

## **OFFICE POLICIES and CONSENT FOR TREATMENT**

### **Privacy Policies**

This document summarizes your rights under the HIPAA privacy regulation; explains how information about you may be used and disclosed; and explains how you can have access to this information. In this document “you” refers to the identified client, not the guardian. Please read this carefully before signing.

This practice is designed to maximize client privacy. I will share information only with those who need to know it, who are permitted by law to receive it, or whom you give permission to know about you and your involvement with my services. I am required by state and federal law to protect any information which might reveal your identity, and also to supply you with a copy of this document. If you need an additional copy of this document, you can request it at any time by calling 607-749-3011.

All access to care is offered directly with me, Lisa T. Ziobro, including intake contacts, appointment calls, insurance inquiries, and requests for shared information. Client files are kept in a locked location. Computer notes and correspondence, and telephone voice messages are password-protected. I will make every effort to avoid unintended incidental disclosures of information about you in situations such as speaking with you in a location where others might overhear, or speaking on the phone when someone is near, or leaving private information on my desk during a visit by someone else.

There are cases in which I am entitled or mandated to disclose information without your permission:

1. To a personal representative who is authorized to make healthcare or payment decisions for you.
2. To others who are currently providing services to you or working with me to plan services (I will always attempt to get your authorization if possible).
3. I am mandated by law to report any reasonable suspicion of abuse or neglect of minor children or an elderly or dependent adult to the Department of Social Services and / or to law enforcement personnel if imminent risk is present.
4. If you communicate a serious threat to do harm to an identifiable person, I have a duty to warn that person, and the appropriate law enforcement authorities.
5. If you communicate a serious intent to do harm to yourself, I will access whatever supports are necessary to prevent such harm.
6. I may need to speak with persons outside of this practice to coordinate payment for services rendered.
7. When court ordered to produce information, and no legal means of protecting is available, I will produce the subpoenaed information for the court. I will, however, first invite the attorney of a client to file a “motion to quash” in the interest of preserving the confidential nature of the client’s therapeutic record.

I will, at times seek consultation or supervision regarding client treatment. In these cases, I will seek your authorization to share (for example, in the case of a videotape of a session). Or I will share general case details without revealing your identifying information.

You have the right to access your clinical information. You have the right to ask for an accounting of clinical information I have disclosed to others. You have the right to ask that your clinical information be amended if you believe it is incorrect or incomplete.

### **Scheduling and Cancellations**

Psychotherapy and counseling require a regular schedule of attendance for beneficial outcomes. A regular schedule can help you make the best use of time between sessions and come prepared to best use the time in sessions. It can also help us to develop a trusting relationship, a good flow of communication and sessions that build on one another. If you enter therapy, considering it a valuable and important part of your life, you will certainly have better results, than if you attend only when in crisis, or when you have nothing better to do.

I prefer to make standing appointments whenever possible. Your appointment time is a stated agreement between you and I that a specific date and time will be held for you. Both of our time is valuable. If you cancel on short notice, I will typically be unable to fill your hour, and I will generally not have time to reschedule with you in the same week. Therefore, twenty four hour advance notice is required for cancellations. If you do not cancel within 24 hrs, and do not show up for an appointment, you will be billed at half the session rate. Same day calls for emergency cancellations within 24 hrs prior to an appointment are appreciated. An emergency means:

- A situation where the client is so severely ill that the person's health or my health would be endangered by coming to the session.
- A situation where a close family member has experienced an accidental or acute trauma within the 24 hrs prior to a session, requiring your immediate presence.
- A situation in which the client is physically prevented from making the scheduled appointment, such as when a car breaks down on the way to therapy.

Some examples of situations which are not viewed as emergencies, and which you will be billed for, include: poor organization or communication at home, losing an appointment card, remembering a schedule conflict at the last minute, accepting another engagement as a higher priority, visiting a sick friend or family member, family events, accepting a change in work schedule which you have a choice about, etc. Please make every effort to plan ahead and reschedule as needed well in advance. If there is a pattern of cancellations or missed appointments, we will have to discuss our agreement and whether termination and /or referral to another provider is warranted.

If I should need to reschedule an appointment with you, I promise to give as much notice as possible. Occasionally personal and professional crisis situations will necessitate a last minute change in schedule, although these incidents should not be a regular occurrence.

