

Aspire Within Psychotherapy, LLC

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Hello, and welcome to Aspire Within Psychotherapy. We look forward to helping you meet your needs and are honored you chose to work with us. Please review these policies and discuss any concerns with your therapist.

Our vision: At Aspire Within Psychotherapy, we aim to help assist our clients to do just that—aspire; to direct one’s hopes or ambitions towards achieving something. We utilize an integrative approach to not only understand current concerns, but to develop and implement alternative coping patterns.

Confidentiality: Issues discussed in therapy are confidential, however, by law, therapists have limits to confidentiality under certain situations. Such situations include:

These limitations are:

1. Suspected abuse or neglect of a child, elderly person, or disabled person
2. When your therapist believes you are in danger of harming yourself or another person, or you are unable to care for yourself or another person
3. If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as authorities
4. If your therapist is ordered by a court to release information
5. When your insurance company is involved (filing a claim, insurance audits, cause review, etc.)
6. You may be asked to sign a Release of Information form so your therapist may speak with your family members or other professionals involved in your care

Financial Terms: Payment for fees and copays are due **prior** to every session and can be paid at the time of your visit. We accept cash, credit, or check. If your check bounces, for whatever reason, there is a \$25.00 fee to cover the costs. If payment is not received in a timely fashion, Aspire Within Psychotherapy reserves the rights to immediately suspend services. In certain circumstances we can provide appropriate referrals and/or discuss payment plan options. If you fail to meet your financial responsibilities, we reserve the right to turn your account over to a collection agency and you will be responsible to any expenses incurred.

Canceled/Missed Appointments: If you need to cancel an appointment, please inform your therapist at least 48-hours prior. **If you do not provide appropriate notice, you will be charged \$50.00.** Please note that the cancelation policy is not billed toward your insurance and you will be personally responsible for the fee.

Social Media: Due to privacy rights, we cannot accept friend requests on any social media platform. This is not intended to cause offense, but to protect the privacy and identify of our clients. Furthermore, we are not allowed to give out any private information.

Email/Texting: Although you are provided with our email, you are urged not to send emails or text messages that contain clinical information since your privacy could be compromised. Emails and text messages are only used to confirm or change appointments. All other needs will be addressed in session.

Record Keeping: Aspire Within Psychotherapy utilizes the electronic health record (EHR) Therapy Notes to maintain clinical, billing, and payment information. This EHR is HIPPA-compliant and secure.

Insurance: We can check your in-network benefits for you. Please note the original quote may not be accurate and there may be a balance once we acquire your EOB. You will be responsible for this balance and so please ensure you speak with your insurance company if you have any questions. Also note, if you are using your insurance, we are required to provide a diagnosis. You have the choice to opt out of insurance benefits and choose the out-of-pocket private pay option (see below).

Out-of-Pocket Private Pay: Should you choose to not use your insurance, initial intake sessions are \$125 and follow up sessions are \$100. All sessions are 45 minutes.

Termination and Referral: When entering into a therapeutic relationship, both the client and the therapist have the right to terminate treatment at any time throughout the process. As a best practice, upon termination, the therapist will provide culturally and clinically appropriate referrals, to which the client can freely accept or decline. In accordance to the ACA Code of Ethics, appropriate reasons for termination include, but are not limited to the following:

1. When it becomes reasonably apparent that the client no longer needs assistance
2. If client's needs are outside therapist's scope of expertise
3. When the client is not likely to benefit from continued treatment
4. If the client is being harmed by continued counseling
5. If the counselor is in jeopardy of harm by client, or another person with whom the client has a relationship
6. When the client does not pay fees as agreed upon

Consent for Treatment: You authorize that your therapist may carry out or order psychological examinations, treatment, and/or diagnostic procedures that now or during the course of your care are advisable. You understand that the purpose of these procedures will be explained to you upon request and subject to your agreement. You also understand that while the course of therapy is designed to be helpful, it may, at times, be difficult and uncomfortable.

I UNDERSTAND AND AGREE WITH THE STATEMENTS ABOVE AND ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES AND HEREBY SIGN:

Signature (or signature of parent/legal guardian)

Date