

**PLEASE READ ALL THE FAQ AND THEN COMPLETE THE FORMS AT THE END OF THE FAQ SECTION.**

## **REMEMBER ALL SESSIONS ARE ONLINE!**

### **(FAQ) FREQUENTLY ASKED QUESTIONS**

#### **1) Does Dr. Sussman have a lot of experience with children?**

Dr. Sussman has been practicing since 1980 and has been working exclusively with children with behavioral issues since 1997.

Dr. Sussman has both published articles and been selected by educational companies and agencies to train other mental health professionals on how to work with difficult children.

#### **2) When can a parent expect to see results?**

The child should start to improve within 4-6 sessions. If there is no improvement, a parent should consult with Dr. Sussman. In some cases, Dr. Sussman will refer the child to other professionals like a child neurologist or psychiatrist.

#### **3) Why does Dr. Sussman often recommend group therapy in addition to or instead of individual therapy for my child? Isn't 1:1 therapy always better?**

Individual therapy works best if the client is motivated and coming voluntarily. Children with behavioral disorders do not want to go to therapy; as they do not think they "have a problem."

Children who are made to attend individual therapy do not utilize the sessions productively. They usually say very little or tell the therapist what the child thinks the therapist wants to hear. Frequently individual therapists wind up playing board or computer games because the child will not open up, talk about or admit their problems. Many therapists talk more to the parent because the child is disinterested and not actively engaged in the process.

Groups can be much more effective than individual therapy because the child does not feel intimidated by being with just an adult(s). Groups are much more like school where they are used to learning in groups of their peers.

Also, the child does not feel singled out, sees other kids with similar problems, and feels more accepted and normal. As a result, they are much more open and willing to discuss their problems.

A positive therapeutically run peer group serves to provide guidance, learning, and support. This experience offsets negative peer groups who reinforce antisocial and dysfunctional behaviors.

#### **4) How does Dr. Sussman's unique therapy program work and what role do parent(s) play?**

*The parent(s) is in each session* and must rate their child on how well the child is accomplishing treatment goals. The point ratings are used as an educational tool and incentive (reward) to motivate the child to practice and perfect what she or he is learning.

This is why we believe parents must be in all sessions to provide feedback. The following will help acquaint you with our system of goals and ratings. Each week you will rate your child on three goal areas.

### **SCORING INSTRUCTIONS FOR PARENTS**

Goal 1 will entail how your child is treating his or her parents in terms of respect and attitude. This should reflect if the child engages in verbal or physical behavior that is belligerent, hostile, and/or rude toward the parent. Listening on the first time is emphasized.

Goal 2 will be school-related in terms of academics, in school behavior, class work, and homework as well as the morning routine and bedtime routine (on school days and nights, respectively).

Goal 3 is called social responsibility. A child is a member of a social group, his or her family. The child should contribute to their family group by getting along with siblings, cleaning up toys and clothes, being polite to company, taking good care of pets, etc.

Ratings are based on a scale of 1-5 with 5 being the highest and 1 the lowest. You are encouraged to give quarter and half points to fine tune the ratings, e.g., 4.75 or 3.50 or 2.75. A 4.0 and above is considered good to excellent and will be "applauded" by the group. A 3.0 to 3.75 will be considered an "acceptable" score and a plan of correction will be assigned to the child. A score of 2.75 and below is considered an "unacceptable" score and a more intensive plan of correction will be assigned.

Scores below 2 are reserved only for unsafe and/or aggressive actions. Examples would be hitting, kicking, or a young child running away from the parent in a store, parking lot, or the street, or a teen out past curfew, etc.

Please try to be prepared with a score and a concise explanation. If a child does something during the week, that is out of bounds, like curse at a parent, tell a teacher they are "stupid," etc. please just say the child was extremely disrespectful.

*Please do not say exactly what he or she did or said because I do not wish to give other children any ideas to copycat.*

*I developed this approach in 1997 because difficult uncooperative kids did not cooperate adequately in traditional therapy. I have obtained much better results with this approach than traditional talk or play therapy.*

*There are over 100 parents' reviews on Healthgrades.com. The reviews stress my success rate and my therapeutic use of "edgy and outrageous" humor to keep everyone entertained and interested.*

### **5) What is the attendance policy?**

It is understandable that emergencies and urgent matters arise from time to time that prevent attendance. On the other hand, if you often miss your session, therapy cannot be successful. Illnesses and family emergencies are unavoidable. Adding avoidable absences is not fair to your child or the group. It is also unfair to others who may be on a waiting list for that appointment time.

