

**Lisa F. Ligammari, LCSW**  
**Counseling Services & Associates**

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**OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT**

Welcome to the office of Lisa F. Ligammari, LCSW Counseling Services & Associates. This document contains general information and policies. Please read it carefully. If you have any questions about the contents of this form, please do not hesitate to ask. References to "you" throughout this document may also refer to your child if they are going to be the patient.

**Confidentiality**

All information disclosed within sessions and the written records pertaining to those sessions are confidential between client and therapist. All information revealed within a session may not be further revealed to anyone without your written permission, except where disclosure is required by law.

Circumstances where disclosure is required by law are: when there is a reasonable suspicion of child, or elder abuse or neglect; and when a client presents a danger to themselves, to others, to property, or is gravely disabled (for more details see also notice of privacy practices form).

**Emergencies**

If there is an emergency during our work together, I will do whatever I can within the limits of the law to prevent injuries and being injured and to ensure that you receive the proper medical care. This includes, but is not limited to, situations in which I become concerned about your personal safety, the possibility of injuring or being injured by someone else, or about you receiving proper psychiatric care. For this purpose, I may also contact the police, hospital, or the person whose name you have provided on the emergency contact sheet.

**Health insurance and confidentiality of records**

Disclosure of confidential information may be required by your health insurance carrier in order to process claims. If you so instruct, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information submitted as well as who has access to this information.

**Confidentiality of email, cell phone, and fax communication**

It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. Emails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can be sent erroneously to the wrong address. Please notify me at the

beginning of treatment if you decide to avoid or limit in any way the use or any or all of the previously above-mentioned electronic communication options. *Please do not use email or faxes in emergency situations.*

### **Litigation limitation**

Due to the nature of the therapeutic process, and that fact that it often involves full disclosure of confidential information, it is agreed that should there be legal proceedings, neither you, your attorney, nor anyone else acting on your behalf are to call on me to testify in court or at any other proceeding, nor is a disclosure of the psychotherapy records to be requested. This includes, but is not limited to, divorce and custody disputes, injuries, lawsuits, etc.

### **Consultation**

At times I may consult with other professionals regarding my clients; however, the client's name or other identifying information is never disclosed.

### **Telephone and emergency procedures**

If you need to contact your assigned therapist between sessions, please leave a message on the voicemail of your assigned therapist and your call will be returned as soon as possible. *If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone immediately, please head to your nearest emergency room or call 911.*

### **Correspondence**

In the event that a letter regarding treatment is made, please notify your clinician at least a week before documentation is due. If timely notice is not given, the clinician may deny the request for correspondence. The client is responsible for picking up the documentation once it is completed. The client is responsible for the fee, if applicable, at the time of pick up.

I do not charge for brief phone calls, but extensive calls fifteen minutes or longer will be prorated as per my session rate. If I am required to provide a verbal report to a physician or other professional, a consultation fifteen minutes or longer will be charged or prorated as per my session rate. Please ask for my fees regarding school visits, reports, and letters. Please note that the above services are generally not covered through insurance carriers.

### **The process of therapy/evaluation**

Participation in therapy can result in a number of benefits to you and/or your child, including improving interpersonal relationships and the resolution of the specific concerns that led you to seek therapy. I will ask for your feedback and view on you/your child's therapy, the progress, and other aspects of the therapeutic process. Change will sometimes be easy and swift, but more often it will be slow and can even be frustrating. There is no guarantee that psychotherapy will yield positive or intended results, or that you or your child will attain your goals. We will make every effort on our behalf to encourage the process to be successful, but should your goals not be reached within a certain amount of time, we will discuss alternatives. During the course of therapy, I am likely to draw on various psychological approaches and techniques according to the problem that is being treated and my assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, play therapy, system/family, developmental (child, adolescent, young adult, & family), Psychodynamic, DBT, parenting, and/or

psychoeducational. I will discuss with you my working understanding of the problem and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, always feel free to ask. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I will assist you in obtaining those treatments.

#### **Payments and insurance reimbursement**

In any professional relationship, payment for services is an important issue. This is even truer in psychotherapy, where clarity of relationship and responsibilities is a goal of treatment. An agreement of payment was discussed prior to your arrival. All payments are due at the end of each session. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments.

Every effort will be made to assist you in collecting your claims, but all charges incurred are the responsibility of the patient or guardian responsible, regardless of insurance coverage or reimbursement. Not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage, including the number of authorized visits and their respective time frame.

Any bank charges for returned checks will be your responsibility. My office will provide periodic statements to you on balances owed; please pay your bills promptly. If an account has not been paid within 30 days, we will notify you again. If we do not hear from you within 60 days, it is our policy to turn your account over to a collection agency. It is agreed that if your account is referred to an outside agency or attorney for collection, you will be responsible for an additional collection fee of 20% of the balance of your account, or \$50.00 (whichever is greater). Accounts which have collections may be reported to the credit bureau.

#### **Cancellation**

Appointment times are set to accommodate my patients' schedules as often as possible. To get the most from therapy and to properly assist you, it is best that you keep your appointments on a regular basis. Please feel free to discuss any need to change your scheduled appointment time. If you cannot keep your regularly scheduled appointment, please notify me. Except where emergencies prevent a timely cancellation, it is my policy to charge \$80 or full fee (whichever is less) for missed appointments unless I am given at least 24-hour notice. By law, I am not permitted to bill insurance for missed appointments; full payment for a missed appointment is your personal responsibility. Should you need to cancel your appointment twice within a one-month period, we reserve the right to remove you from your assigned time slot and reassign it to someone else. Should you not be able to attend your appointment due to illness, vacation, or some other reason, please let your treating psychotherapist know so that we can hold your time slot for you for as long as we can.

#### **Late Arrival**

In the event that you arrive late to session, *you are allotted the remaining time of your scheduled session.* Your clinician will not allocate time at the end of the session to make up for time missed. Please be considerate of your appointment time and of those scheduled after you. *If you*

*arrive later than 15 minutes, your appointment will be considered canceled and you will be charged a full fee for the session unless you notify your clinician prior to your tardiness. Sessions less than 30 minutes cannot be billed to insurance.*

**Termination**

After our first few meetings, I will assess if I can be of benefit to you. Should I feel that a specific service or treatment approach would benefit you that I do not provide, or that your concern is outside of my range of specialties, I will assist you in finding an appropriate referral. You have the right to terminate therapy at any time. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with a smooth transition. If at any point during the psychotherapy process I assess that I am not best suited to treat you or your child, I will discuss this with you and refer you to an appropriate treatment provider. Unless otherwise agreed upon, the therapeutic relationship will be considered terminated if you do not schedule an appointment in a three-month time period.

Please do not hesitate to ask if you have any questions!

By signing below, you agree that you have read and understand the above agreement and office policies.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_