that may contain your data and information.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides privacy protections for patients and guidelines for the disclosure of Protected Health Information (PHI) used for treatment, payment, and health care operations. In accordance with HIPPA and NJ state law, I may disclose certain PHI to process insurance claims when applicable.

HIPPA also expands your rights to examine your clinical records. You may request to inspect, obtain a copy of, or examine your clinical record. Under certain circumstances such requests may be denied. Upon your request, I will discuss with you the request and denial process. You may also request to amend PHI that is maintained in a record, and to receive information regarding disclosure of PHI.

Parents and guardians may have the legal right to access minor client's records. However, it is my policy to ask parents to consent to receive only general information about minor's treatment unless there is a safety concern.

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Cancellations/ No Shows

I understand that circumstances including illness may prevent you from attending a scheduled appointment. I ask that you call at least 24 hours in advance to cancel or reschedule appointments. Last minute cancellations and “no shows” will be charged my full fee.

Minors

Please note that the law may provide parent/guardians the right to examine certain treatment records for minors under age 18. I ask parents/ guardians to agree to receive only general information regarding treatment, rather than specific details about therapy sessions, unless there is a concern about safety (e.g., if there is concern about the minor harming themselves or someone else). I will inform parents if their minor attends session. My role is to provide treatment, and I ask that you agree not to involve me in any legal dispute (e.g., custody evaluations). Also, I need your agreement that in any such proceedings, neither parent/custodian will ask me to testify in court, whether in person, or by affidavit.

Although I will work to prevent any legal involvement, I may be legally required by a judge to provide testimony. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody or visitation suitability (provided that I am treating only the child). If I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$190 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done. My ultimate duty is to keep the minor safe and in optimal care. If requested, I may provide parents with a summary of treatment; these decisions would be discussed with the adolescent prior to disclosure of any information. An adult (who may elect to wait in the waiting area) must accompany all minors during appointments.

Payment Installations and Delinquent Accounts

In special circumstances, I work with clients in to accommodate flexible payment arrangements. In the absence of a predetermined arrangement, I reserve the right to use legal means to secure payments from accounts delinquent for 60 days by working with a collection agency, or going through small claims court. In these instances, I would release the minimally necessary information regarding treatment (e.g., name, nature of services/ CPT code, and the amount due) and include legal costs in the claim.

Contacting Me and Emergencies

Please note that often I cannot be reached immediately on my office number. I will make every effort to return your phone call within 24 hours with the exceptions of weekends, holidays, and planned vacations. If I am away for an extended period of time, I will share with you options for emergency contacts, colleagues whom you may contact.

In the event of a psychological emergency, please dial 9-11, or go to your nearest emergency room. In Bergen County, you may also contact 201-262-HELP.

I have read the above office policies, and had an opportunity to discuss questions or concerns with Dr. Marianne Dunn. I understand that these terms will be in effect during my treatment, or the treatment of my child, and I understand their meanings and ramifications. I understand that I may revoke my consent at any time in writing.

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Client Name: _____

Date: _____

Client Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

(*Please note for minors, I ask all parent/guardians to review and sign)