If your child is going to miss a session, PLEASE notify Dr. Sussman as soon as possible so he knows not to hold up the group waiting for you.

Dr. Sussman will contact you to discuss excessive absences. *A realistic goal is to miss no more than one session every two months.* If your child misses 2 sessions in a row and/or attendance is chronically irregular your child's appointment will need to be reassigned to a child on the wait list.

### **6) What about copays or co-insurance?**

For on line video conferencing sessions, Dr. Sussman will email you a bill. Please mail a check, within 10 days, to the office address on the bill in Mountainside.

Dr. Sussman no longer takes credit cards or cash apps because the media reports increased hacking of these apps. This way your financial data is protected.

### **7) What else do I need to know?**

Dr. Sussman wants his clients to attend all sessions, unless it is unavoidable. Children need to learn to respect the importance of honoring commitments (school attendance, outside school instruction, chores, etc.) If children are taught by parent example to NOT honor commitments; it is more difficult to teach them to act responsibly and respect others.

### **8) What should a parent do if they are not satisfied with Dr. Sussman's services?**

At any time if you are dissatisfied with my services.....please call my cell at (908) 217-8106 to discuss it.

**9) When is Dr. Sussman’s therapy approach not suitable for a child?**

If the parents have a highly conflicted relationship; a Family Therapy (as opposed to Dr. Sussman’s Group Therapy) is required. If the parents have a highly contentious relationship and /or legal/custodial proceedings, a court appointed Parent Coordinator or Law Guardian is paramount for any therapy to be successful. Otherwise, either parent(s) can stop, undermine, and/or sabotage the therapy.

Dr. Sussman does not see the child and both parents individually. Therefore, please be aware that Dr. Sussman cannot legally and ethically testify in court.

Likewise, Dr. Sussman cannot submit treatment records or make any recommendations to the court, parents’ lawyers or parents regarding visitation, custody, parental behaviors etc.

**10) Will any sessions be held in the office during the corona virus situation?**

**No, ALL sessions will be online.**

**The link is <https://doxy.me/drstevensussman>**

Chrome or Safari are the best browsers to use. When you log on you will be in a “waiting room.” I will admit you when I begin the session.

If you have trouble getting in to the session, **TEXT ME THROUGH THE CHAT BOX** and/or call my cell 908 217 8106 and you can participate by cell.....*if you have an Iphone call me on Facetime.* Before the next session we can do a practice meeting with just you and me to troubleshoot the issue.

*Please keep on mute if you are not speaking...so we do not get any background noise from your home (kids, animals, televisions, etc.).*

## ATTENDANCE AGREEMENT

I, \_\_\_\_\_, the parent of \_\_\_\_\_ am aware of the attendance policy. I understand the importance of regular attendance and punctuality. I realize that if I do not honor my commitment to attendance, it conveys to my child that therapy and other commitments (e.g. schoolwork, homework, promises, etc.) are not important.

I am aware that if my child misses their first appointment for any reason other than something unavoidable such as sickness, Dr. Sussman will not be able to give them another one. Once treatment starts, if my child has inconsistent attendance, especially in the beginning of therapy, Dr. Sussman will need to reassign my child's spot to another child who may be on a wait list.

***The only reason my child will miss a session is for illness or something unavoidable. I understand that having too much homework, needing to study for a test, wanting to take a family member or friend out to dinner, etc. are not appropriate reasons to miss therapy.***

If I have a job that periodically requires overtime, preventing me and my child from attending, I will let Dr. Sussman know at the beginning of therapy. I understand that such a situation may result in Dr. Sussman not being able to treat my child.

