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Welcome !

Please complete and/or sign the *Adult or Child/Adolescent Assessment, Consent to Treatment, Release of Information, Telehealth Consent* forms, and make a copy of your insurance card (both sides).

Read ALL of 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.

I advise you to contact your insurance company to verify coverage, co-payments, deductibles and Telehealth options. **It is your responsibility to inform me of any changes to your insurance or copays. You will be charged for any uncovered sessions.**

The “Therapy Hour”: Sessions are 45 minutes in length. My expectation is to begin and end your session on schedule.

Contacting Me: Please call or text **978-866-1435** to communicate with me (rather than email). I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. I am typically in the office on Monday, Wednesday, Thursday and Friday. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact. *If you feel in crisis and are either unable to reach me or feel that you can't wait for me to return your call, please contact your family physician or go to the nearest emergency room.*

Initial Evaluation and Sessions: The initial sessions are often used to obtain information about why you are seeking therapy, obtain history and discuss your goals and needs. 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).

Fees are payable at the beginning of each session. I accept Venmo, cash, credit cards and checks payable to: Lisa Alber, LICSW. If using FSA/HSA or using out-of-network benefits, I can provide you with the billable information you'll need to submit the bill to your insurance company for reimbursement.

Professional Fees and Payment: You are responsible for deductibles, co-pays or co-insurance and all sessions not covered by your insurance. Any time used outside of the scheduled session for phone sessions, to prepare for releasing of records, writing reports and letters, or to attend court, school meetings, etc., is charged \$30 for each 15 minutes.

Paying Out-of-Pocket

There are advantages and disadvantages to using insurance to pay for therapy and some clients have found it's worth paying out of pocket to protect confidentiality. You can use your FSA and HSA for sessions.

Missed Appointments, Cancellations and to Reschedule:

Your appointment time is reserved just for you. Please allow at least **24-hours notice** if you need to cancel so that I am able to offer the time to someone else who may need it. I offer limited exceptions. Sessions not cancelled within 24 hours are charged a late cancel fee of \$120.00.

Good Faith Estimate: You have the right to receive a “Good Faith Estimate” explaining health care costs: For more information, visit: www.cms.gov/nosurprises or call 800-985-3059.

Risks and Benefits of Psychotherapy: 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. There are benefits and risks of psychotherapy. Since therapy frequently involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, guilt, anger, or frustration. On the other hand, psychotherapy has been shown to have many benefits such as more satisfying relationships, solutions to specific problem, and significant reductions in feelings of distress. Nonetheless, you are strongly encouraged to discuss any concerns you have about your experience in therapy and effectiveness of the treatment plan.

Limits on Confidentiality:

The privacy of all communications between patient and therapist is of primary importance in the psychotherapy process and is protected by law. I can only release information about our work to others with your written permission except in the following situations. 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 injury to yourself***. 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 written permission:

- 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 client. The other professionals are also legally bound to keep the information confidential.
- 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 unless there is a court order (**ordered by a judge**).
- If a client files a **complaint or lawsuit against me**, I may disclose relevant information regarding that client 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.