

Center for Psychological Assessment and Treatment (CPAT)

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Consent for Services Form

This form when completed and signed by you/guardian/parent, documents your consent to receive services, check appropriate box below, from CPAT. You are also consenting to assignment of benefits or payment as well as acknowledging that you received our HIPPA policy.

Services:

- Psychodiagnostics (Psychological Evaluations; IQ Assessment; Psychosexual Assessment; Fire Setting Risk Assessment; Behavioral Assessment);
- Day Habilitation Programming/Pre-vocational Programming/ Job coaching;
- Psychotherapy (Individual; Group; Specialty Psychotherapy)
- Youth Services
- Other - Describe:

I consent to services as checked above. I have received a copy of CPAT's HIPPA policy.

Individual Served - Signature

Date

Parent/Guardian Signature

Date

CPAT Staff/Title

Date

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Privacy of Information Shared in Psychotherapy; Counseling; Behaviors Intervention and Supports

Your Rights and CPAT Policies

The purpose of meeting with a Psychologist/Behaviorist/Counselor/Behavior Support Professional is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life to include community living or legal involvement. You are likely receiving services from CPAT because your parents, guardian, doctor, school or other professionals have concerns about you and want you to get help for these problems. It is important that you feel comfortable discussing the problems or actively participating in behavioral treatment or day habilitation and you may or may not want your parents or guardians to know about it. This is called privacy or confidentiality and it is an important and necessary part of psychological/behavioral/counseling services. CPAT will keep the information your information confidential unless CPAT has your written consent to disclose certain information. There are important exceptions to this rule, and you must understand these situations. In certain situations, CPAT is required by NJ Law or professional ethics or guidelines to disclose information whether I have your permission, or I do not have your permission.

These situations are sited below:

1. If you tell me that you plan to cause serious harm or death to yourself, and the CPAT professional believes that you have the intent and ability to carry out this threat in the very near future, CPAT will take steps to inform your parent/guardian of what you have told said and how serious CPAT believes that threat to be. We at CPAT must do everything we can to prevent you from harming yourself.
2. If you tell CPAT staff that you plan to cause serious harm or death to someone else who can be identified and CPAT believes you have the intent and ability to carry out this threat in the very near future, CPAT will inform your parent/guardian and must also inform the person who you intend to harm.
3. If you are doing something that could seriously harm you or someone else, even if you do not intend to harm yourself or another person, CPAT will use professional judgement to decide where a parent or guardian sound be informed.
4. If you tell CPAT staff that you are being physically, sexually or emotionally abused or have been abused in the past, CPAT is required by law to report the abuse to NJ Abuse or indicated agencies.
5. If you are involved in a Court case and a request is made for information about your treatment at CPAT, CPAT will not disclose information about you without your written consent unless the Court requires CPAT to do so. CPAT will do all everything in its power to protect your confidentiality. If, however, it becomes required that information about your treatment/programming be released to the Court, you will be informed that that is happening.

If you are being seen for a court-ordered therapy or assessment, the Court will be informed of your treatment and you will have given consent to do so as a condition of your Court-order and for the purposes of assessment or treatment.