***To prevent absences, I will always check my upcoming schedule and try to reschedule any upcoming events or appointments that conflict with my child's therapy appointments.***

***If my child is in (or going to be in) a sport or activity that will conflict with therapy, I will notify Dr. Sussman as soon as possible. I understand this will require a switch to another session provided one is available.***

*I understand that if my child misses 2 consecutive sessions their spot may need to be reassigned to another child on the wait list. If my child misses 3 consecutive sessions my child's spot will immediately be reassigned.*

*Dr. Sussman reserves the right to charge for excessive missed appointments.*

*I agree to not miss any sessions unless for unavoidable situations e.g., vacations, urgent or emergency situations. In those cases, I will give Dr. Sussman notice ASAP (by cell 908-2106, voicemail, text or email [stevensussman75@gmail.com](mailto:stevensussman75@gmail.com)).*

*Mentioning it verbally to Dr. Sussman before, during or after a therapy session is insufficient as Dr. Sussman needs to focus on the children at these times.*

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Signature

Date

***REMEMBER ALL SESSIONS ARE ONLINE!***

**PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE!**

CHILD'S FULL NAME \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Child's Home Address with *City or Town & Zip Code* \_\_\_\_\_

(Please include full address including town and zip code)

Mother's Tel. #s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Tel. #s: Home (If Separated) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Child's School & Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

How did you find Dr. Sussman? (Circle all that apply)	Insurance Company List Healthgrades.com sussmankids.com	Psychology Today Website Internet Search Referral From _____
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Are you or someone close to you a psychotherapist? If yes, in private practice? \_\_\_\_\_

I am bringing my child for help because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>My child is in or receives</u>	regular classes	an IEP	504 Plan
accommodations	pullout classes	resource room	
special education	therapeutic school	home schooling	
speech therapy	occupational therapy	physical therapy	tutoring

What do teacher(s) say about your child? \_\_\_\_\_  
\_\_\_\_\_

What are the names of your child's primary teacher(s)? \_\_\_\_\_  
\_\_\_\_\_

**FAMILY:** Name DOB Education/Employment Personality How Do They Get Along with Patient?  
*(PLEASE ANSWER ALL OF THE CATEGORIES)*

Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step-Parents (If Any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents are- Living Together? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

How are the child's parents getting along? Explain-- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What nationalities or religions, if any, does your child's family identify with aside from American? \_\_\_\_\_  
\_\_\_\_\_

**Siblings** (Indicate Brother/Sister and/or Step-Sibling, DOB, Personality, Getting Along w Patient?)

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**HOW WERE THE CHILD'S BIOLOGICAL PARENTS WHEN THEY WERE HIS OR HER AGE? SIMILAR? DIFFERENT? THE SAME?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child's home life and emotional climate is best described as \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS YOUR CHILD ADOPTED?** If Yes, Age & Circumstances of the Adoption \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCH. HISTORY OF CHILD'S BLOOD RELATIVES** (Indicate YES or No and Relation)

Alcohol Abuse _____	Drug Abuse _____
ADD or AD/HD _____	Anxiety _____
Regular Depression _____	Bi-Polar _____
Obsessive/Compulsive _____	Eating Disorder _____
Aspergers or Autism _____	Schizophrenia _____
Suicide or Homicide _____	Other _____



**DEVELOPMENTAL HISTORY**

Pregnancy/Delivery Problems (If Any) \_\_\_\_\_  
\_\_\_\_\_

Describe Infancy (Temperament, Eating, Sleeping, Crying Etc.) \_\_\_\_\_  
\_\_\_\_\_

Walking, Talking, & Toilet Training (At What Age? Any Problems?) \_\_\_\_\_  
\_\_\_\_\_

Early Childhood Personality (Toddler/PreSchool) \_\_\_\_\_  
\_\_\_\_\_

Current Personality \_\_\_\_\_  
\_\_\_\_\_

Social Skills & Popularity \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY** (Complete all that apply)

Pediatrician & Office Address & Telephone \_\_\_\_\_

Past & Present Medical Conditions & Medications (Include Any Food/Drug Allergies) \_\_\_\_\_  
\_\_\_\_\_

Child Neurologist or Psychiatrist, Medications & Dosages \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SIGNIFICANT DOCTOR APPTS COMING UP?  
\_\_\_\_\_

MANY INSURANCE COMPANIES REQUIRE THAT WE COORDINATE CARE WITH YOUR CHILD'S PHYSICIANS. PLEASE SIGN BELOW IF YOU GIVE YOUR PERMISSION TO DO SO

I GIVE DR. SUSSMAN PERMISSION TO SHARE INFORMATION WITH MY CHILD'S PHYSICIANS

\_\_\_\_\_  
(SIGNATURE) (DATE)

PSYCHOLOGICAL TRAUMA: (Has Your Child Ever Been Abused or Traumatized?)

