Dr. Adam Ben-Hanania

80 8th Ave, Suite 1308 | New York, NY 10011
(917) 994-1624 | dradambenhanania@gmail.com

Psychotherapy Intake Packet

This packet contains information and forms used to begin psychotherapy. Please review it carefully and bring any questions to your first session.

Contents

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1. Client Information

Patient Name: _____

Pronouns: _____

Date of Birth: _____

Address: _____

Preferred Phone: _____

Email: _____

Preferred method for routine administrative communication: Phone ____ Text ____ Email ____

Emergency Contact (Name / Relationship / Phone):

_____

Clinical Information

What brings you to therapy at this time?

_____

_____

Current or prior psychotherapy / mental health treatment:

_____

_____

Current medications and prescribing clinician, if applicable:

_____

_____

Relevant medical conditions, allergies, or health concerns:

_____

_____

Primary care physician and/or other clinicians involved in your care:

_____

_____

How did you hear about Dr. Adam Ben-Hanania?

_____

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2. Informed Consent for Psychotherapy

Nature of Psychotherapy

Psychotherapy is a collaborative process intended to help you better understand and address emotional, relational, behavioral, and psychological concerns. Depending on your needs and goals, our work may involve exploring current difficulties, patterns in relationships, past experiences, thoughts and feelings, coping strategies, and ways of relating to yourself and others.

There are many approaches to psychotherapy, and no particular outcome can be guaranteed. Therapy can involve meaningful benefits, including increased insight, improved relationships, greater emotional flexibility, symptom relief, and changes in behavior. It can also involve periods of discomfort as difficult experiences, conflicts, memories, or emotions are discussed.

Assessment and Treatment Planning

The initial sessions are an opportunity for us to understand what brings you to treatment, consider relevant history and current circumstances, clarify your goals, and assess whether working together appears clinically appropriate. Treatment recommendations may be revised as our understanding develops.

Frequency and Duration

Individual psychotherapy sessions are 45 minutes and couples psychotherapy session are 60 minutes. The frequency and overall duration of psychotherapy are individualized and will be discussed together. Regular attendance and consistency are generally important to the therapeutic process. Either of us may raise questions about the frequency, goals, or direction of treatment at any time.

Collaboration and Referrals

At times, it may be clinically useful to coordinate with another professional involved in your care or to recommend additional evaluation, medication consultation, specialized treatment, or a different level or type of care. Except where disclosure is legally permitted or required without authorization, coordination with other professionals will occur with your written permission.

Ending Therapy

You may choose to end psychotherapy at any time. When possible, it is clinically preferable to discuss the decision in session so that we can understand the reasons for ending and plan for continuity of care if needed. I may also recommend termination or referral if I believe another service, clinician, or level of care would better meet your needs.

Professional Boundaries

The psychotherapy relationship is professional and is structured to protect the privacy and integrity of treatment. If we encounter one another outside the office, I will generally allow you to decide whether and how to acknowledge our relationship in order to protect your confidentiality.

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3. Practice, Fees, Scheduling & Communication Policies

Fees and Payment

Fees for individual and couples psychotherapy will be reviewed during the initial consultation. Individual session are 45 minutes and couples psychotherapy sessions are 60 minutes. Fees are due at the time of service unless another arrangement has been made in advance. You are responsible for payment regardless of whether you seek reimbursement from an insurance carrier.

Insurance / Out-of-Network Benefits

This practice is strictly out-of-network and does not bill insurance companies directly. I will provide invoices containing the information needed for you to submit claims directly to your insurance carrier. Depending on your individual plan, you may be eligible for out-of-network reimbursement. Coverage, deductibles, reimbursement rates, authorization requirements, and claim decisions are determined by your insurance carrier, and payment for services remains your responsibility.

Cancellation and Missed Appointment Policy

Your appointment time is reserved specifically for you. If you need to cancel or reschedule, at least 24 hours' notice is required. Appointments cancelled with less than 24 hours' notice, as well as missed appointments, will be charged the full session fee.

Contact Between Sessions

Phone, voicemail, email, and text messaging are primarily for scheduling and other brief administrative matters. These methods should not be used for emergencies or for lengthy clinical discussions. Clinical issues are generally best addressed during scheduled sessions.

Response Time

I will make reasonable efforts to respond to non-urgent messages during business hours. Messages received outside normal business hours may not be reviewed until the next business day.

Emergencies and Crisis Care

This practice does not provide 24-hour crisis or emergency coverage. If you are in immediate danger, believe you may harm yourself or someone else, or require urgent medical or psychiatric assistance, call 911 or go to the nearest emergency department. You may also call or text 988 to reach the Suicide & Crisis Lifeline.

