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## **CONSENT FOR TREATMENT AND PATIENT AGREEMENT**

Welcome to my practice. Therapy is a joint venture in which you and I will work together to understand and overcome the obstacles that are preventing the resolution of your current life problems. This document contains information about my professional services and business policies. Should you have any questions about these at any time I will be happy to answer them.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on many factors including the personalities of the patient and psychologist, your early experiences, your life stage and your goals. There are several different approaches that can be used. I am trained not only in talk therapy but also in newer techniques such as EMDR, Sensorimotor Psychotherapy, and Brainspotting. I will ask your permission before introducing you to those methods. Psychotherapy will require an active effort on your part and a working relationship with me in which together we identify the issues you would like to resolve.

Most individuals find psychotherapy to be helpful. However sometimes the process of psychotherapy can be uncomfortable because it can involve discussing difficult aspects of your life. For most people psychotherapy leads to a significant reduction of feelings of distress, better relationships, and resolutions of specific problems.

Our first session or two will involve an evaluation of your needs. I will assess if I can be of benefit to you. I do not accept patients who, in my opinion, I cannot help. In such a case I will provide you with referrals that you can contact. By the end of the evaluation I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Please ask me any questions that arise for you about my procedures. I will do my best to answer and explain my rationale for approaching the issue as I do.

As you make progress we will evaluate your treatment. Usually we will come to a mutual understanding that you have reached your treatment goals and have consolidated your gains. You always have the right to stop treatment at any time and I will provide you with referrals to other qualified professionals whose services you might prefer. Also if at any point during psychotherapy I assess that I am not effective in helping/treating you I am obligated to discuss that with you and if appropriate to terminate treatment. In such a case I will give you several referrals that may be of help. Typically termination will be discussed

and agreed upon by both of us when we come to an agreed upon understanding that you have reached your treatment goals.

## **MY EDUCATION AND TRAINING**

I am a licensed psychologist in the states of New York and New Jersey. I received my doctorate in psychology from the Graduate School of Applied and Professional Psychology at Rutgers University. I received my PsyD degree in 1991 and become licensed in New Jersey in 1994 and in New York in 2012. I am a member of the New Jersey Psychological Association, the New York Psychological Association, and the American Psychological Association. I am also a member of EMDRIA and the Sensorimotor Institute.

## **CONFIDENTIALITY**

With certain specific exceptions described below you have the absolute right to confidentiality of your treatment. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. The following are legal exceptions to your right to confidentiality. Should one of these situations occur, I will make every effort to discuss it with you fully before taking any action.

- If I reasonably suspect that a person under 18 or over 65 or a disabled person is being abused or has been abused, I must file a report with the appropriate state agency.
- If a patient threatens to harm him/herself I may be obligated to seek hospitalization for the patient or, to contact family members or others who can help provide protection.
- If a patient communicates a serious threat of physical violence against an identifiable victim I must take protective actions including notifying the potential victim and contacting the police. I may also seek hospitalization of the patient, or contact others who can assist in protecting the victim.
- I may find it helpful to consult with professional colleagues about my work. In these consultations I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object I will not tell you about these consultations unless I feel that it is important to our work together.
- If you are involved in a court proceeding and a request is made for information about the services that I have provided and/or records of those services, such information is protected by psychologist-patient privilege law. I cannot provide any information without your written authorization or a court order. If you are contemplating litigation you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a patient files a complaint or lawsuit against me I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, disclose information relevant to the claimant's condition to the worker's compensation insurer.

## **PROFESSIONAL RECORDS**

Except in unusual circumstances in which disclosure would physically endanger you and/or others or makes reference to another person you may examine and/or receive a copy of your clinical record if you make that request in writing. You will also be charged a fee for any preparation time that is required to comply with an information request.

## **APPOINTMENTS, CANCELLATION POLICY and FEES**

Appointments are typically scheduled once a week for 50 minutes per visit though sometimes visits can be more or less frequent. Occasionally appointments are scheduled for a longer time period if we are beginning EMDR. Those longer appointments will be billed at a higher rate reflecting the increased time. I appreciate 24 hours notice when cancelling an appointment, though I will make an exception with sudden emergencies. If you have not cancelled and do not show I will charge the regular session fee.

My fee per session is \$200. I am willing to negotiate a lower fee as needed. I will give you (or send you) a bill at the end of the month that includes information for your insurance. I expect the bill to be paid in a reasonably prompt manner unless we have made other arrangements.

## **HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS**

I am a licensed psychologist in the State of New York and if you have health insurance with out of network benefits your insurance will provide some coverage for mental health treatment. I will provide you with a bill that you can submit to your insurance company. However you, not your insurance carrier, are responsible for full payment of my fees. If you choose to seek reimbursement from your health insurance carrier disclosure of confidential information may be required by your carrier in order to process the claims. Please refer to the Federal Health Insurance Portability and Accountability Act (HIPAA) form with regard to the use and disclosure of your Protected Health Information (PHI). Only the minimum necessary information will be communicated to the carrier. By signing this contract you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purposes of treatment and payment. I have no control or knowledge over what insurance companies do with the information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance. Please also be aware that confidentiality is compromised when communicating by electronic devices. I will do my best to protect our communications and records.

## **INFORMED CONSENT TO TREATMENT**

I have read and understand the above information. I voluntarily consent to psychological treatment with Susan D. Buckley, PsyD. I understand that I can revoke this consent at any time.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

### **EMDR**

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of information processing that may help the brain unblock maladaptive material. I have been advised and understand that EMDR is a treatment approach that has been widely validated by research to reduce the symptoms of post-traumatic stress disorder, general anxiety and other symptoms.

I have also been advised of the following:

- a) Distressing unresolved memories may surface through the use of EMDR.
- b) Some clients may experience reactions during the treatment sessions that neither they nor I have anticipated. These include but are not limited to a high level of arousal, emotional or physical sensations, disorientation, fear or nausea.
- c) Subsequent to an EMDR treatment session processing of material may continue in the form of dreams, memories, flashbacks, feelings, etc. This is a normal result of EMDR processing.

My signature acknowledges that I have read and understand the above information and provides consent to the use of EMDR for treatment purposes.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

**SENSORIMOTOR PSYCHOTHERAPY**

Sensorimotor Psychotherapy is a treatment modality that is considered to be highly effective in unblocking procedural learning and creating new patterns of functioning in individuals. Sensorimotor Psychotherapy occasionally employs the use of touch to assist in meeting those goals. For instance if a client has had a life experience of never feeling supported the therapist will ask permission and if the client agrees the therapist will move behind the client and provide an experience of physical support by using touch to the shoulders or back. This is just one example of the use of touch in Sensorimotor Psychotherapy. When using Sensorimotor Psychotherapy as a treatment modality I will always ask permission to use touch and I will wait for verbal consent before proceeding.

My signature acknowledges that I have read and understand the above information and provides consent to the use of Sensorimotor Psychotherapy for treatment purposes.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

I look forward to working with you.

\_\_\_\_\_  
Signature of therapist (witness)

\_\_\_\_\_  
Date