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978-866-1435

Welcome !

Enclosed are the following: Consent to Treatment and Release of Information, Client's Rights and Responsibilities Statement, Notice of Privacy Practices and an Adult or Child/Adolescent Assessment. Please copy of both sides of your insurance card, sign and complete these forms and bring them to the initial session.

I advise you to contact your insurance company to verify coverage, co-payment, co-insurance, and deductibles. **It is your responsibility to inform me of any changes in your insurance.**

Please read these documents carefully and ask about any aspects that are not clear to you, as they contain important information about my professional services and business policies. You may revoke this agreement in writing at any time, unless 1) I have already taken action in reliance on it, 2) your health insurance company imposes obligations on me in order to process or substantiate claims, 3) you have not satisfied any financial obligations you have incurred.

Psychotherapy is a unique relational experience and varies depending upon the personalities of therapist and client. Our first few sessions will involve obtaining your history and an evaluation of your concerns and needs and defining goals of treatment. During this time we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Terminating therapy is the ultimate goal and often occurs when clients have met their treatment goals. The process of ending therapy can evoke anxiety and/or sadness. Please let me know if you are considering ending therapy (versus dropping out).

There are many methods I may utilize to help you achieve your goals. Psychotherapy requires active effort on your part both during and between sessions, which may also involve between-session exercises. Psychotherapy can have benefits and risks. You may feel a range of emotions that can be intense at times such as anger, sadness, loneliness, frustration, and guilt. You may also benefit from improved relationships, solutions to problems and/or a reduction in symptoms. However, there is no guarantee of what your experience will entail.

Appointments and Cancellation Policy: Your appointment time is being reserved for you. Standard appointment times are 45-50 minutes long. **You will be charged \$50.00 if: you fail to provide 24 hours cancellation notice, "no show" (unless it is an unavoidable emergency), or choose to drop out of therapy.** You are responsible for this fee, payable at the following session, since insurance companies do not reimburse for late cancel and "no show" appointments. **For those seeking couples therapy,** unless scheduled, I will not meet with one of you individually. I will consider it a "no show" if only one partner shows for an appointment, and we will reschedule.

Coverage and Emergencies: I can be reached by calling **978-866-1435**. Please leave your name and phone number, even if you think I have it, and I will return your call within 24 hours. I do not return calls during the weekend. If you are in crisis and cannot wait for a call back, please go to your local emergency room or contact **Northeast Behavioral Health Services at 978-322-5120** and have them contact me. When I am away and not reachable, I will have backup coverage in case of emergency.

Fees: My fee is \$130.00 per individual session, \$140.00 per couple session and \$150.00 for all initial evaluations. **Fees are payable at the beginning of each session.** I accept credit/debit cards, cash, and checks, **payable to: Lisa Alber, LICSW.** When using insurance you are responsible for deductibles, co-pays and/or co-insurance fees. A payment plan may be considered. Phone calls longer than 10 minutes, report writing, collateral visits, (consultations, court, school, etc.) are prorated at individual session fee.

Limits on Confidentiality:

The privacy of all communications between therapist and client is of primary importance in the psychotherapy process and is protected by law. I can only release information with your written permission, except in the following situations. Listed below are examples of situations in which I am legally obligated to take action that do not require your permission. If such a situation were to arise, when appropriate and if possible, I will discuss it with you before taking any action.

- If I have reasonable cause to believe that a ***child under 18*** known to me in my professional capacity may be an ***abused child or a neglected child***, the law requires that I file a report with the local office of the Department of Children and Family Services (DCF), and possibly provide additional information.
- If I have reason to believe that an ***adult over the age of 60*** living in a domestic situation has been ***abused or neglected*** in the preceding 12 months, the law requires that I file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, I may be required to provide additional information.
- If you have made a ***specific threat of violence against another*** or if I believe that you present a clear, imminent risk of serious physical harm to another, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If I believe that you present a ***clear, imminent risk of serious physical or mental injury or death to yourself***, I may be required to disclose information in order to take protective actions. These actions may include seeking your hospitalization or contacting family members or others who can assist in protecting you.

There are other situations that also do not require authorization:

- I may occasionally find it helpful to ***consult other health and mental health professionals*** about a case in accordance with accepted professional behavior. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that is important to our work together.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the client-patient privilege law. I cannot disclose any information without a ***court order***.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

While these "Limits On Confidentiality" should prove helpful in informing you about potential situations, it is important that we discuss any questions or concerns that you may have. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, I may seek legal services.