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4. Privacy, Confidentiality & Electronic Communication

Confidentiality

Confidentiality is a central part of psychotherapy. Information you share in treatment and records related to your care are handled as confidential, subject to applicable law, professional ethics, and the exceptions described below and in any formal Notice of Privacy Practices provided to you.

Limits of Confidentiality

There are circumstances in which a psychologist may be permitted or required to disclose information without a client's authorization. These may include situations involving an imminent risk of serious harm, suspected abuse or neglect when reporting is legally required, certain court orders or legal proceedings, and other circumstances established by applicable law. Because the precise requirements depend on the facts and jurisdiction, I encourage you to ask questions about confidentiality at any time.

Consultation

Psychologists may consult with other professionals to support high-quality care. When consultation occurs, reasonable efforts are made to protect identifying information unless disclosure is authorized or otherwise permitted by law.

Electronic Communication

Email and text messaging can involve privacy and security risks, including misdelivery, unauthorized access, and storage on devices or third-party systems. By choosing to communicate through these methods, you acknowledge these risks. Please limit routine email and text communication to scheduling and administrative matters unless we have specifically agreed otherwise.

Records

Clinical and billing records are maintained in accordance with applicable professional and legal requirements. Requests for access, copies, amendments, restrictions, or disclosures of records will be handled according to applicable law and practice policy.

Social Media and Online Contact

To protect confidentiality and professional boundaries, I generally do not accept friend, follow, or connection requests from current or former clients on personal social media accounts. Please do not use social media messaging to communicate clinical or urgent information.

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5. Telehealth Informed Consent

Nature of Telehealth

Telehealth involves providing psychological services through secure video or other electronic communication when clinically appropriate. Telehealth can increase convenience and access, but it may differ from in-person psychotherapy in important ways.

Potential Benefits and Risks

Potential benefits include increased accessibility, continuity of care, and reduced travel. Potential risks include interruptions, technology failures, limits to privacy in the client's environment, and risks associated with electronic transmission of information.

Client Location and Privacy

At the beginning of telehealth sessions, you may be asked to confirm your physical location and provide information necessary to respond to an emergency. You agree to participate from a private setting whenever reasonably possible and to take appropriate steps to prevent others from overhearing the session.

Jurisdiction

Psychological services may generally be provided only when you are physically located in a jurisdiction where I am legally authorized to practice. You agree to inform me of your physical location at each telehealth session and to notify me in advance of travel or relocation that may affect our ability to meet.

Technology Failure

If the video connection is interrupted, we will attempt to reconnect. If reconnection is not possible, we may continue briefly by telephone when clinically and legally appropriate, reschedule the session, or make another plan based on the circumstances.

Emergencies During Telehealth

Telehealth is not an emergency service. If an urgent safety concern arises, I may use the location and emergency-contact information available to me to help facilitate an appropriate response, consistent with applicable law and professional obligations.

Consent

By signing the acknowledgment at the end of this packet, you consent to the use of telehealth when mutually agreed upon and clinically appropriate. You may ask questions about telehealth or request in-person treatment at any time, subject to availability and clinical considerations.

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6. Authorization for Release Information

Client Name: _____

I authorize Dr. Adam Ben-Hanania to disclose to and/or obtain from the person(s) or organization(s) identified below information relevant to my psychological care and treatment.

Name / Organization: _____

Phone / Email: _____

Name / Organization: _____

Phone / Email: _____

Purpose

Coordination of care ____ Treatment planning ____ Continuity of care ____ Other: _____

Information Authorized

Psychotherapy / treatment information ____ Diagnosis ____ Treatment dates ____ Psychological assessment information ____ Medication / medical information ____ Other: _____

I understand that this authorization is voluntary and may be revoked by me in writing, except to the extent that action has already been taken in reliance on it. Unless revoked earlier, this authorization expires one year from the date signed below or on this date/event: _____.

I understand that information disclosed pursuant to this authorization may be subject to additional federal or state protections depending on the type of information involved. Separate or more specific authorization may be required for certain categories of protected information.

Signature: _____

Printed Name: _____

Date: _____

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7. Acknowledgment & Consent

By signing below, I acknowledge that I have received and reviewed this Psychotherapy Intake & Practice Packet and have had the opportunity to ask questions.

I understand the nature of psychotherapy, including potential benefits and risks; the practice's fees, scheduling, cancellation, and communication policies; the general principles and limits of confidentiality; the risks associated with electronic communication; and the telehealth provisions described in this packet.

I understand that this packet does not guarantee any particular treatment outcome and that treatment recommendations may change based on clinical circumstances.

I consent to participate in psychotherapy with Dr. Adam Ben-Hanania under the terms described in this packet, subject to any additional forms or notices required by applicable law or practice policy.

Signature: _____

Printed Name: _____

Date: _____

Clinician Signature: _____

Date: _____

Optional questions or concerns to discuss before treatment begins: