

JASON T. CERRO LPC, INC.

3175 Gold Star Highway

Unit 104, G3

Mystic, CT 06355

help@jasontcerro.com

401-524-5938

Summary of Office Policies and Procedures

To Clients of **JASON T. CERRO LPC, INC.:**

While it is usually difficult to predict how long treatment will last, various options will be discussed with you. Together, we will develop a treatment plan, including goals, expectations, frequency and duration of sessions. We may change these plans as we work together, but you and **JASON T. CERRO LPC, INC.** will discuss the process along the way and make decisions together.

If you need to contact **me** in between sessions, you can leave a message on my voicemail (401-524-5938). I check my messages throughout the day. If you have a mental health emergency, you should call 911 or go to your local hospital emergency room, but please leave me a message as well. I will be in touch with you when possible.

With regard to record-keeping and confidentiality, please be informed that **JASON T. CERRO LPC, INC.** keeps written records of our work together. These "progress notes" help me to remember details, chart the course/themes of treatment over time and help me to prepare written summaries if needed. Any information about you, including these records, is kept confidential **except** in the following circumstances:

1. If, in my judgment, you are a present danger to yourself or others, or in immediate danger I must by law act to protect you or another person.
2. If, in my judgment, I have reason to believe that a child or adult in your care is suffering or has suffered abuse or neglect I must by law notify the proper authorities. I am also required to respond to inquiries from DCF if they are investigating a case in which child abuse or neglect is suspected.
3. I am also required to notify the Department of Elderly Affairs if there is reason to believe that either you, or an elderly person in your care is suffering abuse or neglect.
4. If you should be involved in a court case in which you claim emotional damage as part of your defense or as a claim against someone else, a judge **could** require me to testify or make my confidential records available to the court.
5. In child custody cases or adoption cases, a judge in chambers, that is not in the public view, may interview a therapist to determine if a client can provide suitable care or custody for a child.
6. Representatives of a funding source for my services require that your medical record(s) be made available with your written consent.
7. If you are under 18, you parent(s)/guardian(s) have a legal right to access your records. I may share a treatment summary and other pertinent information with these legal guardians. I will inform you as well.

In addition, in order for me to provide the best possible treatment, I may consult other professionals regarding your treatment. In this case, I do not disclose any identifying information.

I understand that all treatment and evaluation with **JASON T. CERRO LPC, INC.** is voluntary and that I may cease treatment or evaluation at any time. I understand and give my informed consent to the provision of emergency medical procedures, including transport to and from treatment at a local general hospital emergency room should **JASON T. CERRO LPC, INC.** deem it necessary.

I have read and/or had the above explained to me and voluntarily give my informed consent to treatment.

Signature of Client

Date

Signature of Parent, Guardian, or Legal Representative

Date