**BENJAMIN ALTERMAN, PH.D.**
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# INFORMED CONSENT FOR PROVISION OF SERVICES

I wish to understand your needs and help address them. Based on our discussions, I make suggestions and rely on you to tell me what you find helpful. This is an ongoing process that depends on our continuing collaboration.

Confidentiality is strictly maintained with regard to any information with which you can be identified. Only under the following circumstances am I, as a licensed psychologist, legally allowed to break such confidentiality. (1) If I believe there is a clear and imminent danger to you or someone else, I am legally required to act on behalf of whoever I believe to be in danger. (2) I am legally required to report suspected child abuse to appropriate governmental authorities. (3) A court order signed by a judge can legally require me to testify or release records. (4) In the case of minors, parents and guardians are entitled to certain records and to consult me regarding treatment issues. (5) In order to provide reimbursement, third party payers require limited information specified by law. (6) Any other exceptions to confidentiality must be expressly authorized by you. For instance, if you wish for me to communicate with an agency, physician, family member, or anyone else, you must sign a form specifically requesting this. Information with which you cannot be identified may be shared with other professionals for purposes of consultation and may be used in research, publications and for didactic purposes. Be advised that you should not communicate anything of a confidential nature to me by e-mail or text message, since those means of communication may not be secure.

If I am an in-network provider for your insurance plan, then you are responsible for the co-pay and deductible specified by your insurance contract as well as payment in full for any services that are beyond the scope of your insurance coverage. If I am an out-of-network provider for your insurance plan, you are responsible for payment in full of all fees for service, regardless of whatever reimbursement you may or may not receive from your insurance company. Payment of applicable charges is due at each session unless other arrangements are made. I will file claims for insurance reimbursement on behalf of in-network clients and, if requested, on behalf of out-of-network clients where allowed. Specific information concerning my current fee scale is available upon request.

You are welcome to call me anytime at (609) 417-7342. If I fail to answer, please leave a message for me on my confidential voice mail. I usually reply to such messages by the following work day. Your signature below indicates that you have read this statement and understand its conditions.

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Client's signature Date