



DISCLOSURE

ABOUT EASTSIDE MARRIAGE & FAMILY THERAPY

Eastside Marriage & Family Therapy is a private psychotherapy practice owned and operated by Despina Mitchell M.S, LMFT. As a licensed marriage and family therapist, I treat children, adolescents and adults. 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.

ALL TEAM MEMBERS MUST BE PRESENT

At Eastside Marriage & Family Therapy, treatment is designed to meet mutually agreed-upon goals. It is important for participating members to prioritize treatment and be available for all sessions.

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, this writer 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.

At Eastside Marriage and Family Therapy, 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

Eastside Marriage & Family Therapy takes matters of safety and confidentiality very seriously. To ensure our safety during your visits, 24-hour cameras monitor the parking lot and corridor. 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), therapists at Eastside Marriage & Family Therapy are 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 acknowledgement 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 be altered to preserve anonymity.

COMMUNITY ENCOUNTERS

Eastside Marriage & Family Therapy is located in the town Penfield which borders several neighboring suburbs (Webster, Fairport, & Pittsford) to name a few. Clients, their families and marriage and family therapists will likely intermingle. Chance encounters outside of our 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 of Eastside Marriage & Family Therapy. 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 at Eastside Marriage & Family Therapy unless I have obtained your prior consent.

CHANGES

Please advise Eastside Marriage & Family Therapy 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. A Changes Form is available in the waiting area for your convenience.

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 cancelled 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. If three no shows occur in a row, a letter will be sent reminding you that the case may need to be closed.

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 Eastside Marriage & Family Therapy 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.

Should you have any concerns about any aspects of your treatment or the quality of the care you have received at Eastside Marriage & Family Therapy, please consult the New York State Education Department/Office of the Professions, which oversees the licensing of my profession. For a copy of your Consumer's Bill of Rights, to lodge a formal complaint or to gain better clarification on the nature of my profession, contact:

New York State Education Department
Office of the Professions
Education Building - 2nd Floor
Albany, NY 12234

Website: <http://www.op.nysed.gov/right4ver.htm>

Telephone: 518-474-3817

TDD: 518-473-1426

Fax: 518-474-1449

Email: op4info@mail.nysed.gov

Professional Misconduct Complaints: conduct@mail.nysed.gov, 1-800-442-8106, or fax: 212-951-6449

Informed Consent

I understand that treatment at Eastside Marriage & Family Therapy 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 at Eastside Marriage & Family Therapy 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 Eastside Marriage & Family Therapy as mental health providers, I agree to help my EMFT 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.