

MY PROFESSIONAL BACKGROUND

- I'm a bilingual (Spanish) Licensed Marriage and Family Therapist (MFT) in New York City. I received my training and education from Nyack College in NYC.
- I'm an Approved Clinical Supervisor (ACS) and Associate Pastor at Casa de Refugio Church.
- My specialized skills combine systemic family therapy with Christian principles based on God's Word in the Bible. I have more than five years of experience in marriage and family therapy
- I specialize in working with children and families to bring together what was initially designed by God.
- As a military veteran myself, I empathize with those Veterans who have had past trauma and work closely with Veterans using EMDR (Rapid eye movement therapy).
- I'm passionate about children and their well-being and work closely with many children placed with child services.
- I am passionate about helping all people from all walks of life and get them to see the hope and purpose that God has designed for them.

Informed Consent Form

Psychotherapy Services

As part of the provision of counseling and marriage and family therapy service to you, Miracle Healing Centre Inc. needs to collect and record personal information from you. This information collected will include your name, contact details, medical history, employment status, and other relevant information as appropriate to your mental health needs.

The collection of this information is a necessary part of the clinical assessment and treatment process. Before the commencement of any evaluation or treatment, your informed consent must be given. You may withdraw from treatment at any time without penalty or prejudice.

Services

Miracle Healing Centre Inc. provides individual, family, couple, group, and spiritual counseling/therapy as a fee service. Nariesh Paltoo Jr. LMFT (supervisor) and licensed counselors/therapists can only counsel within the scope of their practice. If you choose not to be served by us, then we can refer you to another provider.

Privacy and Confidentiality

Personal information is gathered as part of the assessment and treatment process. All information is kept securely and, in the interests of your privacy, used only by your therapist and the practice's authorized personnel.

Our family therapist and counselors are licensed and registered with the American Association for Marriage and Family Therapy and the American Counseling Association. It is a requirement that all therapists follow strict guidelines for professional conduct in line with AAMFT, ACA, and NYS Code of Ethics. We are also HIPAA compliant.

Your personal information is saved to document what occurs during sessions and enables the therapist to provide a relevant and informed therapy service to you. You are entitled to access your personal information kept on file at any time.

Limits to Confidentiality

All personal information gathered by the family therapist during the provision of the psychotherapy service will remain confidential except when:

1. A NYS court subpoenas it; or
2. Harm to Self. Suppose the therapist determines that you are physically harming yourself and unwilling or unable to follow treatment recommendations. In that case, the therapist/counselor may seek your admission to a hospital and contact a family member or another person who may help protect you.
3. Harm to Others. If the therapist believes you are threatening physical violence against another person or threat to the safety of another person. In that case, the therapist/counselor will be required to act by calling the police, notifying the potential victim, securing hospitalization, or some combination of these actions to ensure the other person is protected.
4. Abuse of Child or Dependent Adult. As a mandated reporter, if there is reason to believe a child or dependent adult is abused, the therapist is legally obligated to report the situation to the appropriate state agency.
5. Consulting with colleagues. It is helpful to consult about clinical work with other professionals legally bound to maintain confidentiality.
6. Courts. A therapist may be ordered to testify in legal proceedings and turn over records if lawfully issued by subpoenas and court orders.
7. Insurance. We are HIPAA compliant and a for-fee service provider. We accept cash, major credit cards and can bill your insurance company directly.
8. A minor. For those who are seventeen years old or younger, be aware that while the specific content of our communication will remain confidential, your legal guardian(s) have the right to receive general information on how your treatment is proceeding.
 1. Disclosure is otherwise required or authorized by NYS law; or
 2. When consulting with colleagues or during supervision, your therapist will be required to conceal your identity and any associated parties involved; and preserve your privacy in the utmost professional manner by NYS Code of Ethics.

A consequence of Not Providing Personal Information

Suppose you do not wish for your personal information to be collected in a way anticipated by this consent form. In that case, Miracle Healing Centre Inc. may not be in a position to provide the therapy service to you.

Consent

I, _____, have read and understood this Consent Form.
I agree to the above conditions for the therapy service provided by Miracle Healing Centre Inc.

Client Name: _____

Client Signature: _____

Date: _____

If the client is under 18 years of age:

I, _____, provide consent for the exchange of verbal and written correspondence about my child's psychological condition and treatment at Miracle Healing Centre Inc. to the following entity:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____