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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY

CONFIDENTIALITY: All information disclosed within sessions and the records pertaining to those sessions are confidential and may not be revealed without your written permission, except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self; to others, to property, or is gravely disabled.

WHEN DISCLOSURE MAY BE REQUIRED: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of myself, your Therapist. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless authorized to do so by all adult family members who were part of the treatment.

EMERGENCIES: If there is an emergency during our work together, or in the future after termination where I may become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, then I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet for emergency purposes.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims or invoices you have submitted for reimbursement. If you instruct me, I will only release the minimum necessary information to be communicated to the carrier. As a clinician, I have no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' data bases and may also be reported to a National Medical Data Bank, and could potentially put you in a vulnerable position.

CONFIDENTIALITY OF E-MAIL COMMUNICATION: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please do not use e-mail or Faxes for emergencies.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney nor anyone else acting on

your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

CONSULTATION: Clinicians may consult regularly with other professionals regarding his/her clients; however, neither your name other identifying information is mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

YOUR RIGHT TO REVIEW RECORDS: Both law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or if I assess that releasing such information might be harmful in any way. In such a case I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message on my confidential voicemail line. I will return your call as soon as possible. Messages are checked at regular intervals throughout the day unless I am out of town. If an emergency situation arises, please indicate it clearly in your message. Call 911 in the event of an emergency.

PATIENT PAYMENT & INSURANCE REIMBURSEMENT: The standard fee for the initial intake and each subsequent session is \$ 125.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Check, cash, or charge may be utilized to make session payment at time of service. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for any additional time over the scheduled 50 minute session, for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify. Clients are expected to pay the agreed upon fee per 50-minute session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Unless agreed upon differently, I will provide you with a copy of your receipt at each visit, which you can then submit to your insurance company for reimbursement if you so choose & was indicated in the section Health Insurance & confidentiality of records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Insurance companies do not reimburse all problems/sessions; it is your responsibility to verify the specifics of your coverage.

APPOINTMENTS:

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the amount of your session [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services

shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you, the client and myself. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Sarasota/Manatee County, in the state of Florida in accordance with the rules of the American

Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, then I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION:

Working toward these benefits; however, requires effort on your part. Psychotherapy requires active involvement, honesty, and openness in order to bring change. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member may view a decision that is positive for one family member negatively. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, your clinician is likely to draw on various psychological approaches. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), clinical hypnosis, or psycho-educational.

TERMINATION: I will not accept clients who, in my professional opinion, I cannot help. In such a case, I will give referrals that you can contact. If at any point during psychotherapy I assess that I may not be effective in helping you reach the therapeutic goals I am obligated to discuss it with you and, if appropriate, to terminate treatment.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Signature Date Client Name (print)

Signature Date Client Name (print)

Therapist Signature Date