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**OFFICE PROCEDURES**

**General treatment agreement:** I highly value you choosing to be in treatment with me. This is a safe place where everyone agrees to be respectful to each other and property, and to work collaboratively to identify problem areas and goals for success. I will offer strategies based on the most up-to-date and scientifically validated treatment recommendations, and you will attempt to implement these strategies to the best of your ability. Please let me know if you're experiencing any issues with your treatment with me so that we can make adjustments to your care.

**Cost and Billing:** The person signing this consent for treatment is responsible for the full fee at the beginning of each session, unless another arrangement has been made. If I need to change the fees, I will discuss this with you before I do. Current fees and common procedure codes (CPT) are as follows:

Intake: (CPT 90791 60 minute)	\$300
30-minute session: (CPT 90832)	\$170
45-minute session: (CPT 90834)	\$250
60-minute session: (CPT 90837)	\$330
90-minute session: (CPT 90837+99354)	\$500
Family session, 45-minute: (CPT 90847)	\$250 (see above for cost for longer family session, same procedure code)
Report/ letters: (CPT 96101)	\$100 / 15 min

**Insurance reimbursement** is your responsibility. I expect payment from you directly, and I will provide you with a detailed receipt and email it to you as a PDF so that you can submit it to your insurance. Please let me know if there are any issues with this process.

**Missed appointments and session length:** **I do not send reminders of appointments!** If you forget an appointment, you will be charged **\$75**. If I forget an appointment, you will be credited \$75. We start and end at the agreed upon time. I don't mind if you show up late, but it will be counted toward your session time. If I start the session late, I will extend your session or will make up the time at another session. **Mind the time:** if a session is extended beyond the agreed upon time, you will be charged for the longer session.

**Emergency:** Please let me know whenever you or someone you know is at risk of harm to self or others! However, **I do not have emergency 24/7 coverage. In case of an emergency, call 988 (suicide prevention) or 911 or go to their nearest emergency room.**

Contact with me between session and confidentiality

**Please let me know immediately if you or someone you know is at risk of harm to self or others!** You can contact me at the above contact information. My office line is confidential and not accessible to anyone but myself. You can also email me or text me but be careful: these are not encrypted and may be visible to others.

Please keep communication brief (around 5 minutes) or I will charge you for a session.

All contact and record are kept confidential, as protected by NJ State Law and the Ethical Standards of the American Psychological Association. Pursuant to NJ State Law and the Ethical Standards of the APA, patient information will be disclosed if:

1. **Duty to Warn/ Protect:** If I believe there is a threat of “imminent, serious physical violence against a readily identifiable individual or against [themselves]” ... “and intent to carry out the threat”
2. **Child Abuse or Neglect:** If I am made aware of “physical, sexual or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child” or that “a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.” In this case, state law requires that the psychologist notify child protective services and law enforcement;
3. When there is a reasonable cause to believe that a **vulnerable adult** is the subject of abuse, neglect, or exploitation then state law requires that a report is filed with Adult Protective Services;
4. Patient or legal guardian (if patient is a minor) signs a Release of Information form. Then the information is disclosed only to the party(ies) named in the Release;
5. Information in the psychologist’s file is subpoenaed and a judge upholds the subpoena.

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*Services provided to patients who are minors*

Consent for treatment: The legal guardian is financially responsible for all services provided to patients who are minors, and must sign the Consent for Treatment form. In cases of joint custody, both legal guardians must sign the Consent for Treatment form before treatment can begin. I may ask you to provide a copy of your court document that indicates legal guardianship of the minor/patient.

Confidentiality between patient and parents/guardians: Legal guardians have legal access to the full content of the clinical records of patients who are minors. However, clinical practice has shown that therapy is most effective when minors have a right to privacy between themselves and the therapist.

In my treatment of minors, I keep the content of what is discussed between myself and the patient confidential from the parent/guardian, except:

1. if the patient is in imminent risk of harm to self or other;
2. to inform the parent/guardian if a session was kept or missed, to schedule appointments, and to inform of charges for services.
3. to inform the parent/guardian about how to more effectively provide discipline or other parenting issues.

*Please note: If a patient who is a minor does not show up for an appointment, the parent/guardian is responsible for the missed session, and will be informed immediately of the charge.*

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### *Services provided to COUPLES and FAMILIES*

The focus of couples or family therapy is to improve the functioning of the **couple** or **family**, not the individuals within the couple or family.

Risk Assessment: In addition to the initial intake with the couple or family, I require individual intakes with both individuals of the couple and perhaps of individual members of a family in order to assess risk. The content of these individual sessions will be kept confidential EXCEPT when there is a “duty to warn” as described by law. I will try to keep other non-urgent content confidential from the other members of the couple or family but it is possible that sometimes I may “slip” and disclose something.

Communication with therapist by **individuals** of the couple or family: Everyone is encouraged to contact me between sessions whenever there is a concern about safety or risk. Remember, I do not offer emergency treatment: please call 988 or 911 or go to your nearest emergency room, but do let me know when you’ve contacted emergency services.

Aside from informing me about risk, I strongly discourage members of a couple or family from contacting me individually about couples or family issues. Things should be discussed with the other member(s) of the couple or the family. If it’s helpful, it might be good to seek out your own individual therapy to explore issues on your own.