

DISCLOSURE STATEMENT

This handout serves as an introduction to my therapy practice and to the counseling process in general. The following information is designed to help you make thoughtful decisions regarding your therapy. Please ask any questions or raise any concerns which may occur to you as you read through this, now or at any time as we our work together. Provision of the following information and written acknowledgment of its receipt are required by New York state law.

Education, Training, and Experience

I am trained as a Bilingual School Psychologist, Social Worker, Certified Gottman Therapist, Art and Science of Love Workshop Leader, and 7 Principles For Making Marriages Work Educator. I attended St. John's University, where I earned my Masters of Science in School Psychology with a Bilingual extension (Hebrew), and I earned an MSW from Wurzweiler School of Social Work, and I am a Licensed Social Worker. I have received advanced training in Rational Emotive Behavior Therapy and in Gottman Method Couples Therapy.

Theoretical Orientation and Approach to Therapy

Couples therapy usually consists of two or three sessions of assessment and subsequent treatment sessions, typically on a weekly basis. Gottman Method Therapy helps couples develop and strengthen the qualities of positive, healthy relationships that Dr. Gottman discovered in his 40 years of research with couples.

Your Rights as a Client

Influencing the course of therapy: Please feel free to ask any questions you may have about my work as a therapist, the approach we are taking together, or your progress. It is your responsibility to choose the therapist and therapeutic modality which best suits your needs. You always have the right to request a change in treatment, or to refuse treatment. It is important that we work together to meet your needs. If you believe that you are not being helped, please let me know so that we can work through the difficulty together. If we are unable to do so to your satisfaction, I can assist you in finding another therapist.

Confidentiality

Our sessions when held in my office are held in the strictest confidence, and no information can be released about you without your written permission. I reserve the right to terminate sessions when I believe your confidentiality or my safety has been compromised.

State Law Requires the Following Exceptions: a) when a client poses a clear and present danger to self or others, or is unable to provide minimal life-sustaining self-care; b) when a client reveals contemplation of a major crime or harmful act; c) when the counselor receives a court order to share information with a judge; d) if the counselor has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged, or developmentally delayed) is or has been physically abused, sexually abused, or neglected. This report must occur within 48 hours of the counselor receiving such information.



David J. Mark, MS, LCSW, Certified Gottman Therapist

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Scheduling

Consistency in keeping appointments is integral to the counseling process. I prefer to schedule each new appointment at the end of each session. If you have made an appointment with me and need to cancel it, you must let me know 24 hours in advance, or you will be charged for that session. (This way, I have the opportunity to try and schedule another client during your session.) If I cancel an appointment with you with less than 24 hours notice, I will see you for free at the next session.

Session Length

Therapy sessions are eighty minutes, unless we have negotiated a different length of time in advance. If you arrive late for a session, you will be seen for the remaining time, and will be charged the full fee. If I begin a session late, I will either see you for a full fifty minutes, charge you a pro-rated fee, or schedule a subsequent (and proportionately longer) session.

Fees

I charge a standard fee of \$260/80 min. session or \$175/50 min. session. On principle, I do not bill to insurance companies. Because you have agreed to a private arrangement for paying for your therapy, I believe you have acted in a way which will protect your own privacy, which will allow me the needed therapeutic freedom to help you in the best way I can, and which will keep your fee affordable by eliminating third-party payments. Should you decide it is important to use insurance to pay for your therapy, I will assist you in writing statements of services that I have provided that you can then submit to your insurance.

Termination

I believe that we should end our relationship in person, rather than over the phone. For this reason I strongly suggest that you take from one to three sessions to complete your therapy, and for me to know about and work with your desire to end. However, you have the right, at any time in the therapeutic process, to ask for a change of direction, or to discontinue.

Temporary Distress

Counseling can be difficult, and even painful. At times, discussing therapeutic material may leave you feeling worse, or may make your symptoms stronger. Even though this is often normal or even to be expected, please do not be alarmed, and please do keep me abreast of how you are feeling. I need to know how you are so that I may treat you effectively.

Contacting Me

You may call my cell at any time. I will return your call at my earliest convenience. I may use e-mail or texting for scheduling purposes, however, will not engage in therapeutic conversation via e-mail.



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Video Recording

As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I use videotape feedback as a part of therapy sessions. This means that I may ask to video tape your session. In addition to in-session use, I may wish to use the videotapes to receive consultation from an independently practicing clinician hired by The Gottman Institute as a consultant. The video tapes remain **completely confidential** and are used for no other purpose other than to enhance your therapeutic experience. A separate permission form will be provided for videotaping.

Acknowledgment of Disclosure

I have read a copy of this disclosure statement and understand the information and agree to the terms set forth in it. I have verified this on the attached consent for treatment form.

_____ Client Signature

_____ Date

_____ Clinician Signature

_____ Date



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