

**Catherine Pennello, PhD  
Licensed Psychologist  
631-432-3015**

**New Client Introductory Information and Informed Consent**

Welcome to my practice. I appreciate your trust and the opportunity to be of help to you. This is designed to answer some frequently asked questions about my practice and provide information helpful in making an informed decision concerning my services. During our work together please ask questions at any time.

I am a psychologist and have been in practice for several years. I have received training and experience in a number of areas including couples counseling and individual therapy for children, adolescents, and adults. If our work together reveals problems beyond my expertise, I will help you to obtain the necessary services from the appropriate specialist.

**Privacy of Information**

All aspects of your involvement with me will be held in utmost confidence. Personally identifiable information regarding clients is not discussed or disclosed to outside parties without prior written permission of the client(s). However, I am ethically and/or legally required to disclose confidential information in the following circumstances:

1. I am required by law to report suspected child abuse or neglect to the proper authorities. I am also mandated to report to the authorities patients who are at imminent risk of harming themselves or others for the purpose of those authorities checking to see whether such patients are owners of firearms, and if they are, or apply to be, then limiting and possibly removing their ability to possess them.
2. If you disclose that you intend to harm another person I must try to protect that person, including by telling the police or the person or other health care providers. If you threaten to harm yourself, or if your life or health is in any immediate danger, I will try to protect you, including by telling others such as your relatives or the police or other health care providers, who can assist in protecting or assisting you.
3. If you are involved in certain court proceedings I may be required by law to reveal information about your treatment. These situations include child custody disputes, cases where a patient's psychological condition is an issue, lawsuits or formal complaints against me, civil commitment hearings, and court-related treatment.
4. I may consult with other psychotherapists about your treatment, but in doing so I will not reveal your name or other information that might identify you. Further, when I am away or unavailable, another psychotherapist might answer calls and so will need to have some information about your treatment.
5. If your account with me becomes overdue and you do not pay the amount due or work out a payment plan, I may reveal a limited amount of information about your treatment in taking legal measures to be paid. This information will include your name, social security number, address, dates and type of treatment and the amount due.

In all of the situations described above I will try to discuss the situation with you, or notify you before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

## **Appointments**

My services are by appointment only. Therapy is generally scheduled for 50 minutes for individuals and 60 minutes for couples. My fee for each session is \$175.00 and is payable at the time of the session. I accept cash or checks for payment. Since the appointment is reserved for you and requires a serious time commitment, I require a minimum of 24 hours' notice to cancel an appointment. In the event that you do not keep your appointment or cancel with less than 24 hour notice, you will be billed a 75.00 cancellation fee. This fee may be waived in the event of serious family emergencies/illness.

## **Messages**

As we work together, you will notice that I do not accept calls while I am with clients. During those times, and at other times during the day or evening, my calls are answered electronically. I check for messages frequently during the day, and I am able to return 90 to 95 percent of my calls within 24 hours. You may text me or send an email for routine matters such as rescheduling an appointment. My email address is [drpennello@gmail.com](mailto:drpennello@gmail.com). Please do not text or email to convey personal information as these forms of communication are not secure or confidential.

## **General Informed Consent**

Other than the circumstances described above, I cannot converse, write, or give any information about you or your circumstances without your written consent to do so. Although the goal of therapy is to improve your circumstances, at times, clients can feel worse as they confront the issues that are troubling them. If this is your experience, please discuss it with me. Clients are free to discontinue counseling at any time, although it is highly advisable to discuss the reason for considering discontinuation with me prior to acting on that decision. I again welcome you to our work together and anticipate that it will be mutually beneficial.

Catherine Pennello, PhD

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I have read and understand the above. I consent to engaging in treatment with Dr. Pennello.

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Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: