

Dear incoming patient,

Thank you for deciding to meet with me. I am well aware that beginning therapy requires courage – It is not easy to enter into a process with so many unknowns. You may find yourself wondering, how does therapy work? How will progress be tracked? And how long will it take? As such, the following is a list of loose guidelines regarding how I practice and what you can expect during our time in treatment together.

1. **You are in charge.** Though we will work collaboratively, I will take your lead. When you don't know what to say, silence is welcome, and when you have something on your mind, you are free to jump down whatever rabbit hole you wish – I'll be here to make sure you are safe, bare witness, reflect, and point out that which may be worth further exploration.
2. **Healing happens in the context of the relationship.** The more comfortable you feel with me, the deeper we can dive into areas of who you are that were previously hidden, cut off, or unknown, perhaps even to you. If you ever feel unsafe, unheard, or unseen, I invite you to let me know. If you have a question, ask. If you feel like something is off, say it. Take issue with this welcome letter? Great, let's start there.
3. **The therapy room is a laboratory.** Feel free to experiment. Test out saying that which you have always wanted to say but suppressed, share feelings you thought were unacceptable, and try relating in ways that seemed previously foreign. This is how we grow – through taking risks and practicing being another way. You can take risks and practice with me.
4. **It may get harder before it gets easier.** Therapy can bring up painful feelings that we may have tried to avoid for quite some time. In order to feel the joy, aliveness, and contentment we are seeking, we often have to be willing to feel sadness, pain, and anger we have kept hidden. We can't have one without the other. I will help you tolerate and transform the latter.
5. **Trust the process.** Therapy requires a degree of faith, both in yourself and in the process. You may come in for one reason and end up working on another. You may have moments of doubt when you find yourself still stuck in the same patterns. The healing process may unfold in unexpected ways, yet I have consistently found that the gap between insight and change requires a leap of faith, faith in treatment and faith that you can indeed live differently.
6. **You can leave whenever you are ready.** Depending on what you are coming in for, the course of treatment can be brief or take time. I encourage you to bring up when you believe it would serve you best to take your healing in another direction. I will be continuously monitoring your progress and growth and thus, agree to do the same.

Wherever you may be on your path towards healing, I am committed to helping you feel a deeper sense of authenticity, connection, and freedom.

Looking forward to getting started,  
Dr. Jacobs

**JORDANA JACOBS, PH.D.**  
**LICENSED CLINICAL PSYCHOLOGIST**

(929) 445-2221 • drjordanajacobs@gmail.com

**Contact Information**

**Patient Information:**

Name: \_\_\_\_\_ Age : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Employed \_\_\_\_\_ Student \_\_\_\_\_ Unemployed

If you're a student, name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Have you been in therapy before? Name of therapist (s)? Dates? \_\_\_\_\_

Medications? Dosage? Currently prescribed by? \_\_\_\_\_

Alcohol use/recreational drug use (type of substance, how much, how often)? \_\_\_\_\_

Why are you coming for help today? \_\_\_\_\_

**Emergency Contact**

\*Note: Unless you are a minor, you will need to provide a signed release for me to contact these individuals unless we have a pre-negotiated arrangement, or if we are faced with a situation of an emergent nature.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

**JORDANA JACOBS, PH.D.**  
**LICENSED CLINICAL PSYCHOLOGIST**

(929) 445-2221 • drjordanajacobs@gmail.com

**Practice Policies**

This notice describes the policies of my practice. Please review it carefully and feel free to ask me for clarification.

**Psychotherapy:**

As a Licensed Clinical Psychologist, I offer psychotherapy to patients suffering from a range of problems and issues. They include but are not limited to anxiety, depression, trauma, grief, self-defeating behaviors, existential issues, and/or unsatisfactory relationship patterns. Although the process of psychotherapy is difficult to describe, it involves a relationship between the therapist and patient that becomes the vehicle for learning and change. The work I do is best described as psychodynamically oriented psychotherapy, which consists of my patients and I collaboratively discovering aspects of themselves that they were unaware of before; often, these aspects keep people, despite conscious efforts to change, stuck in the areas of work, love, and/or relationships. I do not offer advice, as I believe that every patient is in charge of living his or her own life. As such, I help patients learn what keeps them dissatisfied and feeling stuck, and then help them feel more in control of the choices they make in shaping their lives.

