Lauren Pellizzi LLC



55 Route 35, Suite 5 Red Bank, NJ 07701 anxietytherapyredbank.com Phone: (732) 705-1882

Email: info@anxietytherapyredbank.com

Client-Therapist Service Agreement

Welcome to Lauren Pellizzi LLC. This service agreement will provide you with information about my practice, what to expect with therapy, and the office policies and procedures. Please read it carefully and make notes of any questions should you have any, so that we can discuss them at your upcoming session. When you sign this agreement, it constitutes a binding agreement between you and your therapist.

PSYCHOLOGICAL SERVICES:

The therapy experience varies depending on the personality of both the therapist and the client and the particular problems which the client brings to treatment. There are a number of different theoretical approaches in the field of psychotherapy. All are designed to address the problems that you are coming here to work on, but therapy may look very different from one approach to another. I specialize in the utilization of Cognitive Behavioral Therapy (CBT). When working with Obsessive Compulsive Disorder (OCD), anxieties or fears, I utilize a specific type of CBT called Exposure Therapy or Exposure/Response Prevention (ERP), in which we develop a plan to gradually increase your exposure to the situations that are distressing to you or you are avoiding. As you gradually face the places and experiences that cause you distress, with prolonged and frequent exposures, you will notice that you habituate to the experience, and it becomes less stressful. Participation in exposure situations are completely in your, or your child's, control and no one will force you to complete an exposure. ERP is an evidence-based treatment for anxiety and has shown to significantly reduce levels of distress and anxiety in children and adults. We will discuss this approach in great depth, and determine if it is the best treatment approach for you.

Therapy of all kinds can have benefits and risks. Since therapy involves addressing difficult and often fearful issues, you should expect that during the course of therapy you may experience uncomfortable feelings, such as guilt, sadness, anger, frustration, and even, at times, an increase in anxiety. On the other hand, CBT in particular has consistently demonstrated to be helpful in the significant reduction of negative experiences such as distress and sadness and to overall increase quality of life and one's satisfaction in day to day living.

It is important to understand that regular attendance and participation in your, or your child's, therapy appointments will provide you the best opportunity to meet your goals and receive the benefits. CBT views the client as being directly involved in the formulation and course of his or her own treatment. This is not a passive arrangement where your therapist will do things "to you," but rather one in which you will be an active participant. CBT is psycho-educational in nature, meaning that a good deal of therapy involves teaching the client specific interventions, and actively sharing with the client ideas and concepts relevant to addressing the presenting problems.

You should expect, as does your therapist, great improvement in your condition, but there are no guarantees about what you will be able to accomplish, even with great effort on both our parts.

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You are free to discontinue treatment at any time. If you decide to do so, it is important to notify me in advance so that effective planning for continued care can be implemented. Please note: I do not provide custody evaluation or recommendation.

SESSIONS AND FEES:

Psychotherapy sessions are typically conducted on a weekly basis and last approximately 60 minutes each. More or less frequent sessions are sometimes scheduled, depending on the needs of the client. An intake session, which is the first session, costs \$175 and lasts 60 minutes. Subsequent 60-minute sessions cost \$160, 45- minute sessions cost \$140, and 30-minute sessions are \$110. Sessions that are longer than 60 minutes are pro-rated accordingly. Special accommodations may be made at my discretion. If a session takes place outside of the office, please note there is a travel fee of \$1 per mile of travel from the office location. Payment is expected at the time of service. PLEASE NOTE: If you do not show up for a scheduled appointment, or if you cancel less than 24 hours before the appointment time, you should expect to be billed for the entire amount of the session cost. This policy will be instituted regardless of the reason for cancellation. That is because charging for "no shows" or last minute cancellations is not a punitive measure, but a business decision. In contrast to a physician, dentist, or other health professional, your contract in therapy is not just payment for a service, but for a particular period of scheduled time. In that sense, it is like purchasing a ticket to the theater; the seat is reserved for you and if you don't show, or if you cancel the last minute, that seat cannot be made available to another patron. While you may have good reasons, even an emergency, for not being able to make the show, very few theaters would consider absorbing the loss and reimbursing you your ticket price. Having said that, please note that when you do give short-notice cancellations, I will make every attempt to try to fill the spot with someone else who I might not have had time for that week. If I am successful, I will not charge the person that cancelled, but more often than not I are unable to do this, so you should expect to be billed for the session time should this ever occur. Please refer to the Financial Agreement Form for more detailed information.

CONFIDENTIALITY:

All information discussed during therapy is held strictly confidential. There are federal and state laws which may require that your, or your child's, information may be released only upon written consent of all parties treated, or by a minor's parent or guardian. Here are some possible exceptions to your confidentiality:

- You have signed a Release of Information Form for specific individuals or agencies
- There is a court order for release of your records
- You are perceived to be a danger to yourself or others
- You are suspected of abusing or neglecting children or vulnerable individuals
- You report being a victim of child abuse or neglect (for minors)
- Confidentiality cannot be guaranteed in cases where a judicial order is issued

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CONTACTING ME:

During the day I may not immediately be available by telephone because I am with clients. If I am unavailable, my telephone is answered by voice mail that I monitor frequently. If there is a matter that you think cannot wait until our next scheduled appointment, please leave a message and I will return your call as soon as possible. I will make every effort to return your call on the same day or within 24 hours of your message, except for weekends and holidays.

EMERGENCY PROCEDURES:

If you need to contact me between sessions, please leave a message at (732) 705-1882 and your call will be returned as soon as possible. If an emergency situation arises, indicate it clearly in your message. If you need to talk to someone right away call Psychiatric Emergency Services at Riverview Medical Center (732) 530-2438, the 24-hour psychiatric emergency number at Monmouth Medical Center (732)-923-6999, or the police (911).