   No or Yes    or Maybe    (Explain) \_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD BEEN INVOLVED (OR LIKELY TO BE) IN ANY LEGAL CASES? (If Yes - Explain e.g., custody, visitation, abuse, accident related, immigration disability, etc. Do you foresee your lawyer or a court wanting your child's treatment records?) \_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD PREVIOUSLY RECEIVED PSYCHOTHERAPY?

With Whom? \_\_\_\_\_ When? \_\_\_\_\_

For What Issues? \_\_\_\_\_

Were you in the sessions? \_\_\_\_\_ What was the therapist's approach and method(s)? \_\_\_\_\_

How did your child respond? Did they like it? Did they improve and/or change? \_\_\_\_\_  
\_\_\_\_\_

What did you learn from the therapy? \_\_\_\_\_

Have Mom/Dad/Sibs Been in Therapy? \_\_\_\_\_ If Yes, With Whom? \_\_\_\_\_

Since When? \_\_\_\_\_ For What Issues? \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR CHILD'S

Appearance \_\_\_\_\_ Height/Weight \_\_\_\_\_

Athleticism \_\_\_\_\_ Intelligence \_\_\_\_\_

Moods \_\_\_\_\_ Self-Esteem \_\_\_\_\_

Judgment \_\_\_\_\_ Insight (Into Self & Others) \_\_\_\_\_

SUMMARIZE YOUR CHILD'S PERSONALITY (Include Strengths and Weaknesses):

(STRENGTHS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(WEAKNESSES) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GOALS (What Should Your Child Learn From Coming to The Child & Teen Success Center?)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

***ADDITIONAL QUESTIONS ABOUT YOUR CHILD***

REPEATING Do you have to repeat yourself constantly to get your child to do something? \_\_\_\_\_

\_\_\_\_\_

WAKING UP Do you have trouble getting your child to wake up? If yes I recommend a sleep apnea study \_\_\_\_\_

\_\_\_\_\_

HOMEWORK/STUDY Do you have trouble getting your child to do their homework and/or study? \_\_\_\_\_

\_\_\_\_\_

SLEEPING Do you have trouble getting your child to go to bed and stay in their bed? Fall asleep? \_\_\_\_\_

\_\_\_\_\_

MESSY Does your child leave stuff all over the house? Is their room messy and disorganized? \_\_\_\_\_

\_\_\_\_\_

SIBLING(S) Does your child target one or more of his siblings? \_\_\_\_\_

\_\_\_\_\_

TANTRUMS Does your child throw temper tantrums often? What do they do? How long does it take for them to calm down? \_\_\_\_\_

\_\_\_\_\_

MEALS Does your child frequently get up from the dinner table? Do they take a long time to finish their meal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUICIDAL/HOMICIDAL ISSUES Has your child ever had suicidal and/or homicidal thoughts or actions?

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ANY IMPORTANT ADDITIONAL INFORMATION ABOUT YOUR CHILD?

\*(Over Age 12, Include Known/Suspected Alcohol/Drug/Tobacco Use and Sexual Activity)

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(ATTACH ADDITIONAL PAGE(S) IF NECESSARY TO EXPLAIN)

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**REMEMBER ALL SESSIONS ARE ONLINE!**

**STEVEN SUSSMAN, PhD**  
615 SHERWOOD PKWY

**CHILD & TEEN SUCCESS CENTER**  
MOUNTAINSIDE, NJ 07092

## CHILD SYMPTOM CHECKLIST

CHILD'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_ CHILD'S DOB \_\_\_\_\_ AGE, SCHOOL & GRADE \_\_\_\_\_

Please check all items that apply to child for at least the past 6 months.

often fails to give close attention to details or makes careless mistakes

often has difficulty sustaining attention in tasks or play activities

often does not seem to listen when spoken to directly

often does not follow through on instructions and fails to finish schoolwork or chores, which is not due to oppositional behavior or lack of understanding

often has difficulty organizing tasks and activities

often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

often loses things necessary for tasks/ activities (i.e. toys, books, pencils, assignments)

is often easily distracted by extraneous stimuli

is often forgetful of daily activities or routines

(6 or more suggests Attention Deficit Disorder-Inattentive Type)

often fidgets with hands or feet or squirms in seat

often leaves seat in classroom situation or in other situations in which remaining seated is expected

often runs about or climbs excessively in situations in which it is inappropriate (for adolescents this may be limited to feelings of restlessness)

often has difficulty in playing or engaging in leisure activities quietly

is often "on the go" or acts as if "driven by a motor"

often talks excessively

often blurts out answers before questions have been completed

often has difficulty waiting his turn

often interrupts or intrudes on others (butts into conversations or games)