**Professional Fees**

Individual, couple and family psychotherapy* 50 min. session	\$80
Individual, couple, professional consultation 50 min. session	\$80
30 min. session	\$45
Dyadic Developmental Psychotherapy** 2-hr. session	\$150
Attachment Assessments – parent & child interviews, Instrument cost & administration, data analysis and report writing time.	\$650
Training and workshops	Individually priced
Filial Therapy 8-week course (12 hrs) – individual parent/ pair	Call for information
Filial Therapy 8-week course (12 hrs) – group of parents/pairs (4+)	Call for information

Fees may be individually negotiated based on client circumstances. I reserve the right to adjust fees downward for a portion of my clientele to reflect my commitment to the provision of high quality, individualized services to persons in all income circumstances. I will consider only extreme hardship when adjusting fees. In general, clients are encouraged to view therapy with the same high priority they would give to any necessary medical or professional services. It is not unusual for families to make considerable sacrifices in order to access appropriate therapeutic services.

Phone time beyond 10 minutes will be billed at a prorated hourly rate.

Collateral time for service provider team meetings will be billed at the hourly rate, including travel time.

I prefer not to appear in court or submit reports for court proceedings. Court reporting or appearances, if unavoidable, will be billed at an agreed upon rate for all time involved.

Most therapeutic treatment starts with weekly sessions to ensure appropriate assessment and to build a solid, effective client-therapist relationship. Written treatment planning based on desired outcomes and current symptom levels, will define the nature and frequency of visits, and the expected length of treatment.

\* Although some clinicians bill half-hour sessions for children, I typically do not. I believe that parents/caregivers are a critical part of child/youth well-being and therefore a critical part of treatment. Parent time is nearly always incorporated as a part of a child's /youth's treatment session.

\*\* Dyadic Developmental Psychotherapy requires a 2-hour per week treatment model. I can supply you with information concerning the treatment protocol, for your information or for your payment source.

Although I am committed to making services as affordable as possible, it will become necessary to periodically raise my fees. I will give current clients 30 days advance notice of any fee changes. Professional who are only paid by the client contact hour, must use such hours to pay for all the costs associated with their practice - office space, insurances, continued supervision and training, therapeutic tools and supplies, administrative work time, legal compliance, etc. I am happy to talk with you about usual and customary practices concerning rate-setting.

### **Billing and payment**

Payment for services is expected at the start of your appointment, unless other arrangements have been made in advance. In this way, the rest of the session is available to focus on the therapeutic process. I accept personal checks or cash for payment. I am not currently a member of any insurance panel; however, I will discuss insurance arrangements on a case by case basis. I can supply you with a statement suitable for submission to your insurance company for reimbursement directly to you. Insurance payment arrangements are made directly between you and your insurance provider in most cases.

Not everyone chooses to bill their insurance provider for mental health services. Please educate yourself concerning how billing insurance may impact your privacy and your ability to access insurance coverage in the future.

Timely payment for services is also an agreement between us, and an important part of our relationship. In the event that payment is not made as arranged, your account may be forwarded to a collection agency or attorney, at which time you would be responsible for all additional costs incurred in this process. Hopefully our communication will be such that issues can be discussed and arrangements made well in advance of this step. If you will be regularly unable to afford services as arranged, we can discuss the best next step, and I can supply you with contact information for income-based public or non-profit mental health services.

### **Contact Policy**

Please contact me at the office number only (unless other arrangements are made directly with me). This number is 607-749-3011. You may leave messages concerning scheduling and non-emergency case updates. I check messages regularly. I will return your call in the same day if possible, and within 24 hrs under normal circumstances. I will encourage you to hold lengthy case-related discussions for our time in sessions.

I do not provide emergency services, but I do provide after-hours phone support for urgent needs, and may be able to schedule an urgent care session if I have a cancellation time available. For a true emergency please call 911 or proceed to your local emergency room. Most ERs provide psychiatric screening and inpatient referral if necessary.

You may contact my cell phone for non-emergency, after-hours, urgent phone assistance only. All calls will be screened. My cell number is 607-423-4697. Do not call this number for non-urgent matters or to update me. This number is for your infrequent, urgent use and should not be given to persons you are referring to my practice, or to service providers working with your family.

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