

David J. Abrams, Psy. D., MSCP
Licensed Psychologist P 6554

OFFICE POLICIES and INFORMED CONSENT

Appointments

Therapy sessions are typically 45-50 minutes. Please be on time for your appointment as this hour is specifically reserved for you. I cannot continue past the time allotted for you as this will run into my next patient's reserved time. You will not receive a reminder phone call about appointments. If you need to cancel your appointment please leave a message on voicemail or via text within 24 hours before your appointment. You may be charged a no-show fee of \$50 if you miss your appointment. If an emergency arises after office hours, please call 911 or go to your local emergency room.

Confidentiality

Your therapeutic relationship is confidential. Records or information about your therapy will not be released without your written permission. However, there are several legal limitations to confidentiality. If I believe that you pose a threat to your life or the life of another person, I am legally responsible for taking measures to prevent such action. This may include contacting appropriate authorities. In addition, if there is reason to believe that child and elder abuse/neglect is occurring, I am legally obligated to report this to the appropriate authorities. This is for protection and for that of your family. Other information will be released to specific people only with your written authorization.

Social Media Policy and Texting

I do not accept friend requests from current or former patients on any social networking site. Engaging patients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. In this regard, I cannot read either texts or emails of a clinical nature outside of the therapy hour (except for emergencies).

I understand and agree to these items and give Dr. Abrams permission to treat and/or evaluate me.

Patient print and signature
Patient (Print)

Date