(6 or more Suggests Attention Deficit Disorder- Hyperactive/Impulsive Type)

Has any professional suggested or diagnosed your child with AD/HD- Attention Deficit Disorder? If yes, Who and When? \_\_\_\_\_

If no (especially if your child has several of the above checked off) do you suspect your child has AD/HD or not? Why? \_\_\_\_\_

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NOTE: SUSSMANKIDS.COM HAS A MENU PAGE TITLED "AD/HD." THERE IS A FILE THERE TITLED "AD/HD & HOW IT AFFECTS KIDS."

- often loses temper
- often argues with others
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys others
- often blames others for his/her mistakes or behavior
- is often "touchy" or easily annoyed by others
- is often angry or resentful
- is often spiteful and vindictive
- often throws or breaks objects
- often hits or physically threatens-(Circle) mother, father, grandparents, siblings

(4 or more suggests Oppositional Defiant Disorder)

*ON SUSSMANKIDS.COM THERE IS A MENU PAGE TITLED "ODD" WITH A PAPER CALLED THE "SHUTDOWN LEARNER." IT EXPLAINS WHY SCHOOLS TEACH IN A MANNER THAT CAUSES AD/HD KIDS TO SHUT DOWN.*

- often bullies, threatens, or intimidates other children
- often initiates physical fights
- has deliberately destroy other's property
- has broken into someone's house, car or building
- often lies to obtain goods, favors, or to avoid obligations (e.g. cons others)
- has stolen items of value without facing the victim (e.g. shoplifting, forgery)
- often stays out at night despite parental prohibitions
- has run away from home overnight at least twice
- often cuts classes and/or truant from school
- shows little remorse: and even then, it is to obtain a lesser punishment

(3 or more after age 14 suggests Antisocial Personality)

- often has rages that last for hours at a time
- often displays or expresses excessive fears or worries about many things, especially bad fortune to him or herself or family members
- often unable to engage in activities or play due to nervousness or worries
- does not seem interested in the activities that once brought pleasure
- is often moody, tearful, and/or overly sensitive to perceived criticism or imagined slights
- has experienced significant weight gain or loss in past 12 months
- has sleep difficulties (e.g. falling asleep or staying asleep, early morning awakenings, or trouble getting up in morning)
- often exhibits social anxiety (i.e., avoids interacting with anyone other than friends or family)

(3 or more Indicators of Anxiety and/or Depression)

- has few friends and has little interest in having friends
- has excessive interest in things as opposed to people
- prefers to be alone
- often gets teased or bullied- by whom? \_\_\_\_\_
- has excessive knowledge, like an encyclopedia, about an unusual topic
- has little interest in the latest popular fad in toys, clothes and music
- has an unusual tone of voice and/or lacks inflection
- has an exceptional memory for events that occurred long ago
- lacks empathy and understanding of others
- lacks the ability for social imaginative (pretend) play
- has a tendency to flap or rock when distressed
- does "stemming" - wringing of hands and/or fingers

(3 or more Indicators of Pervasive Developmental Disorders)

Has any professional suggested or diagnosed your child with Oppositional Defiant Disorder, Autistic Spectrum Disorder, Pervasive Developmental Disorder, Aspergers' Disorder, Anxiety, Depression?

If yes, Who and When? \_\_\_\_\_

If no, do you suspect your child has any of the above? Why? \_\_\_\_\_

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**PLEASE COMPLETE THE PREVIOUS FORMS AND GET THEM BACK TO ME ASAP. PLEASE GET THEM BACK NO LATER THAN A WEEK AFTER YOUR FIRST SESSION.**

***IF YOU ARE COMFORTABLE, PLEASE GIVE THE FORM ON THE NEXT PAGE TO AT LEAST ONE OF YOUR CHILD'S TEACHER(S).***

**THE TEACHER(S) SHOULD BE THE ONE(S) WHO KNOWS YOUR CHILD WELL. IT IS BEST IF THE TEACHER HAS BEEN WORKING WITH YOUR CHILD FOR AT LEAST TWO MONTHS.**

**THE TEACHER'S FEEDBACK CAN BE VERY HELPFUL TO MY WORK WITH YOUR CHILD.**

**NOTE: FROM JULY THROUGH MID-OCTOBER TRY TO GET LAST YEAR'S TEACHER(S) TO FILL IT OUT.**

# TEACHER'S RATING SCALE

TO BE COMPLETED BY TEACHER WHO KNOWS THE CHILD BEST.

