



CLIENT-THERAPIST SERVICE AGREEMENT

Welcome to Lauren Pellizzi LLC. This service agreement will provide you with information about 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 you 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.

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.**

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

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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

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. For scheduling questions the best method of contact is to email info@anxietytherapyredbank.com.

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).

FEES, PAYMENTS AND INSURANCE

I, _____, certify that I have been informed, and am aware of the fees for services provided by Lauren Pellizzi, LPC. I agree to pay the rates as outlined below: \$175 for a 60- minute diagnostic evaluation, \$160 for 50-minute sessions, and \$110 for a 30-minute session. Sessions that are longer than 60 minutes or shorter than 30 minutes are prorated. This rate also applies to other professional services that you may need, including telephone consultations of more than 10 minutes, report writing, preparation of records or treatment summaries, travel time, etc., unless indicated and agreed upon otherwise.

I, _____, understand that Lauren Pellizzi, LPC is contracted with CIGNA only, and is not in-network with any other health insurance or managed care plans. If you are insured by CIGNA and would like to utilize your insurance benefits, Lauren Pellizzi will obtain authorizations and file claims on your behalf. **Please note: patients are responsible for the payment of any fees not covered by insurance.** If you have "out of network" insurance benefits, you will be required to pay the full fee at the time of service. You will be provided with a receipt, which has all the information that your insurance company typically requests. You could then submit the receipt to your insurance company for whatever reimbursement they allow. It is important to understand that you are entering into a private contract with Lauren Pellizzi, which may be outside the parameters of your insurance plan.

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I _____, understand that all payments are due at the time of each session unless other arrangements are made in advance. I accept cash or checks. Credit cards are accepted as an alternative payment with a \$5 processing fee. There is a \$35 service charge for all returned checks. I understand that the company SQUARE is used for authorizing credit card payments.

I _____, understand that it is my own responsibility to be aware of my insurance benefits and verify the specifics of my coverage. Not all issues/conditions/problems that are the focus of treatment are reimbursed by insurance companies.

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, charged to your credit card on file.

I have read the Client-Therapist Service Agreement and Notice of Privacy Practices. I understand and agree to the contents of these agreements. I have a received a copy of these documents.

If a minor, the name of the minor is _____

Client Signature (Parent or Guardian for Minors)

Date

Therapist Signature

Date

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AUTHORIZATION FOR CREDIT CARD PAYMENTS

Your credit card on file is only used for no show and cancelation fees, and balances not paid by the financially responsible person within 30 days. Your credit card will not be used in any other circumstance without your consent. Lauren Pellizzi uses the company SQUARE for authorizing credit card payments. There is a \$5 processing fee for payment by credit card.

I authorize Lauren Pellizzi LLC to keep my signature on file and to charge my account under the below stated conditions. **Please initial below to indicate your understanding.**

_____ Balances not paid by financially responsible person within 30 days

_____ \$160 for each missed appointment or cancellation with less than 24 hour notice

Patient Name: _____

Card Holders Name: _____

_____ Visa _____ MasterCard _____ Discover _____ American Express

Card # _____

Expiration Date _____ / _____ 3-Digit Code _____ Billing Zip code _____

Signature _____ Today's Date _____