

New Client Information Packet

Megan Romano, M.S., LMFT
Therapy Individuals, Couples, Children & Families
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Welcome to the private practice of Megan Romano, M.S., LMFT. It is my pleasure to provide individual, couples, children and family therapy on a fee-for-service basis. This packet is for you to read through and inform you of what to expect from seeking my services. Please feel free to ask about anything that needs further clarification. If you have trouble reading this packet, feel free to download a free copy of Read Aloud from www.cnet.com which will assist you with reading this document.

As a Licensed Marriage and Family Therapist, I am trained to work with individuals, couples, children, families and groups with a variety of issues. I have extensive experience treating high-conflict families, at-risk youth and their families, couples with intimacy and trust issues as well as individuals dealing with trauma, depression, ADHD and/or substance use. Please view my website at www.meganromano.com for detailed information regarding my clinical experience and education.

My office is located at 257 15th Street, Suite 203 in Brooklyn, NY 11215. Office hours are currently open for Monday during the daytime and evening.

Fees & Procedures:

Counseling and psychotherapy fees are \$95 an individual or couples session and family sessions will range up to \$125. All sessions are 45 minutes each and occur on a weekly basis. Additional or fewer sessions will be determined based on client needs. Treatment length varies. Some clients may work with me for several sessions while others may be seen for several years, depending on the client's unique needs and personal goals for therapy.

The initial session fee is the same as the regular fee. Full payment is expected at the beginning of each session. Payment is accepted in the form of cash, check or credit card. You may also pay up front on my website at www.meganromano.com by using the PayPal link. Checks may be made out to Megan Romano, LMFT. If for any reason a check is returned, payment for the check as well as a \$25 fee will be required.

Clients who may be experiencing financial hardship, may contact me to possibly work out a fee based on a sliding scale. They may be asked to provide necessary documentation to show your hardship. This will need to be arranged prior to the start of treatment.

If you are interested in having me present at a seminar or provide a staff training, please contact me to discuss a rate that is suitable to fit your needs.

Appointments must be cancelled within 24 hours of your appointment. For any appointment not cancelled, the client will be charged the full amount of the session. If a client fails to show up for a scheduled appointment, the full fee is also charged. Unpaid fees will be recovered through the use of collection agencies when appropriate. Clients may cancel through voicemail, email or text message. If a client cancels three times throughout the course of treatment, I will have a discussion with the client to determine if now is the best time to continue treatment.

I am not a provider for any insurance company. Payment is due at the time of service. If a client wishes to obtain reimbursement for sessions from their Healthcare Savings Account (HAS) or by their insurance company according to their out-of-network schedule, a receipt for services will be provided. It is recommended that the client contact their insurance company prior to the start of treatment to verify benefit coverage, reimbursement, co-pays, deductibles and to find out if services will be reimbursed if provided by a Licensed Marriage and Family Therapist.

Confidentiality:

As a Marriage and Family Therapist, I hold confidence in all information obtained, generated or documented in the course of providing therapy, except:

- 1) when there is a threat to do harm to self or others;
- 2) when there is reasonable suspicion of child abuse or neglect of a child, a dependent adult, or a developmentally disabled person;
- 3) when required by court order or other compulsory process;
- 4) when a voluntary written consent for is signed by the client or guardian

I will always share the intentions with the client. Every effort will be made to resolve the issue before such a breach of confidentiality will take place.

Clients seeking treatment for certain issues, may be advised to be evaluated by a psychiatrist or a physician to advise if any medical care is indicated to treat the presenting issue. It is recommended that the client sign a written consent granting Megan Romano, M.S., LMFT permission to consult with your medical provider regarding treatment.

If you are being seen as a couple or a family, it is essential that the client be aware that things will be said to the therapist as part of the therapeutic process and can become part of the record of the couple or family at any time and all members of the couple or family have access to the record. If you are being seen with another person present, I will make a request that each person respect the other's right to privacy, but cannot guarantee that this request will be honored.

I value confidentiality greatly and in the event of an unexpected event causing death or permanent impairment of the therapist, client records and files will be managed by another Licensed Marriage and Family Therapist who will provide a referral and transfer files if necessary. By signing this form, you authorize this to occur.

Consults with other licensed professionals may occur on order to provide you with the best quality of care. Should your therapy be discussed in consultation, only the contact of our work together will be discussed. Your name or any other identifying information will be disclosed in order to protect your identity. Please let me know if you have any further questions about this.

Course of Treatment:

Once contact is made from the client, there will be a brief intake over the telephone that will involve providing basic information and to set up an initial appointment. All sessions are 45 minutes long and there is a 24-hour cancellation policy. The initial appointment will involve all members related to the reason for seeking therapeutic services. Assessment is done over the course of one to several sessions, depending on the situation. Setting goals is an ongoing process and will take place over the course of the assessment sessions or sessions thereafter. After an initial assessment is done, a diagnosis may or may not be offered and a treatment plan will be discussed with the client.

Clients seeking individual therapy will be seen one-on-one with me. We may choose to involve others in session, depending on the treatment indication. This may be suggested to better the client's treatment. For clients wishing to be seen as a couple. It is recommended that both individuals attend their sessions together. Clients seeking family therapy are encouraged to bring all members of the family unit residing in their household and/or with whom they are experiencing relational conflict.

Treatment Agreement:

By providing your signature below, you acknowledge that you read this document and asked whatever questions you might have had about its content and your protected healthcare information. You acknowledge that you have received a copy of this document and that you understand and agree with its terms and conditions. You acknowledge that you will be notified of any changes to this document and be provided a copy for your records. This signed document is your written agreement to enter into the therapeutic process with Megan Romano, M.S., LMFT.

CLIENT SIGNATURE: _____

PRINTED NAME: _____

PROVIDER SIGNATURE: _____

PRINTED NAME: _____

DATE: _____