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Board Certified in Clinical Psychology

**Therapy Agreement/Informed Consent**

This document contains important information about my services and procedures. Please read it carefully and please ask me about anything that you do not understand fully.

**Psychotherapy: Benefits and Risks**

Psychotherapy is generally useful and effective; most people who participate in it benefit. Many people have found that over time, psychotherapy led to significant reductions in feelings of distress, acquisition of more successful ways of coping with stress and solving problems, improved relationships, and enhanced life satisfaction and positive emotions. But there are some potential risks in undertaking therapy, including the possibility of experiencing uncomfortable feelings such as sadness, anxiety, anger, frustration, or guilt. Psychotherapy also may involve discussing unpleasant aspects of your life. There are no guarantees about what will happen in any specific therapeutic process. I strongly encourage you to raise any questions you have about the therapeutic process and methods, or your impressions of the services you are receiving.

**Confidentiality**

As an individual in psychotherapy, your confidentiality is of paramount importance, is protected legally, and will be guarded strictly. However, there are circumstances that impose limitations on a person’s right or ability to maintain confidential communications. Some examples of occasions in which confidentially must be broken are: 1) if I believe that you are in immediate danger of hurting or killing yourself; 2) if I believe that you are going to hurt or kill another person; 3) if I receive information regarding present or past abuse of a child, elder, or a person with a disability.

If you are a minor (i.e., 17 years old or younger), any information shared with me concerning dangerous behavior on your part, or behavior that places you at risk for future danger, must be discussed with your legal guardian.

**Appointments and Cancelation Policy**

Progress in psychotherapy requires consistent attendance at regularly scheduled appointments (typically weekly; in some cases, semiweekly or biweekly). Accordingly, you will be asked to commit to a standing appointment at a set time that I will hold open for you each week. Of course, your “set time” can be changed as circumstances arise, but having a standing appointment greatly simplifies scheduling for both of us and ensures that you receive the consistency of treatment needed for a successful outcome.

*My cancelation policy is as follows*: If you need to cancel/reschedule an appointment, please let me know as soon as possible—ideally at least 24 hours before the scheduled session—and we will try to reschedule another appointment for the same week. Virtual/“teletherapy” sessions can be held in place of in-person meetings if necessary. A session (either in-person or virtual) for which someone does not appear will be billed as a regular session (but cannot be submitted for insurance reimbursement).

**Services, Fees & Insurance**

Initial Intake for Individual, Couples, or Family Therapy (90 minutes): $300

Individual Psychotherapy (45-50 minutes): $250

Couples, Family Therapy (45-50 minutes): $250

I collect payment on a session-by-session basis; and accept cash, checks, credit cards, Venmo, and Zelle. If you wish to pay by credit card, please be sure to complete the credit-card information form. I will debit your credit card only after completed sessions.

For insurance purposes, I am an “out-of-network” therapist. If you have out-of-network benefits, I am glad to submit your insurance-reimbursement claims electronically on your behalf. However, I do not accept payment of any part of my fees directly from insurance companies.

**Confidentiality of Records**

By law and my profession’s standards, I am required to keep appropriate treatment records. My scheduling, record keeping, credit-card information, as well as insurance information and claim submissions, are accomplished via a HIPPA-compliant software platform called Therasoft.

In some instances—when I believe it will inform our therapeutic work—I invite individuals to complete a small set of self-report questionnaires. I do not charge a fee for scoring and interpreting questionnaires. If you agree to complete any questionnaires (including but not limited to the NEO-PI-R, STAI, STAXI, COPE, or DSAS), after we review them, I will scan and save the file securely in accordance with HIPPA regulations (and shred the paper version).

As part of my participation in the scientific/scholarly study of stress, illness, adjustment, and resilience, I occasionally present papers at professional conferences and publish written articles. Any data obtained from questionnaires administered in my psychotherapy practice are presented only in the form of *summary results*, which describe *associations of variables in an entire sample*, not with any individual identifying features. Individual excerpts or sets of scores may be made a part of a research write-up, in order to elucidate a particular pattern of experiences; but again, no characteristics that would disclose an individual’s identity ever are included.

**Authorization/Agreement:**

By signing this agreement, you indicate that you have reviewed it and agree with its terms.

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Printed Name Signature Date

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Parent/Legal Guardian Name Signature Date