Psychotherapy has both felt benefits and risks. Risks include experiencing uncomfortable and/or painful feelings such as sadness, anger, guilt, hopelessness, anxiety, and frustration. It is often the case that a patient's symptoms may become more pronounced as treatment progresses, as we begin to open up aspects of his or her life that have been avoided for some time. Although it may seem counterintuitive in the beginning, it is often necessary to talk about difficult issues and to experience upsetting, and at times intense, emotions before patients begin to feel better. Despite the temporary discomfort, psychotherapy can bring significant benefits to many people who undertake it, including a reduction in the intensity of distressing feelings, a better understanding of oneself and one's troubles, more satisfying relationships, and the resolution of specific problems. However, there is no way to predict or to guarantee what might unfold in treatment. I encourage you to bring up any questions or concerns you may have about the process or how I work so we can discuss them together.

There are different approaches to therapy that may be used to treat the problems you hope to address, and you may wish to explore other treatment modalities if you find this kind of therapy not as helpful as you would like. If the problems for which you and/or your family are seeking help are outside my expertise, I would be happy to assist you in providing appropriate referrals.

**Initial Evaluation:**

The first few sessions (typically 2-3) will involve a diagnostic evaluation of your treatment needs. Depending on the nature of your troubles, I may recommend a separate diagnostic assessment involving psychological testing. You have the option of agreeing to go through the testing process. At the end of this phase, I will share my preliminary assessment about the nature of your troubles and treatment recommendations, including whether or not I feel I can be helpful to you or if I believe another practitioner would be better suited for your needs at this time. If we mutually agree to begin treatment, we will then discuss the frequency of sessions and arrange our regular appointment time(s). I will do my best to accommodate your schedule constraints. These arrangements can be renegotiated at any time as unexpected and/or new constraints come up.

**Billing and Payment:**

Payment will be collected each session and invoices will be provided at the end of each month. I accept cash, check or Zelle (an app that transfers money between bank accounts for free). Payments that are over 30 days past due (i.e., 30 days past the 2 weeks post-receipt) will call for a temporary hiatus in treatment, during which time we will explore relevant factors surrounding the delinquent balance, in addition to agreeing on a payment plan, before the psychotherapy can continue. I also reserve the right to consider forwarding delinquent payments to a collections agency. This action will require me to disclose otherwise confidential information, including the patient's name, the nature of services provided, and the amount due. If I take this step, you are responsible for the cost of collections. I will plan to email you the bill each month, but please be aware that gmail is not a confidential form of communication. For this reason, if you prefer paper bill, please let me know. If you have any questions about your bill at any point, please ask me.

**Cancellation Policy:**

Sessions will be scheduled for forty-five minutes. If you arrive late, the time cannot be made up. If you miss your appointment for any reason and have not provided at least 48 hours notice, you will be responsible for the fee. If you provide notice and reschedule your appointment, you will only be charged for the rescheduled session. There is no charge for missed sessions if notice is provided 48 hours ahead of your scheduled appointment.

**Vacation/Holidays:**

In addition to national holidays, I typically take approximately 3-4 weeks of vacation each year, distributed throughout the year. Patients will not be charged for sessions during my absence (planned or otherwise). I will arrange for interim coverage for my patients should they wish to see a therapist during my absence. I will share with the covering clinician any important issues you and I agree the covering clinician should know about. Sometimes, a standing appointment is scheduled on a holiday; if I am available on that day, I will inform you in advance so that you can decide whether to keep that appointment.

**Contacting me:**

You may contact me at (929) 445-2221 and leave a message on my confidential voicemail. You may also email me at drjordanajacobs@gmail.com, but please be aware that gmail is not a confidential form of communication. If you are facing a life-threatening emergency, please contact the police or go to the nearest emergency room for evaluation and treatment until the emergency resolves. **Please be aware that I do not provide acute crisis management.** I will however make every effort to return your call within 24 business hours. I do not check my messages on evenings, weekends, or holidays, and will return messages left during those times the next working day. Please be sure to leave your name, the date and time of your call, a brief message, and a phone number where I can reach you.

