

Peter J. Paterno, MSW, LCSW
Practice in Psychotherapy and Professional Coaching
www.PeterJPaterno.com

342 Grand Ave.
2nd Floor
Englewood, NJ 07631

535 Morris Ave.
1st Floor
Springfield, NJ 07081

201-951-4800(Phone)

973-379-8804 (Fax)

INFORMED CONSENT

Confidentiality Statement:

All information shared in this treatment is confidential except in circumstances governed by state and federal laws. If you would like me to consult with another healthcare professional, school or prior therapist, you will need to sign a "Release of Information" form. This permission can be revoked by you at any time except insofar as action taken in reliance thereon.

Financial Agreement:

Fees are payable at time of service unless alternate arrangements are made. Your fee per 50 minute visit is \$_____. If you are seeing me under an insurance contract then you are responsible for stated copays, coinsurance and deductibles dictated by your plan benefits. Any additional professional services rendered at your request, such as phone contacts over 10 mins, consults with other professionals, preparation of special forms, reports, letters, court time, etc. will be billed at a rate of \$195.00 per hour. I accept cash, check, Visa, Mastercard, Amex and Discover for payment. If you would like your credit card placed on file for all services – Please complete an authorization for electronic payment. As a courtesy, I prepare and send all billing to your insurance company as a complimentary service to eliminate the tedium of paperwork for my clients. Payment for services is to be paid in full at the time of each session. Fees are subject to change every 6-12 months.

No-Show and Cancellation Policy:

Your scheduled appointment is reserved for you and only you. As a result, I require 24 hrs. notice to cancel your appointment without charge. Late cancellations (under 24 hrs) will be charged a \$50.00 late cancellation fee which will either be billed to your credit card on file or will be due at your next scheduled appointment in conjunction with your regular payment. No-Show's will be charged **in full** for scheduled service. Please note that 2 or more consecutive no show appointments will result in termination of services and recommendation for alternate care.

Emergencies:

Please text or call me during business hours in the event of a life threatening psychiatric emergency. Please give me up to 1 hour to return your call if you feel you cannot wait to hear from me in that time, I recommend calling another of your attending healthcare providers or getting to a local emergency room. You may also call 911 to respond immediately.

Statement of Understanding:

I have read and understand the informed consent above and all additional material presented to me today.

Client Signature

Date

Provider Signature

Date

Guardian's Signature if client is a minor

Date