

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

(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 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 will Dr. Sussman be able to tell a parent what the reason is for a child's behavior?

Children are often not able to accurately tell us what is bothering them. It will take at least a few sessions before Dr. Sussman can understand and diagnose a child. Please do not expect answers and/or advice after just one or two visits.

3) 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. Further evaluation and testing to determine why the child is not progressing often proves productive. In some cases, Dr. Sussman will refer the child to other professionals, like a child neurologist or psychiatrist.

4) Why does my child not improve, or improve, and then suddenly have a relapse or get worse?

Problems would not be problems if they were solved easily. Everyone has areas of their life that they struggle with for a long time. Parents should consider that they themselves have personal issues such as weight, smoking, temper, etc. that they cannot fully resolve or control; yet they get angry and critical of their children if they seem to keep having the same problem(s).

5) Why does Dr. Sussman often recommend group therapy instead of individual therapy for my child? Isn't 1:1 therapy better?

Individual therapy works best if the client is motivated and coming voluntarily. Most children come to therapy because adults such as parents or school personnel make them attend.

Most children do not want to go to therapy because they think it means that something is wrong with them or that they are "crazy." The child feels the need to

use defense mechanisms by denying that they have a problem and by blaming others for their problems.

Therefore, children are often resistive to 1:1 therapy. Children who are made to attend individual therapy often 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 and talk about their problems. Some 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 outnumbered or intimidated by being with just an adult(s). It is much more like school where they are used to learning in groups of their peers. Also, the child does not feel singled out, sees that others have similar problems, does not feel alone, and feels more accepted and normal. As a result, they are much more open and willing to discuss their problems.

Mental health professionals acknowledge that peer groups, like Overeaters Anonymous, Smoke-Enders, Toastmasters, etc., are often more effective than 1:1 counseling for dealing with chronic behavior problems.

Seeing others with similar problems helps the child to better understand, identify, and admit that they have similar issues. Everyone searches for peer acceptance. 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.

6) 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 weather-related cancellations 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 an urgent matter arises, makeup sessions are usually available on other days. If you have car trouble, Ubers are a low-cost alternative. 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. Missed sessions in the beginning of therapy is usually a sign that the family is not able to commit to therapy at this time. If your child misses 2 sessions in a row and/or attendance is chronically irregular your child's appointment will need to be reassigned.

7) What about phone calls or emails between visits?

Parents are encouraged to contact Dr. Sussman by his cell phone (908) 217 8106 or personal email address, stevensussman75@gmail.com, at no charge if crises or urgent matters arise that require immediate attention from Dr. Sussman.

8) What about copays?

For online video conferencing sessions, please either mail a check to my office address in Mountainside or pay by credit/debit card, if you have given that information to Dr. Sussman.

For sessions at the office, please pay your co-pay at the end of each visit by cash, check or credit card (provided Dr. Sussman has your credit card information on file). Dr. Sussman has change available in the office should you pay by cash.

9) What if my child's sibling needs help too or is contributing to my child's problems?

It can be very helpful to have the sibling in the same session if they are close in age. If there is more than a two-year difference, placement in a different group with similar age children right before or after is possible. In most instances the co-pay can be waived or reduced for the second child.

10) What else do I need to know?

Please do not distract Dr. Sussman by talking to your child during the session. *PLEASE do not talk to other parents during the session as it causes a distraction.* You can always speak to them after the session.

Please keep little ones quiet during the session or take them into the waiting room, if necessary. You can return with them when they are quieted down. Please put cell phones on vibrate. If you must take an important call, go into the waiting room.

PLEASE leave a VOICEMAIL or EMAIL message if you are going to be late or miss a session. This way Dr. Sussman is prepared for either contingency. Dr. Sussman checks voicemail and Email much more frequently than texts. *If you do text, please say who you are.*

Please remember, if you miss 2 sessions in a row or keep spotty attendance, you will lose your spot to someone who is waiting for an opening. As a courtesy, please notify Dr. Sussman if you decide to stop coming. This way Dr. Sussman can assign the opening to a child who may be on a waiting list.

11) Why does Dr. Sussman believe group therapy is best for child behavior problems? Why is regular attendance so crucial? What is the attendance policy?

Child behavior problems are known to be among the most difficult behaviors to change. One reason is such children are often uncooperative and brought to therapy against their will.

Dr. Sussman believes that no one psychotherapist, parent, teacher, etc. can significantly change a client who is resistive to that change. However, a group can because it has way more influence and power than one individual.

Groups can get people to do what they would normally resist. An at-risk teen who joins a basketball team, church, scout group, etc. can often go on to have a productive life. On the other hand, if he gets into a street gang he will likely wind up incarcerated.

Humans naturally affiliate into the group(s) they find themselves in. The individual bonds with the members, identifies with the group's purposes and goals and eventually tries to contribute.

Groups can be life-changing for so many people who failed to succeed on their own to change - e.g., lose weight, stop drinking, find self-acceptance, gain purpose, etc. Hence, it may appear that your child is not progressing in the beginning because it will take some time before your child will bond with the group and its aims.

This is why Dr. Sussman has a strict attendance policy. If attendance is irregular, your child will less likely bond with the group, its members, aims, and goals. Poor attendance hurts the overall group's cohesiveness and effectiveness and is therefore not only unfair to your child but unfair to the other members.

