Eleni Economides LMFT
Individual, Marriage and Family Therapy
Couples and Relationship Counseling

# DISCLOSURE

## ABOUT YOUR THERAPIST

As a licensed marriage and family therapist, I treat adults, couple and families. I received a Master's degree in Marriage and Family Therapy from the University of Rochester, School of Medicine and Dentistry and I am licensed to practice in the State of New York.

## PHILOSOPHY ON MENTAL HEALTH

My approach to treatment focuses on individuals, couples and families in the context of a larger system. I believe that helping clients gain a clear perspective on how they are affected by their surroundings allows them to develop a strong foundation for treatment. The therapeutic process is not necessarily about changing our current environment but rather changing the way we exist in it.

## THE PROCESS OF THERAPY

Sessions typically occur on a weekly basis so that progress can be achieved and maintained. When progress becomes evident, the need for weekly sessions will be reevaluated. **Sessions are generally 50 minutes long.**

On occasion, written notes are will be taken to assist the therapist in remembering key times, dates, and events. These notes will be kept safe with all other documentation to ensure client confidentiality.

In order to administer the most effective treatment, **your therapist may request to obtain or release mental health information with other entities** (physicians, schools, courts, etc.) This can only be done with **permission and a signed release** from the client. Any requests from clients to review materials (assessments, reports, summaries, etc.) obtained by other entities will be directed to the entities for viewing. This will help avoid any confusion in the interpretation of said materials.

Clients are encouraged to share their input regarding the treatment process (thoughts, goals, progress, concerns, etc.) This is important in making sure that there is clear communication within the therapist/client relationship so the goals remain mutual. Every two to three months the therapist and client will review the course of treatment in order to evaluate progress toward treatment goals. As progress continues, sessions are gradually lessened to a bi-weekly, then monthly, schedule. At the time of termination the therapist and client will discuss a plan for follow up that is mutually agreed upon.

## SAFETY AND PRIVACY

Your therapist takes matters of safety and confidentiality very seriously. **Please be advised that for their safety children are not to be left unattended without an adult in the waiting area.** Please refer to the Privacy Notice for an outline of safeguards ensuring your privacy and the limits of confidentiality.

**COURT EVALUATIONS , TESTIMONY, AND SUBPOENAS**
In accordance with Principal 3.14 of the American Association for Marriage and Family Therapy Code of Ethics (Separation of Custody Evaluation from Therapy), **your therapist is strictly prohibited from making evaluations for custody, residence, or visitation, and therefore, by extension, from testifying in court on such matters.** This code is in place to protect the professional relationship between therapists and their clients, as well as to safeguard children. If a formal evaluation for custody, residence, or visitation is required, please consider using a court-appointed custody evaluator. Your signature at the end of this document will serve as a written acknowledgment that you will help to uphold this code.

**SUPERVISION AND PROFESSIONAL DEVELOPMENT**
There may be times when cases are presented in peer and/or individual supervision meetings for the purpose of gaining professional perspective and improving the quality of my work. In these cases, every effort will be made to protect your identity. Any identifying details pertaining to your case will altered to preserve anonymity.

**COMMUNITY ENCOUNTERS**
My practice is located in the town of Penfield which borders several neighboring suburbs (Brighton, Fairport, & Pittsford to name a few). Clients, their families and this therapist will likely intermingle. Chance encounters outside of my office space are likely. I **respect your right to privacy** and will discuss your preferences regarding possible encounters outside of our office space. I would urge all of my clients to show the same degree of respect and discretion toward other clients that they might have seen in my office. It is my policy as well as that required by law that I will not confirm or deny if you or any of your family members is receiving or has ever received services from me unless I have obtained your prior consent.

**CHANGES**
Please let your therapist know of any changes in your circumstances, including your current address, contact information, place of employment, child's school and/or school district, marital status, visitation, and medication.

**NO-SHOWS AND CANCELLATIONS**
If you are unable to keep a scheduled appointment, you must contact the office 24 hours in advance. This will allow me to accommodate others during the canceled time slot. **If you fail to attend an appointment without advance notice, this is considered a "No Show" and you will be billed for the full 50 minute session.**

**YOUR RIGHTS**
You are entitled by law to services that will not discriminate on the basis of race, creed, skin color, gender, national origin, age, sexual orientation, disability or health status. Your treatment at my practice is voluntary. **You have the right to terminate treatment at any time.** If you decide to terminate services, I would encourage you to share your concerns early on so that you can be assisted in developing alternative plans for care.

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# INFORMED CONSENT

I understand that my treatment may involve discussing relationships, psychological issues, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help me, personally, and with my relationships. I am aware of alternative treatment facilities available to me.

My therapist has answered all of my questions about treatment satisfactorily. If I have further questions, I understand that my therapist will either answer them or find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with the therapist.

I have read the above disclosure and agree to its terms. By selecting Eleni Economides LMFT as my mental health provider, I agree to help my therapist fully uphold Principle 3.14 of the AAMFT Code of Ethics. To this end, I agree not to have my therapist subpoenaed by a court of law.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Witness signature Date

☐ Copy given to child/family.