**I have been given a copy of this document and have reviewed these policies with Dr. Jacobs. I agree to the terms of these policies.**

---

Patient Name (print)

Signature

Date

**JORDANA JACOBS, PH.D.**  
**LICENSED CLINICAL PSYCHOLOGIST**

(929) 445-2221 • drjordanajacobs@gmail.com

**Notice of Privacy Practices**

Welcome to my private psychotherapy practice. Please read the following information carefully:

This document contains important information about my professional services, your patient rights, rights to confidentiality, and limits to that confidentiality. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Essentially, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. I am required by law to obtain your signature acknowledging that I have provided you with this information by the end of the evaluation phase. Please review it carefully so that we can discuss any questions you may have before signing.

**How I May Use and Disclose Health Information:**

What you discuss with me is confidential. Confidentiality is necessary for psychotherapy to work and for you to feel that our working space is private and safe. The law protects the privacy of almost all communications between a patient a psychologist, and in most situations, I can release information about your treatment to others only with your written permission. There are other situations that require that you only provide advanced consent without formal written authorization. Your signature on this notice provides consent for those activities, as follows:

- **For Treatment:** I may use and disclose your protected health information to provide, coordinate, or manage your health care. This includes the coordination of care with other treatment providers. I may occasionally consult with other professionals in order to enhance your treatment services. In these consultations, I make every effort to avoid revealing the identity of my patient. The consultant is, of course, also legally bound to keep information confidential.
- **For Payment:** I may disclose limited information, as needed, to obtain payment for the services I provide. This includes providing necessary information to your health plan or a collections agency. I may also contact a person who helps pay for your treatment, such as a family member.
- **For Health Care Operations:** I may use or disclose, as needed, your protected health information in order to support the business activities of my practice. I may share your protected health information with third party business associates such as my billing services and collections agency.
- **As Required by Law:** There are limited situations in which I must disclose your protected health information without your authorization. This is very rare in my practice. Examples include reporting the abuse or neglect of a child, an elderly person, or a disabled person; responding to government agency audits or investigations; respond to a court; or taking action to protect you or someone else if I believe you are at imminent risk of harming yourself or someone else. If I believe that there is a serious threat to the health and safety of my patient or another individual, I am required to take protective actions, which may include notifying the police or the individual whose safety is in danger, and/or seeking appropriate hospitalization. If a patient threatens to hurt themselves, I may be required to seek hospitalization for the patient, or to contact family members or others who can provide protection.

**As your therapist, I have the responsibility to maintain the privacy of health information that identifies you, provide you with notice of privacy practices with respect to your health information, and notify you if I am unable to agree to a restriction you have requested in writing.**

Other uses and disclosures of PHI not covered by this notice will be made only with your written permission, unless otherwise permitted or required by law. You may revoke your permission at any time by submitting a written request to me, except to the extent that action has already been taken. While this written summary of expectations to confidentiality allows us to anticipate potential situations and/or problems that may arise, it is important that we discuss any questions of concerns you may have at our next meeting, or at any time during our work together.

**Patient Rights:**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. You have the right upon written request to: amend your health record when inaccurate or incomplete; appeal for a restriction on certain uses and disclosures of your information; obtain an accounting of certain disclosures of your health information; receive confidential communication of your health information by alternative means or at alternative locations; rescind your authorization to use or disclose health information except to the extent that action has already been taken; and to receive a paper copy of this notice of privacy practices. I am happy to discuss any of these rights with you.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the New York State Education Department's Office of the Professions by calling (518) 474-3817 or by emailing: [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

**Your signature will indicate that you have read this document, understand the issues related to confidentiality, and agree to abide by its terms during our professional relationship. It also serves as an acknowledgement that you have received a copy of this document.**

---

Patient Name (print)

Signature

Date