



CANALSIDE THERAPEUTIC ARTS
EMILY GENOVESE
M S , A T R - B C , L C A T

ABOUT CANALSIDE THERAPEUTIC ARTS

Canalside Therapeutic Arts is a private psychotherapy and art therapy practice owned and operated by Emily S. Genovese, MS, ATR-BC, LCAT. As a board certified, licensed creative arts therapist with over 14 years of experience I treat children, adolescents, and adults. I received a Master's Degree in Art Therapy from Nazareth College in Rochester, NY and I am licensed to practice in the State of New York.

PHILOSOPHY ON MENTAL HEALTH

It is my goal to work together to provide quality mental health care coordinate needed care for the whole person, not just a portion. I provide psychotherapy services, and I also utilize art therapy techniques. Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.

ALL TEAM MEMBERS MUST BE PRESENT

At Canalside Therapeutic Arts, treatment is designed to meet mutually agreed-upon goals. It is important for participating members to prioritize treatment and be available for all sessions.

THE PROCESS OF THERAPY

Sessions typically occur on a weekly, or bi-weekly, basis so that progress can be achieved and maintained. We will work together to create a schedule that works best for you. Sessions are generally 50 minutes in length.

On occasion, written notes are taken to assist with remembering key times, dates, and events. These notes will be kept safe with all other documentation to ensure your confidentiality.

In order to administer the most effective treatment, I may request to obtain or release mental health information with other entities (physicians, schools, courts, etc.). This can only be done with permission and a signed release form. Any requests to review materials (assessments, reports, summaries, etc.) will be discussed with you personally. This will help avoid any confusion in the interpretation of shared information.

At Canalside Therapeutic Arts I encourage you to share your input regarding the treatment process (thoughts, goals, progress, concerns, etc.). This is important in making sure that there is clear communication within the therapist/client relationship so the goals remain mutual. Every few months we will review the course of treatment in order to evaluate progress toward your goals. As progress continues, sessions are gradually lessened to a bi-weekly, then monthly, schedule. At the time of termination we will discuss a plan for follow up care that is mutually agreed upon.

SAFETY AND PRIVACY

Canalside Therapeutic Arts takes matters of safety and confidentiality very seriously. Please be advised that for their safety, children are not to be left unattended without an adult in the waiting area. Please refer to the Privacy Notice for an outline of safeguards ensuring your privacy and the limits of confidentiality.

Phone: 585.210.9177
canalsidetherapeuticarts@gmail.com

3 Railroad Street, Suite D3
Fairport, NY 14450



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COURT EVALUATIONS, TESTIMONY, AND SUBPOENAS

If a formal evaluation for custody, residence, or visitation is required, please consider using a court-appointed custody evaluator. This will help safeguard our relationship and the work that we do together. I will be happy to assist you with this process, and advocate for your needs.

COMMUNITY ENCOUNTERS

Canalside Therapeutic Arts is located in the Village of Fairport which is in proximity to several neighboring suburbs (Webster, Penfield, Perinton, Pittsford). Clients, their families and therapists will likely intermingle. Chance encounters are likely. I respect your right to privacy and will discuss your preferences regarding possible encounters outside of our office space. I would urge all of my clients to show the same degree of respect and discretion toward other clients of Canalside Therapeutic Arts. It is my policy, as well as that required by law, that I will not confirm or deny if you or any of your family members are receiving, or has ever received, services at Canalside Therapeutic Arts unless I have obtained your prior consent.

CHANGES

Please advise Canalside Therapeutic Arts of any changes in your circumstances, including your current address, contact information, place of employment, child's school and/or school district, marital status, visitation, and medication. A Changes Form is available to you at any time in the office.

NO-SHOWS AND CANCELLATIONS

If you are unable to keep a scheduled appointment, you must contact the office 24 hours in advance. This will allow me to accommodate others during the cancelled time slot. If you fail to attend an appointment without advance notice, this is considered a No Show and you will be billed for the full 50 minute session. If three no show appointments occur in a row, a letter will be sent reminding you that our work together may need to come to an end. Exceptions to this policy can be made for serious weather conditions, as well as serious unexpected illnesses.

YOUR RIGHTS

You are entitled by law to services that will not discriminate on the basis of race, creed, skin color, gender, national origin, age, sexual orientation, disability or health status. Your treatment at Canalside Therapeutic Arts is voluntary. You have the right to terminate treatment at any time. If you decide to terminate services, I would encourage you to share your concerns early on so that you can be assisted in developing alternative plans for care.

Should you have any concerns about any aspects of your treatment or the quality of the care you have received at Canalside Therapeutic Arts please consult the New York State Education Department/Office of the Professions which oversees the licensing of my profession. For a copy of you Consumer's Bill of Rights, to lodge a formal complaint, or to gain better clarification on the nature of my profession, contact New York State Education Department, Office of the Professions, Education Building, 2nd Floor, Albany, NY 12234. Website: <http://www.op.nysed.gov/rght4ver.htm>, Telephone: 518-474-3817, TDD: 518-473-1426, Fax: 518-474-1449, Email: op4info@mail.nysed.gov, Professional misconduct complaints: conduct@mail.nysed.gov, 1-800-442-8106, or fax 212-951-6449.

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PAYMENTS

Please make payments at the beginning of each session so that we can use the time to focus on the therapy. You may keep a card on file so that payment does not interfere with your time at the office.

INFORMED CONSENT

I understand that treatment at Canalside Therapeutic Arts may involve relationships, psychological issues, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help me, personally, and with my relationships. I am aware of alternative treatment facilities available to me.

My therapist has answered all of my questions about treatment at Canalside Therapeutic Arts satisfactorily. If I have further questions, I understand that my therapist will either answer them or find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with my therapist.

I have read the above disclosure and agree to its terms.

Signature

Date

Signature

Date

Witness Signature

Date

Copy given to child/family.



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CONSENT

I hereby give my permission for an exchange of diagnostic, medical, psychological, and/or educational information regarding myself/my child.

Print Name

Date

Between Canalside Therapeutic Arts, 3 Railroad St, Suite D3, Fairport, NY 14450 / 585-210-9177

and _____

This release is valid for one year from the date of the signature, unless otherwise specified.

Signature (self/parent)

Date

Copy given to child/family.