

**Janet E. Esposito, LCSW
72 North Street, Suite 205
Danbury, CT 06810
203-778-4342**

Welcome! I am glad you made the choice to work with me as your therapist. It is very important to me that you get the results you are looking for in your therapy and that your experience is a very positive one.

I would like to provide you with some information about me and my practice. I am a licensed clinical social worker and have been in practice as a therapist for over 22 years. Prior to being in private practice I worked for six years at Danbury Hospital Mental Health Center. I have had a general practice, seeing people with a broad range of issues, including anxiety, depression, stress management, family and relationship problems, work-related stress, and interest in improving self-esteem, health and lifestyle, and quality of life. I also have a specialty in working with fear of public speaking and performing.

The session time is about 45 minutes. It is possible to create a longer or shorter time span to meet, if you prefer. Please talk with me about this if interested. I request 24 hours notice if you need to cancel or reschedule an appointment and there is a \$60.00 fee for late cancellations or broken appointments due to my inability to offer that time to another client. I ask that you pay for services at the time of our visit. My office manager, Terri Sliech, will be able to assist you by calling your insurance company and finding out what portion of the session fee you will be responsible for. If you have any concerns about financial matters related to your therapy, please feel free to discuss them with me.

I am generally available to return phone messages during regular business hours and make every attempt to get back to you by the end of the day, even if it is in the evening. I check my messages less frequently on weekends and return calls on Monday, unless it is urgent that you speak with me earlier. If you have an urgent need to reach me, please leave a message on my voicemail and also call the cell phone number noted on my voicemail. If I am away, I will leave instruction on my voice mail about reaching an on-call therapist if you need to speak with someone in my absence.

Your sessions with me are strictly CONFIDENTIAL. You are protected under ethical guidelines and legal statutes that prohibit the sharing of any “Protected Healthcare Information” (PHI) you may share with me, without your written consent.

I generally like to get back to the referring person to acknowledge that you came in to see me and to thank this person for referring you to me. Please indicate if you are in agreement with having me get back to the referring person to acknowledge the referral. _____ yes _____no

Most often, it is not necessary or appropriate for me to speak to anyone else other than you about your therapy. If it ever seems useful and appropriate to consult with someone else about your care, I will discuss this with you and ask you to sign a release of information form if you are in agreement.

You should be aware that there are some limitations to strict confidentiality:

- If you or your child threaten to do harm to self or others or pose an imminent risk to self or others;
- When there is suspected child or elder abuse or neglect or it is reasonably foreseeable;
- If you raise your treatment in any court proceeding or litigation, and if a court of law issues a legitimate subpoena, it is no longer necessarily privileged under Connecticut law;
- If non-payment of fees necessitates submission of your name to a collection agency or court for the purpose of collecting a debt.

If your insurance company requests information to authorize sessions and process claims, we will have to submit information if you want your therapy to be covered by insurance. I will discuss this with you if this is the case.

Please sign below to let me know that you have read and understand the policies and procedures of my practice and that you have received and have been given an opportunity to read a copy of the Notice on Privacy of Individual Identifiable Health Information (PHI). If you have any questions regarding the policies and procedures of my practice or the Privacy Notice you received, you can speak with me about this at any time. Please know that I am committed to giving you quality care and protecting your privacy and I will do my best to help you achieve what you came in for.

Most clients have found our sessions to be very helpful in addressing whatever issues they have come in to discuss. I value and welcome your feedback about your therapy experience so please let me know what works best for you and if something does not work as well.

I look forward to meeting with you and helping you in whatever way I can. My therapy practice is built on referrals so I would appreciate you referring anyone who you think might benefit from my services in the future.

Please note the best way to reach you and any specific requests you have regarding me or my assistant Terri leaving a voicemail message for you if needed:

Signed _____ Date _____

