

INFORMED CONSENT

Thank you for choosing Tom Riviello Mental Health Counseling, LMHC., P.C. This document is intended to inform you of my policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need. Tom Riviello has earned a Bachelor's of Science Degree in Psychology and a Master's Degree with Distinction in Counseling from Hofstra University. He earned a Certificate of Advanced Study in Educational Leadership from Stony Brook University. He is licensed by the State of New York as a Mental Health Counselor. He has over 26 years of experience as a School Counselor in working with children, adolescents and their families. Tom uses "Solution Focused" Therapy as a standard approach in his practice. He uses an eclectic treatment approach for most people to obtain the greatest psychological, social and emotional growth. Treatment practices, philosophy and risks will be discussed with you today.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: *Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or your child or children report about physical or sexual abuse; then, by New York State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared and d) if you provide information that informs me that you are in danger of harming yourself or others f) information necessary for case supervision or consultation and g) or when required by law. If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact the emergency services in the community (911) for those services. Tom Riviello will follow those emergency services with standard counseling and support to the client and/or the client's family.*

Signature(s) _____ *Date:* _____

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS: *I/We have read and received a copy of the, Notice of Privacy Practices and Client Rights document.*

Signature(s) _____ *Date* _____

CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS: *I/We consent that* _____

maybe treated as a client by Tom Riviello.

Signature(s) _____ *Date* _____