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## **Therapeutic Supervised Visitation/Reunification Agreement**

### **Confidentiality**

Anything we speak about is confidential. I am both ethically and legally bound not to disclose any communication you share with me, unless you give me permission to do so in writing.

The only exceptions to this are the following:

1. If I suspect that there may be a child under 18 who is being abused or neglected I must report this to Child Protective Services in NY or any other state. <sup>[L]</sup><sub>[SEP]</sub>
2. If, in my judgment you are deemed to be an acute danger to your self or others, I may need to break confidentiality so as to assure your safety or the safety of others. <sup>[L]</sup><sub>[SEP]</sub>
3. If I am court ordered to disclose information. <sup>[L]</sup><sub>[SEP]</sub>

If there are court requirements that necessitate communication or other individuals that I need information from, you will be asked to sign a release of information form that allows me to be in contact with them.

Audio or video taped recording of sessions with me are not permitted for any purpose and is a breach of this agreement, which may result in termination.

### **Fees**

My fee is \$\_\_\_\_ per hour. A retainer of \$\_\_\_\_\_ is expected by the first session. When the balance goes below \$\_\_\_\_ you will be asked to replenish

the retainer. Any unused portion of the retainer will be returned.

You will be charged for all time I spend on your case. In person sessions with you and/or your children typically range between one and two hours. Other services that may be charged for on an hourly basis include but are not limited to: document review, letter and report writing, and telephone calls or email correspondence with you or any authorized individual.

Monthly statements will be sent to you for your records. Delinquent accounts will be submitted to a collection agency or through other legal means if no effort is made to reconcile unpaid balances.

### **Policies**

I typically meet with the residential parent once, you at least twice, and your children at least twice to make an assessment as to whether I think therapeutic supervised visitation is an appropriate course of action. Thereafter, I may need to meet with your children or you for some more sessions, until such time as it is beneficial for them to meet with you.

### **Cancellations**

Since time is reserved exclusively for you, I require a minimum of 24 hours cancellation. Failure to do so will result in being charged for the full session.

### **Withdrawal**

You are free to withdraw from this process, subject to a court order. I may also withdraw at any time.

**I UNDERSTAND AND AGREE TO THE ABOVE TERMS. THEY HAVE BEEN FULLY DISCUSSED AND I HAVE BEEN GIVEN A COPY FOR MY RECORDS.**

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Client

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Date