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### Disclosure Statement

Welcome to Lux Therapy Center. I look forward to working in partnership with you. This document contains important information about our work together. It summarizes the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights with regard to use and disclosure of your Protected Health Information (PHI) used for treatment, payment and health care operations.

### Educational Background/Accreditation

I have a BA in Psychology and Women's Studies from Rutgers University. I hold a Master's Degree in Mental Health Counseling with an Advanced Certificate towards Licensure as a Professional Counselor in the State of New Jersey. I am also a 200 hour Registered Yoga Teacher. I take trainings yearly to further my education and maintain my license and certificates.

### What can you expect?

I believe in working in a partnership with you. In first session we will get to know each other, you will have time to share your interest in yoga therapy and I will offer a description of what to expect in future sessions. After that the sessions may involve a mixture of talking, movement and meditation.

Yoga therapy, along with all forms of therapy, has both benefits and risks.

While it has been empirically demonstrated that Yoga therapy has substantial benefits, it also has risks that may include experiencing uncomfortable feelings, conflicts and/or struggles. Moreover, the process is not predictably linear, and even when clients are feeling successful, periodic setbacks do occur. These should be expected and are a normal part of the healing process.

### Assessment Period

Our first 4 sessions are reserved for gathering history, assessment, goal formulation and the collaborative development of a treatment plan. This can be a more or less lengthy process depending upon you and your unique needs. If following the assessment period it becomes clear to me that my training and experience are not best suited for your problems I will at that time work with you to identify a provider in the community better suited to your problems. This assessment period is also a time for you to determine if I am the best fit for you.

### Confidentiality

All client information will be kept strictly confidential within Lux Therapy Center, Tierney Farry, LLC unless you give written authorization. Except in emergencies, verbal authorization will not be sufficient. There are certain conditions under which confidentiality may be breached:

1. If there is suspected abuse or neglect of a child, dependent adult or a person with developmental delays.
2. If you give strong indications that you are likely to harm yourself or another person.
3. If your records are subpoenaed by a court of law.
4. If you bring a complaint against me with the state or with a local regulatory agency.
5. If you are involved in a life-threatening emergency, in which case information pertinent to that emergency may be released.
6. If an involuntary commitment for mental health assessment seems necessary.
7. If you request a receipt for reimbursement for your insurance company I may be required to provide a diagnosis.

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Initial

### Physical Touch

Yoga therapy can involve physical touch, and touch is something you and I discuss both before and while it is happening. Touch can calm the nervous system, help bring awareness and attention to a body part, relieve tension and feel supportive. Whenever touch is involved I will tell you what I am going to do (i.e. I am going to press on your feet now), and then I will ask if the touch feels ok (i.e. is this enough pressure or would you like more or less?). Touch is not involved in every session or with every person, and I involve touch only if I think it would be an appropriate and helpful tool for you. Some people prefer not to be touched at all, and in those cases I do not incorporate touch. Some people find touch as a tool for calming, grounding and becoming more aware and present.

### Consultation

To ensure I am giving you the best treatment possible, I do consult with other professionals in consult group formats or through 1:1 supervision. These colleagues are ethically bound to the same tenets of confidentiality. Please know that your identity remains protected during these case consultations.

### Minors

Parents or legal guardians have rights to information regarding treatment with their children. However, in order for therapy to be effective, the child must have an assurance of confidentiality. Because of this, it is my policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety is at stake. Parents are encouraged to ask the therapist about the therapy and together, your child and therapist will talk with you about your concerns and will share information that is clinically optimal for the child.

## Contact Between Sessions

### *Phone*

I may not be immediately available by telephone, but do check voicemail regularly. I will make every effort to return your call on the same day you make it, with the exception of non-emergency calls made on weekends, holidays, or when I am on vacation. If you cannot reach me, and feel you cannot wait for a return call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychiatrist or other mental health professional on call. Alternatively, call 911.

### *Email*

You may email me, but judiciously, and only for logistical purposes, such as to schedule/reschedule appointments and to request statements. Email should not be used for sharing clinical information or other content updates. All clinical information should be discussed during your session. If you provide me with your email address, you give me permission to use your email for logistical purposes, such as to schedule/reschedule/confirm appointments, and/or to communicate other information relevant to your therapy.

### *Text Messaging*

You may text me, but judiciously, and only for emergencies or timely logistical information (i.e., “running 5 minutes late...”). Text messaging should not be used for sharing clinical information or other content updates. All clinical information should be discussed during your session. If you provide me with your cell phone number, you give me permission to text you for logistical purposes, such as to schedule/reschedule/confirm appointments, and/or to communicate other information relevant to your therapy.

### *Social Media*

The context of the therapeutic relationship is different from those you may have with other service providers. As a therapist, I cannot be your “friend” or “connect” with active clients on my personal accounts. This is not only to maintain the appropriate professional relationship boundaries, which are necessary for effective therapy, but also to protect you. Your therapy is your private business, and it is your choice to disclose or not disclose that you are in therapy to others. By connecting with your therapist on social media, however, you may inadvertently invite a question about how you know her/ him, or, conversely, your therapist may invite a question about how she/he knows you. To eliminate the possibility of an unintended disclosure of a therapeutic relationship, I cannot accept social media invitations from active clients on my private accounts. You can, however, connect with @LuxTherapyCenter’s social media pages.

### Canceled Appointments

I understand that my clients lead busy lives and sometimes situations arise where you are not able to make our scheduled appointment. Your time is set aside for you. I require a 24-hour notice for all cancellations. Cancellations with less than 24 hours notice will be charged the full amount of the session.

### Insurance

My desire is to work with clients, not insurance companies. I choose not to be on insurance panels at this time, which leads to more flexibility for myself and for my clients. Most insurance companies require a diagnosis and that I submit information to them about our work together. Insurance companies can also put a limit on the amount of time we can work together. I prefer our yoga therapy to not involve a 3<sup>rd</sup> party. That being said, I have had people be reimbursed by his/her insurance company. I am happy to provide receipts and a diagnosis, if applicable. You may submit the receipts for reimbursement.

### Conflict of Interest notice

In order to avoid dual relationships and conflicts of interest, I will provide you clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise you or your child's ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody, custody arrangements, or visitation;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Agreement

I have read and accept the terms of this agreement and hereby authorize Tierney Farry LLC to consult with colleagues in order to provide information that potentially assists me in achieving my therapeutic goals. Lux Therapy Center and Tierney Farry LLC are authorized to release relevant information as necessary to my insurance carrier.

I understand that when I sign this document, it will represent an agreement between Lux Therapy Center/Tierney Farry LLC., and I.

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Client signature

Date