

DAWN IPPOLITI MA, ATR-BC, LCAT

www.art-therapy.com

917.374.7977

## **POLICIES & CONSENT**

Welcome to my art therapy practice. Please take a few minutes to read the following important policies. Feel free to ask any questions you may have before signing this form. When you sign this document it represents and agreement between us.

### **TREATMENT GOALS**

Our first sessions will involve an evaluation of your treatment needs and goals. Based on this, we will devise therapy goals together. We will revisit goals and assess ongoing progress during treatment. In addition to the work that takes place in the therapy room, you will be working on our goals outside of our sessions. Therapy involves a commitment of time, money, and energy. A good fit, trust, and a strong working alliance are important. If you have any questions or concerns about my procedures, please feel free to discuss them with me at any time.

### **SESSION STRUCTURE**

Therapy sessions are typically 45 minutes long. The effectiveness of therapy depends on the regularity and continuity of our meetings; we will usually meet once a week. On rare occasions, I may have to reschedule our regular session time. If this occurs, I will attempt to find a satisfactory alternative time to meet with you. I take a number of breaks a few times a year (e.g., conferences). I will give you advance notice of these absences.

### **RISKS & BENEFITS**

Psychotherapy can have benefits and risks. Since therapy involves discussing aspects of your life (some pleasant and some unpleasant), you may experience feelings like sadness, guilt, anger, frustration, loneliness, anxiety, and helplessness. On the other hand, efficacy studies show that psychotherapy can have short and long-term benefits. Therapy often leads to better relationships, stronger coping skills, solutions to specific problems, and significant decrease in feelings of distress. There are no guarantees of what you will experience.

My approach to therapy is integrative, and I use a variety of tools and techniques including psychodynamic therapy, humanistic therapy, cognitive behavioral therapy, family systems, and art therapy.

### **CANCELLATIONS**

It is understandable that on occasion you may need to cancel or reschedule a session. Please let me know as soon as possible and certainly no less than 24 hours before our scheduled session – via telephone 917.374.7977, and I will confirm that I have received your message. If you let me know less than 24 hours in advance, you will be expected to pay the fee for the missed session.

## **FEES**

My fees for individuals are as followed: \$200.00 for a 45-minute session, \$240.00 for a full hour, and \$150.00 for a half hour session. I charge \$250.00 for couples and families. These sessions are typically an hour but sometimes more. Payment is due by cash, check, or paypal at the conclusion of each session. Please make checks payable to Dawn Ippoliti and paypal to dawn@art-therapy.com

I may periodically raise my fees with advance notice. In circumstances of financial hardship, I will make every effort to negotiate a fee adjustment.

If the account has not been paid for more than 30 days, a \$25 per month fee may be added to the bill each month. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim.

## **INSURANCE**

I operate on a fee-for-service basis only and do not take insurance. However, many of my clients have a portion of my services paid for through their out-of-network outpatient mental health benefits. I can provide receipts to allow reimbursement from insurance companies, whenever possible.

## **CONTACTING ME**

You may contact me by phone at 917.374.7977. Although I may not be immediately available by phone, a message can be left at this number (day and night). I monitor my voicemails often, and I will return your call as soon as possible with certain exceptions that I will notify you of such as vacations or holidays.

I do not accept requests from current or former clients on social networking sites (e.g., Facebook, Linked In). I believe that adding clients as friends on these sites can compromise your confidentiality and privacy. It would also blur the boundaries of our therapeutic relationship.

## **EMERGENCIES**

Although you can leave me a message at any time, I may not be available to call you back immediately.

In the event of a mental health crisis, please call the crisis hotline at:  
1-800-LIFENET (1-800-5433-638)

If you have an emergency requiring immediate attention and feel that you cannot wait for me to return your call, please call 911 or go to your nearest emergency room and ask for the psychologist or psychiatrist on call. If I am unavailable for an extended period, I will provide you with the name of a colleague to contact.

### **LIMITS OF CONFIDENTIALITY**

In general, the law protects the privacy of all communications between a client and a Therapist, and I can only release information about you and our work together to others with your written permission. There are a few exceptions they are as followed:

#### **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

#### **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

#### **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

#### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

#### **Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Occasionally I find it helpful to consult other professionals about our work together. During these consultations, I make every effort to avoid revealing the identity of my clients. The consultant is also legally bound to keep the information confidential.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to

untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the content. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**CONSENT FOR TREATMENT**

Your signature below indicates that you have read and agree to the policies stated above. If, at any time, you have concerns or questions regarding your therapy or these policies, please feel free to discuss them with me. You have the right to refuse treatment at any time, and to request a referral to another therapist.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ (if client is a minor)