



Deborah Bernstein, Psy.D.
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INFORMATION FOR NEW CLIENTS

This information is provided to familiarize you with some important fundamentals of therapy. If you have any questions or concerns, please bring them up during your next session.

APPOINTMENTS

- Sessions are scheduled in advance. If your time needs to be changed for any reason, every effort will be made to reschedule at another convenient time.
- Your appointment time is reserved specifically for you. Please give at least 24 hours notice if you need to cancel or to reschedule a session. You will be charged for any session you schedule unless it is cancelled more than a day in advance.

FEES

The rate for psychological services is \$150.00 per therapy session (60 minutes for initial consultation; 45 minutes for ongoing treatment). Payment is expected at the time of service.

INSURANCE

You will be given a receipt at the end of each session which will contain the information required for reimbursement by many insurance plans. If you need additional assistance, every effort will be made to comply. To arrange for reimbursement, it is suggested that you:

- Investigate the nature and extent of your coverage.
- Obtain appropriate claim forms from the insurance company.
- Complete and mail the forms, attaching your session receipts. Make sure you indicate that you are to be designated as recipient of payment.





CONFIDENTIALITY

The safeguarding of information about any individual that has been obtained during the course of therapy is of primary concern to both client and therapist. The procedures routinely followed by this office seek to protect your privacy as much as possible within the limits of professional ethics.

- Provisions have been made to protect the safety and confidentiality of all psychological records.
- There will be no written or oral communications with other individuals about you or your treatment without your express consent (with exception noted below). You may request such communication by signing a "Release of Information" form. If you are over the age of 12, you have the right to privacy in treatment.
- These are the exceptions in which confidentiality may be broken:
 1. If a client is in immediate danger to him/herself or others (e.g. suicide or homicide).
 2. If a client or someone the client knows is suspected of child abuse, neglect or maltreatment.

CONTACT

Messages left at (845) 986-6684 will be responded to as quickly as possible; usually within two business days. If you don't have a response within that time frame, please leave another message; sometimes there are voicemail clarity issues. ALWAYS leave your name and number!

If you are given another number for a phone session, please use it only at the appointed time.

INFORMED CONSENT

I have read and understand the Information for New Clients.

Signature

Date

