

Marie Ragona, LCAT, ATR-BC  
Art Therapy + Sex Therapy

Marie Ragona  
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**HIPAA/Confidentiality & Privacy Policy**

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission. There are several exceptions that, under NY state or national law, require the therapist to break confidentiality.

Exceptions include:

- Suspected child abuse or dependant adult or elder abuse, for which therapists are required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, therapist must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, the therapist will make every effort to enlist client's cooperation in insuring his/her safety. If client does not cooperate then the therapist will take further measures, without the client's permission, that are provided for under the law in order to ensure the client's safety.
- If the therapist receives a court order signed by a judge, he/she is obligated by law to release any/all records requested, to the court.

**Consent to Treatment**

I acknowledge that I have read (or have had read to me) this form, the Emergency Contact Information Form, and have had all my questions answered fully about the kind of therapy, confidentiality, and my rights in this relationship.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist. I am further aware that Marie Ragona is not available for crisis or emergency services, so if I am in crisis or an emergency I need to reach out to someone equipped to help me in that way (including, but not limited to): my support network, other professional services, hotlines, or 911.

I am aware that I may stop my treatment with this therapist at any time without consequence. The only thing I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 48 hours (2 days) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment and am responsible for payment within 14 days.

My signature below shows that I understand and agree with all of these statements.

Signature of client (or person acting for client)	Date

Printed name	Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that the above signed person is not fully competent to give informed and willing consent.

Signature of therapist	Date