

Judi Oshinsky Psychotherapy LLC
Judith Cohen Oshinsky, M.S.S.W., L.C.S.W.
Psychoanalytic Psychotherapy

85 Raritan Ave., Suite 500-C
Highland Park, NJ 08904

Phone: 732-777-1500
Fax: 732-210-0221

Informed Consent

Welcome to my psychotherapy practice. I am pleased to have the opportunity to work with you. I am a licensed clinical social worker with over 30 years of experience and advanced training in psychoanalysis and psychotherapy. I utilize a treatment approach that combines psychodynamic theory and contemporary techniques tailored to each individual patient.

Psychotherapy has both benefits and risks. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees and it is impossible to predict what will happen in the course of treatment. You will likely become aware of thoughts and feelings that neither you nor I could predict. This includes recovering unpleasant and traumatic memories, and questioning or deciding to modify some of your interpersonal relationships. Uncomfortable feelings that arise from discussing unpleasant aspects of your life generally dissipate as therapy progresses and your coping improves. It is important that you share with me any difficulties that you have between sessions. Progress in psychotherapy is not even. You should expect to experience both improvement and setbacks. This is normal and should be discussed with me.

Psychotherapy requires a very active effort on your part as well as mine. Generally you will begin the session reporting on issues that are troubling you. I will help you to gain insight by asking leading questions and making pertinent interpretations. I do not generally give advice but rather help you figure out what you feel is best for you. The success of your treatment is dependent upon the honest relationship between you and me. If you have any concerns or questions, it is very important that you discuss them with me. During the early phase of treatment I will assess your needs and together we will establish goals. If at any time during the treatment, it becomes clear that this is not a good fit or that your needs are not within my area of expertise, I will refer you to another therapist. Furthermore, if you require collaborative services such a psychiatrist, I will refer you for to an appropriate doctor.

Psychotherapy sessions are protected under HIPPA regulations (see separate document). Patient files are kept in a locked cabinet in therapist's office and in encrypted files on this therapist's password protected computer. Therapist will not release any confidential information without your written permission except in the following circumstances:

1. Disclosure is required by Federal or state law or regulation as instances of child abuse and neglect, domestic violence and elder abuse.
2. Disclosure is required by the Board or the Office of the Attorney general during the course of an investigation.
3. Disclosure is required by a court of competent jurisdiction pursuant to a judge's

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order.

4. Client would present a clear and present danger to him/herself or others if the therapist fails to disclose pertinent information.
5. Therapist is a party defendant to a civil, criminal or disciplinary action arising from the social work services provided, in which case a waiver of the privilege shall be limited to that action.
6. Client/patient is a defendant in a criminal proceeding and the use of the privilege would violate the defendant's right to a compulsory process or the right to present testimony and witnesses on that person's behalf.
7. Client/patient agrees to waive confidentiality. In circumstances in which more than one person in a family is receiving social work services, each family member who is at least 14 years of age or older must agree to the waiver.
8. Instances of outstanding balance in which therapist reserves the right to pursue payment through collection services or the courts.

In order to provide the best treatment possible, therapist may discuss your treatment with a clinical supervisor. In doing so, therapist will not release your full name and any identifying information.

In order for psychotherapy to be successful, the therapeutic relationship must remain distinct from all others. Thus, if you are in psychotherapy treatment with me, we cannot have any outside involvement. Nonetheless that is not always preventable. For instance, we may run into each other in the supermarket or at a social event. We can discuss how you would like to handle these chance encounters. I will not engage in any conversation that will compromise your confidential treatment.

I schedule appointments weekly or more frequently depending upon your needs. Appointment times are set specifically for you and cannot be filled by anyone else. Thus it is necessary for me to charge for missed sessions that are not rescheduled for a different time in the same week. Exceptions include weather emergencies, planned vacations on your part or mine and death of an immediate family member. Please note that I cannot charge your insurance company for missed sessions and thus you are responsible for the full fee. Furthermore, if you arrive late for a session, I am unable to extend the session and also cannot charge the insurance company the full amount. Thus it is important that you arrive on time.

The best way to reach me is at 732-777-1500. My voice mail is confidential and I make all efforts to return your call as quickly as possible. If you have an emergency and cannot wait for a return call, you should call 911, go to the nearest emergency room or if you live in

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Middlesex County you can call Acute Psychiatric Services at 732-235-5700. If I do not return your call within 24 hours, please do not hesitate to call again as there may have been a problem with the phone system. Some people prefer to communicate via e-mail. If you choose to e-mail, please note that I cannot guarantee reliability and confidentiality of any e-mail communication. If I do not respond within a reasonable time, please call me. If I am out of the office for an extended period of time such as vacations, I will provide you with the name of a covering therapist.

The length of the course of therapy cannot be determined. Together we will determine an appropriate termination date. You always maintain the right to decide to end your treatment at any time. I ask that you discuss it with me so that we can end in a manner that is beneficial to you. I reserve the right to terminate treatment for reasons of outstanding balance in arrears of over 30 days or I determine that the therapy is not beneficial to you. I reserve the right to terminate treatment if you fail to show for 3 three consecutive appointments.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

_____ Signature of Patient or Personal Representative

_____ Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority: _____