

Mirel Goldstein, MS, MA, LPC
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1. Qualifications and Conditions of Treatment

I am pleased to have been selected to provide marital counseling to you. The purpose of this document is to inform you of my professional background and to ensure that you understand our professional relationship.

I hold two graduate degrees; one in Sociology from University of North Texas (specializing in family therapy), and one in Psychology from Columbia University. I have also completed post-graduate training in family therapy and in the treatment of dissociative disorders.

Counseling can sometimes bring up painful things and there are no guarantees of its results. However, most of my previous clients have found counseling to be a helpful experience to them in terms of reaching their goals, reducing their symptoms, and feeling better about their lives overall. If you have concerns about whether counseling is helping you or not, please don't be shy to discuss them with me, so that we can evaluate whether there needs to be a change in the treatment approach, a referral to another qualified professional, or just some patience as you get used to making uncomfortable changes in how you think, feel, or behave.

2. Complaints

Please keep in mind that, as a client, you are free to terminate counseling services or seek a second opinion at any time. If at any point you are dissatisfied with my services or feel that your rights as a therapy client have been violated in any way, you may report your complaints to:

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45007
Newark, NJ 07101
(973) 504-6582

3. Privacy, Confidentiality, and Client Records

I will keep confidential anything that is said to me in counseling sessions, with the following exceptions:

- a) You authorize me in writing to disclose information from our sessions to a third party (for marital or family counseling sessions, all adults will be required to consent to disclosure of session material);
- b) I determine that you are a danger to yourself or others;
- c) I suspect child or elder abuse;
- d) I am ordered by a court to disclose information;
- e) Disclosure is necessary as part of an investigation

There may be times when I need to consult with a colleague or other professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by myself and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.

You have the right to request that I only call you or leave messages at certain locations or phone numbers. You also have the right to request a copy of your clinical records at any time; this request has to be made in writing. If you feel that any of the information in your clinical record is missing or is inaccurate, you may request in writing for me to amend the clinical record; you must inform me of the reason that you wish for me to make such changes. In addition, you may have other rights which are granted to you by the laws of our state and I will be happy to discuss these situations with you as they arise.

In addition, I reserve the right to exercise my clinical judgment when releasing records, even with your consent, to third parties- particularly in case of legal or child custody proceedings. This will be further discussed with you as it comes up. I also will not disclose information from family or marital therapy sessions unless I have written consent from all adults involved in the treatment (with the exceptions noted above, as required by law). Due to the important and sensitive nature of what is typically disclosed in counseling sessions, it is agreed that if you should be involved in any legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the counseling records be requested.

4. Fees and Cancellations

The fee for each counseling session (45 minutes) is \$175; payment is due at the beginning of each session. There is a 12 hour cancellation policy for my services; cancellations made later than 12 hours in advance of the appointment time will be charged for. If you do not show up for a scheduled appointment and I do not hear from you, I will send you an invoice in the mail. By signing this document, you are agreeing to

pay for any scheduled sessions that you do not attend, that have not been cancelled at least 12 hours in advance.

5. Emergencies

I do not provide emergency counseling services. If you are having a genuine emergency and cannot reach me by telephone, please either:

- a) Call 911
- b) Check yourself into the nearest emergency room
- c) Call 973-684-7792 (Psychiatric Emergency Services of Passaic County) or 201-262-HELP (Psychiatric Emergency Services of Bergen County).

7. Signature

By your signature below, you are indicating that you understand this document and agree to its policies, and that you are giving consent for counseling treatment with Mirel Goldstein. In addition, your signature indicates that all questions about this document have been answered to your satisfaction.

Client Signature_____

Date_____

Client Signature _____

Date_____

Counselor's Signature_____

Date_____