

**Rena J. Goldin, PsyD, CGT**  
**10 Minell Place, Suite 7**  
**Teaneck, NJ 07666**  
**201-725-7158**  
**NJ License # 5191**  
**IDENTIFYING DATA- Couple**

Client`s Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Phone number : \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Partner`s Name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Phone number : \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## **Clients Rights and Responsibilities Contract- Couple**

### **As a client, these are your rights:**

- To have a safe, secure, and clean environment.
- To have privacy during clinical sessions and confidentiality of all verbal and written communication and records pertaining to your care.
- To receive appropriate mental health care without regard to your race, religion, sex, sexual orientation, national or ethnic origin, disability or other status protected by law.
- To have all things relating to your care explained to you in terms that you can understand and to have any questions answered concerning your treatment.
- To refuse to continue therapy and to be informed of the consequence of such decisions.
- To receive information regarding the availability of services and fees for services.
- To receive a copy of your records upon request. Subject to appropriate fees and **with signed consent from both members of the couple.**

### **As a client, these are your responsibilities:**

- To give complete and honest information about your present and past medical conditions, including medications and hospitalizations. To tell me promptly if anything changes, including if any symptoms or concerns worsen.
- To inform me if you are being seen by another therapist.
- To maintain a consistent schedule for weekly appointments as determined during the initial consultation.
- To arrive at your appointments on time or to give notice of cancellation at least 24 hours in advance. If you do not cancel at least 24 hours in advance of an appointment then you will still be responsible

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for complete payment for that session. If the therapist and clients are able to reschedule the appointment within the same week the fee for the missed session will be reduced to \$50.

- To pay for each session on a weekly basis.
- To understand that your health depends not just on care provided, but also on the decisions you make in your daily life such as use of alcohol, illegal drugs, or ignoring care recommendations. You are responsible for your actions if you refuse treatment or do not follow your therapist's instructions.

By signing below, you state that you have reviewed and understand the entire Client Rights and Responsibilities Contract outlined above.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## **Informed Consent Contract- Couples**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you might have so that we can discuss them at our next meeting. When this document is signed by both members of the couple, it will represent an agreement between the three of us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will both have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## **APPOINTMENTS**

Our work together begins with a 4 session Assessment Phase. I meet with the couple together 90 minutes and then with each one individually for 60 minutes and then the 4th and final session is 90 minutes with the couple. During this time, we can decide if I am the best person to provide the services you need in order to meet your treatment goals. If we agree to begin psychotherapy, sessions are 90 minutes weekly, unless agreed upon otherwise. Once an appointment is scheduled, 24 hours advance notice of cancellation must be provided or you will be expected to pay for the session in full. [Unless we agree that you were unable to attend due to circumstances beyond your control]. If we are able to reschedule the appointment within the same week then the fee for the missed session time will be reduced to a Missed Session fee, and you will pay the regular fee at the time of the Rescheduled session. [A Rescheduled session is defined as an appointment that occurs prior to our next regularly scheduled weekly appointment i.e., possibly 2 sessions in one week's time.]

## **PROFESSIONAL FEES**

My hourly fee is provided in the initial phone call. If we meet more than the allotted time the session fee will be prorated accordingly. In addition to weekly appointments, I charge this same rate for other professional services you may need. Other professional services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Details regarding fees for services performed in relation to legal matters will be provided to you at the time. I also charge a processing fee of \$10 per page for records requests.

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when such services are requested. Payment can be made by check, cash, Zelle, or Venmo.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I will release regarding a client's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

I am not a provider with any insurance company. I do provide you with a Superbill for each paid session. It is very important that you find out exactly what out-of-network mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, upon request. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

## **CONTACT BETWEEN SESSIONS**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

## **MAIL COMMUNICATIONS AND TEXT MESSAGING**

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

In the context of the couple-therapist relationship, all instances of communication between myself and one member of the couple will be disclosed to the other member. This is subject to circumstances where safety is a factor.

## **SOCIAL MEDIA**

I do not communicate with, or contact, any of my clients through social media platforms. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional

relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

## **WEBSITES**

I have a website that you are free to access. [www.renagoldinpsyd.com](http://www.renagoldinpsyd.com) I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

## **WEB SEARCHES**

I understand that you might choose to gather information about me through web searches. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I

believe that a child, elderly person or disabled person is being abused or has been abused, I am required to make a report to the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have in person. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

## **TELE-HEALTH SERVICES**

### **Definition:**

Tele-health services are defined as mental health services that use online, interactive videoconference software to provide mental health services from a distance. Tele-health includes terms such as tele-psychology, tele-behavioral health, online counseling, and distance counseling. Telehealth does not include the use of fax, audio-only telephone, e-mail, or video-telephony products such as FaceTime and Skype.

I abide by the laws, guidelines and restrictions consistent with the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS). During extenuating circumstances the laws, guidelines and restrictions may change. As such, during the period of the Coronavirus Pandemic these restrictions have been removed. I will be using the Zoom Platform for my sessions with you.

### **Potential Risks of Tele-health Services:**

There are some potential risks with the use of Tele-health Therapy. There can be technological failures such as unclear video, loss of sound, poor internet connection, or loss of internet connection; Nonverbal cues might be more difficult to observe and interpret during our

interactions; and we will be electronically sharing and signing practice and consent forms and accept risks that come with transmitting information and documents over the internet.

**Tele-health Confidentiality:**

The current laws that protect privacy and confidentiality also apply to tele-health services. Exceptions to confidentiality are described in the Notice of Privacy Practices. All existing laws regarding client access to mental health information and copies of mental health records apply. Tele-health services are provided through a HIPAA compliant, secure software. No permanent video or voice recordings are kept from tele-health sessions. Clients may not record or store video from sessions.

I understand that tele-health includes mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical and mental health information. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

**CLIENT SIGNATURE:**

**DATE:**

**PARTNER SIGNATURE:**

**DATE:**