Lisa F. Ligammari, LCSW
315 Rt-34, Suite 106, Colts Neck, NJ 07722
80 Bridge Plaza Dr., Manalapan, NJ 07726
732-648-6423 | lisaligammaricounseling.com

Office Policies & General Information

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

Welcome to the office of Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates. This document contains general information and policies. Please read it carefully. If you have any questions about this form's contents, please let us know. References to "you" throughout this document may also refer to your child if they will be the patient.

Confidentiality

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

Circumstances where disclosure is required by law are:

- When there is reasonable suspicion of child or elder abuse/neglect.
- When a client presents a danger to themselves, to others, or is gravely disabled. Please also refer to the Notice of Privacy Practices Form.

Emergencies

If there is an emergency during our work together, this practice will do whatever it can within the limits of the law to prevent injuries and to ensure that you receive proper medical care. This includes, but is not limited to, situations in which this practice becomes concerned about your safety, the possibility of injuring or being injured by someone else, or about you receiving proper psychiatric care. For this purpose, we may contact the person listed on our Emergency Contact Form. If deemed necessary, we may also contact the police and/or hospital services or other emergency state or local services.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier to process claims. Only the minimal of necessary information will be communicated to the carrier. Often they may request progress notes along with diagnosis. This office has no control over, or knowledge of, what insurance companies require from us or what they do with the information submitted as well as who has access to the information.

Confidentiality of Email, Cell Phones, & Fax Communications

It is very important to be aware that email and texts can be easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communications can be easily compromised. Emails in particular are vulnerable to such unauthorized access because servers have unlimited and direct access to all emails that go through them. Faxes can be sent erroneously to the wrong fax number. Please notify this office at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above mentioned electronic communication options. Please do not use email or faxes or texts in emergency situations.

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Litigation Limitation

Due to the nature of the therapeutic process and the 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 is to call on this office and/or your assigned therapist to testify in court or at any other proceeding. Release of records is done with a release of information by you, signed and requested.

Consultation

Consultation is done only with your permission to release information (form must be signed). There are various forms that may be filled out depending on the need for consultation and with whom.

Telephone and Emergency Procedures

If you need to contact this office and/or your assigned therapist in between your therapy sessions, please leave a message on the voicemail of your assigned therapist and your call will be returned as soon as possible. We aim to return calls within 24 hours of our working schedule. If an emergency arises, please call 911 or head to your nearest emergency room, or call the Suicide & Crisis Lifeline at 988 if indicated.

Correspondence

If a written letter regarding treatment is requested, please notify your therapist at least a week in advance. If timely notice is not given, the clinician may deny the request for the 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.

This office and/or your clinician does not charge for brief phone calls, but extensive calls of 15 minutes or longer will be charged at a pro-rated rate per the therapist's session rate. If this office or therapist is requested to provide a written report to a physician or other professional, a pro-rated rate will apply for letters that take longer than 15 minutes to prepare. Please ask your therapist prior to any phone calls, letters, or school visits what the pro-rated cost will be. Please note that the above services are generally not covered by insurance carriers.

Therapy/Evaluation Process

Participation in therapy can result in many benefits to you and/or your child, including improving interpersonal relationships and the resolution of the specific concerns that led you to seek therapy. Your therapist will ask for your feedback and view on your therapy, the process, 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 will attain your goals. Your therapist will make every effort on their behalf to encourage the process to be successful, but should your goals not be reached, they will discuss possible alternatives. During the course of treatment, your therapist is likely to draw on various psychological approaches and techniques according to the problem that is being treated and from their assessment of what will benefit you. Your therapist will discuss with you their working understanding of your problem and view the possible outcomes of treatment. If you have any questions about any of the techniques used in the course of treatment, please feel free to ask. You also have the right to ask about other treatments that your therapist may or may not provide, and they will assist you in obtaining those treatments. The therapist may deem that there is an alternate treatment that would best fit your needs that is outside their scope of practice, and they may offer you referrals for that type of treatment.

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Payments & 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 often a goal of treatment. An agreement of payment was discussed prior to arrival. All payments are due at the beginning of the treatment session.

For insurance using clients, we will bill your insurance for you and await payments from your insurance company. Please note that all charges incurred are the responsibility of the patient or guardian regardless of insurance coverage reimbursement. Whether we are in network or out of network, we will do our best to ensure that the insurance pays their share.

Any charges that this office incurs for returned checks or declined payments will be your responsibility. This office will provide periodic statements to you on balances owed. Please pay your bills promptly to avoid an interruption in your services. If an account has not been paid within 30 days the office will notify you again. If this office does 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 an attorney for collection, you will be responsible for an additional collection fee of 20% of the balance.

Cancellations

Appointment times are set to accommodate the patient's needs as often as possible. To receive appropriate and beneficial therapy, it is important to keep your appointments on a regular basis. If you need to reschedule or cancel your appointment time, please contact your assigned therapist with at least 24 hours notice. Failure to provide this notice will result in a charge of $80.00 or full fee (whichever is less) charged to your account. Should you need to cancel your appointment twice within one month, your therapist holds the right to remove your time slot from their schedule until you are able to make a commitment to treatment. Please know that we cannot charge your insurance for a missed session as insurances will not pay for this.

Late Arrival

In the event that you arrive late to your session, you are allotted the remaining time of your scheduled appointment. Your clinician will not allocate time at the end of the session to make up for time missed. If you arrive later than 15 minutes past your appointment time, your appointment will be considered a late cancel and you will be charged the $80.00 (or your full fee, whichever is less) cancellation fee. Sessions less than 30 minutes long will not be able to be billed to insurance.

Termination

After your first few sessions (or at any time during your course of treatment) your therapist will assess if they can be of benefit to you. Should your therapist feel that a specific service or treatment approach would benefit you that they cannot assist you with, or that your concerns are outside of the office's range of specialties, your therapist will assist you in finding an appropriate referral. You have the right to terminate therapy at any time. Upon your request and authorization, your therapist can talk to your new provider to help with a smooth transition if needed. The therapeutic relationship will also be considered terminated if you do not schedule an appointment in a one month time period.

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

Client Name: _____

Client or Parent/Guardian Signature: _____ **Date:** _____