MARIANNA STRONGIN, PSY.D
STRONG in THERAPY
*Licensed Clinical Psychologist*

40 East 89th #1A
New York, NY 10128
(646) 450-1283
Dr.MariannaStrongin@gmail.com

# INFORMATION ABOUT SERVICES AND CONSENT FOR TREATMENT

This document contains important information about my professional services and policies and, when signed, will represent an agreement between us.

## OFFICE HOURS & SESSION TIME:

Sessions are scheduled by appointment only. Intake evaluations are 60 minutes in length. Individual weekly sessions are 45 minutes in length and begin and end on the agreed upon times. You are responsible for paying for the entire session, even if you arrive late. If I am late for a session, I will make up for the lost time by either extending that session accordingly or by adding the lost time onto a following session, whichever option works best for both of our schedules.

## CONTACT INFORMATION:

**Email:** Dr.MariannaStrongin@gmail.com
**Telephone:** 646-450-1283
**Emergency Contact:** 210-445-8523

## MISSED APPOINTMENTS & MAKE-UP SESSIONS:

Continuity and consistency are important factors in creating an effective and meaningful psychotherapy experience. To this end, you and I will agree to a regular appointment time at the beginning of our work together. This time will be reserved for you. In the event you need to reschedule a session, **I require 24 hours notice.** If a session is missed or canceled with less than 24 hours notice, you will be charged for the full session. If I am able to offer a make-up session that you are able to attend, within the same week of the missed or canceled session, I will charge only for that make-up session. This cancelation policy is subject to change.

MARIANNA STRONGIN, PSY.D
STRONG in THERAPY
*Licensed Clinical Psychologist*

40 East 89th #1A
New York, NY 10128
(646) 450-1283
Dr.MariannaStrongin@gmail.com

## BILLING & SESSIONS FEES:

You will be expected to pay for each session at the end of the month. I accept cash, check, Paypal or Quickpay. Our agreed upon rate is _____ per session. A pattern of non-compliance with payment may result in termination of treatment.

As I am a licensed clinical psychologist in the state of New York, you may be able to obtain partial reimbursement for the cost of our sessions if you have a health insurance plan that will pay for services rendered by an out-of-network mental health provider.

Please check with your health insurance company to discern whether (and how much) they will reimburse you for these services. You should be aware that your health insurance may require that I provide them with clinical information relevant to the services rendered. In these situations, I will discuss this with you and release only the minimum information necessary.

## COMMUNICATION BETWEEN SESSIONS:

If you need to contact me between our sessions, please call me at (646) 450-1283. If I am unavailable to speak when you call, please leave me a message on my confidential voicemail and I will return your call as soon as I can.

I am usually available to return messages within 24 hours, with the exception of Saturdays and Sundays and my vacations. I may not have your number accessible, so please leave me the phone number where you can be reached, even if you think I already have it, and some times that you will be available.

MARIANNA STRONGIN, PSY.D
STRONG in THERAPY
*Licensed Clinical Psychologist*

40 East 89th #1A
New York, NY 10128
(646) 450-1283
Dr.MariannaStrongin@gmail.com

## EMERGENCY PROCEDURES:

If an emergency situation arises and you cannot reach me, please call 911 or go to your nearest emergency room. Please also leave me a message regarding the situation and where I can reach you as soon as it is feasible.

## CONFIDENTIALITY:

All information that you share with me is strictly confidential. However, there are certain circumstances where I might be required, by law or professional mandate, to disclose information, including if:

- You authorize a release of information/records through signed and written consent.
- In my opinion, you present a physical danger to yourself or to others.
- You disclose information that I believe is evidence of abuse or neglect of a minor-age child or elder. By law, I must report this information to the appropriate protection agency.
- A court mandates that I disclose certain confidential treatment information. This is a rare occurrence and would not happen without your knowledge.


MARIANNA STRONGIN, PSY.D
STRONG *in* THERAPY
*Licensed Clinical Psychologist*

40 East 89th #1A
New York, NY 10128
(646) 450-1283
Dr.MariannaStrongin@gmail.com


**I have read, understood, and agree to all of the above information, and I have received a copy of this document for my records.**

PRINTED NAME:_____

SIGNATURE: _____

DATE: _____

WITNESS: _____

Marianna Strongin, Psy.D., PLLC

SUBMIT