If you live out of the local area, please consider that when making the commitment to weekly therapy. Know that rush hour will make your commute difficult, especially in bad weather. Please allow extra time for your commute. If the commute poses a problem, you may be better off seeing a therapist closer to home.

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 allowed to not respect their commitments, it is more difficult to teach them to respect others.

NOTE:

AT ANY TIME IF YOU ARE DISSATISFIED WITH MY SERVICES, PLEASE CALL MY CELL AT (908) 217-8106 TO DISCUSS THE MATTER.

I USE A LOT OF “EDGY” HUMOR. IF IT OFFENDS YOU, CALL ME AND I WILL APOLOGIZE AND TRY HARD TO NOT REPEAT MY MISTAKE IN THE FUTURE.

I TAKE ANY COMPLAINTS/SUGGESTIONS VERY SERIOUSLY AND I WILL DO MY BEST TO ADDRESS AND CORRECT THEM.

I FIND PARENTS’ INPUT VERY HELPFUL IN IMPROVING MY SERVICES. MY GOAL IS TO PROVIDE THE BEST POSSIBLE SERVICES FOR EACH CHILD.

DURING THE CORONA VIRUS SITUATION

GROUP SESSIONS IN THE OFFICE REQUIRE CHILDREN AND PARENTS TO SIT CLOSELY TOGETHER (NOT 6 FEET APART). I EXPECT TO ONLY BE DOING VIDEO CONFERENCING SESSIONS UNTIL IT IS TOTALLY SAFE TO DO SO.

For the video conference sessions the link is <https://doxy.me/drstevensussman>.

I am told it is best to use the CHROME browser and to make a link of <https://doxy.me/drstevensussman> as opposed to just typing it in to your browser. Please remain 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.

If weather is inclement, I will call Dr. Sussman at (908) 217-8106 before leaving for my appointment. His voicemail will announce if the office is closed due to weather.

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

I agree to give Dr. Sussman advanced notice (by cell 908-217-8106, voicemail or text, or email stevensussman75@gmail.com) of any sessions my child will miss and the reason.

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.

Signature

Date

PLEASE COMPLETE THIS FORM IN AS MUCH DETAIL AS POSSIBLE SO DR. SUSSMAN CAN HELP YOUR CHILD AS MUCH 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 Psychology Today Website
Healthgrades.com Internet Search
sussmankids.com Referral From _____

Are you or someone close to you a psychotherapist? If yes, in private practice? _____

I am bringing my child for help because _____

My child is in or receives 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-- _____

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? _____

ANY IMPORTANT ADDITIONAL INFORMATION ABOUT YOUR CHILD?

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

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

STEVEN SUSSMAN, PhD

68 SEGUINE AVE.
STATEN ISLAND, N.Y. 10309

CHILD & TEEN SUCCESS CENTERS

615 SHERWOOD PKWY
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? _____

- 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)

- 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?

PARENTS' ROLE IN THERAPY

The Child & Teen Success Center uses an innovative variation of cognitive-behavioral therapy. Cognitive refers to the teaching of new values, ideas, beliefs, and strategies. Behavioral refers to quantifying how therapy is actually impacting behavior. In other words, our approach is results oriented.

To accomplish these objectives the child will be taught more effective strategies and techniques to overcome their problematic behaviors. *The parent 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 incentive or “token economy” to stimulate the child to practice and perfect what he or she is learning in therapy.

Research shows that both patients and therapists require outside feedback for psychotherapy to be successful. Many therapies fail because the patient and therapist do not receive adequate feedback on how the child is doing in the “real world.”

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 for 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 is not related to school or chores. This should reflect if the child engages in verbal or physical behavior that is belligerent, hostile, and/or rude toward the parent.

Goal 2 will be school related in terms of academics, in school behavior, classwork, 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 family. The child should contribute to his social family group by getting along with his 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 do not score your child below 2.0 “just to make a point” if the child has not practiced aggressive and/or dangerous actions.

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 the other children any new ideas to copycat.***

Once you relate your score and explanation please let Dr. Sussman discuss it with your child. ***Please do not interrupt the exchange between Dr. Sussman and your child to add more detail, unless it is absolutely necessary.*** Interruptions serve to confuse and distract both Dr. Sussman and your child from doing the therapeutic work.

Please do not interrupt the session to directly question or offer advice to other children and their parents! If you feel you have something to offer another parent, you can speak to them after the session. Even then be cautious as you do not know their situation and their child’s needs!

At the end of the session there will be a “rewards ceremony” and each child’s total score will be announced. Children with good scores will receive an age appropriate reward that Dr. Sussman will provide.

Thank you for your help and trust in allowing me to treat your child. Never hesitate to contact me if you have any questions about the above or anything else. ***Please always call my cell.***

CELL PHONE CALLS & TEXTS 908 217 8106
EMAIL STEVENSUSSMAN75@GMAIL.COM

PLEASE VISIT MY WEBSITE: SussmanKids.com for additional information and psychoeducational videos for parents.

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.

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

**615 Sherwood Parkway
Mountainside, N.J. 07092**

**68 Seguire Ave.
S.I., N.Y. 10309**

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

PATIENT NAME _____

DATE OF BIRTH _____

PARENT NAME _____

SIGNATURE _____

DATE _____

PLEASE SIGN FORM AND BRING TO FIRST APPOINTMENT

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

**615 Sherwood Parkway
Mountainside, N.J. 07092**

**68 Seguire Ave.
S.I., N.Y. 10309**

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 “Hippa,” 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