PLEASE READ EACH ITEM AND *COMPARE THE CHILD'S BEHAVIOR WITH THAT OF THEIR CLASSMATES*. CIRCLE THE NUMBER THAT MOST CLOSELY CORRESPONDS WITH YOUR EVALUATION. THANK YOU FOR YOUR HELP.

CHILD'S NAME \_\_\_\_\_ TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

**ATTENTION** **Almost Never>>>>>>>>>Almost Always**

1. <u>Works well independently</u>	1	2	3	4	5
2. <u>Persists with task for reasonable amount of time</u>	1	2	3	4	5
3. <u>Completes assigned task satisfactorily with little help</u>	1	2	3	4	5
4. <u>Follows simple directions accurately</u>	1	2	3	4	5
5. <u>Follows a sequence of instructions</u>	1	2	3	4	5
6. <u>Functions well in the classroom</u>	1	2	3	4	5

**HYPERACTIVITY/IMPULSIVITY** **Almost Never>>>>>>>>>Almost Always**

1. <u>Extremely overactive (out of seat, "on the go)</u>	1	2	3	4	5
2. <u>Overreacts</u>	1	2	3	4	5
3. <u>Fidgety (hands always busy)</u>	1	2	3	4	5
4. <u>Impulsive (acts or talks without thinking)</u>	1	2	3	4	5
5. <u>Restless (squirms in seat)</u>	1	2	3	4	5
6. <u>Invades others' personal space</u>	1	2	3	4	5

**OPPOSITIONAL** **Almost Never>>>>>>>>>Almost Always**

1. <u>Tries to get others in trouble</u>	1	2	3	4	5
2. <u>Starts fights over nothing</u>	1	2	3	4	5
3. <u>Makes malicious fun of people</u>	1	2	3	4	5
4. <u>Defies authority</u>	1	2	3	4	5
5. <u>Picks on others</u>	1	2	3	4	5
6. <u>Mean and cruel to other children</u>	1	2	3	4	5

**SOCIAL SKILLS** **Almost Never>>>>>>>>>Almost Always**

1. <u>Is able to admit fault and apologize if necessary</u>	1	2	3	4	5
2. <u>Is considered well-liked and/or popular</u>	1	2	3	4	5
3. <u>Is respectful of other children and their belongings</u>	1	2	3	4	5
4. <u>Has trouble making and maintaining friendships</u>	1	2	3	4	5
5. <u>Bullies other children</u>	1	2	3	4	5
6. <u>Is a sore loser</u>	1	2	3	4	5

You may give to parent or email to [stevensussman75@gmail.com](mailto:stevensussman75@gmail.com). You can also mail to Steven Sussman Ph.D., 615 Sherwood Pkwy., Mountainside, NJ 07092.

IF ANY QUESTIONS, YOU ARE ENCOURAGED TO CALL MY CELL 908 217 8106.



**STEVEN SUSSMAN, PHD  
LICENSED NJ & NY PSYCHOLOGIST**

**615 Sherwood Parkway**

**Mountainside, N.J. 07092**

**HIPPA PRIVACY NOTIFICATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse personal health information.

As required by “Hipaa,” we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you to provide appointment reminders or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information or to file a complaint:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
(202) 619-0257 or Toll Free: 1-877-696-6775

**STEVEN SUSSMAN, PHD  
LICENSED NJ & NY PSYCHOLOGIST**

**615 Sherwood Parkway**

**Mountainside, N.J. 07092**

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE HIPPA (SEE PREVIOUS TWO PAGES) PRIVACY NOTICE FOR THE OFFICE OF STEVEN SUSSMAN, PhD

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE SIGN FORM AND SUBMIT WITH THE INTAKE FORMS.

***PLEASE REMEMBER ALL SESSIONS ARE ONLINE!***