

Hello and Welcome!

Sometimes the logistics of a new appointment can be confusing. We will have spoken briefly on the phone but sometimes information is forgotten after our conversation. In hopes of decreasing any difficulties in this process, I have outlined a couple of the basics about coming to your first appointment.

My office is located at 2100 E. Genesee Street in Syracuse. There is a parking lot behind the building where you can wait until I text you or you may wait in the main area waiting room until your appointment if you prefer. My office has a separate entrance from the main building and is to the left of the main entrance. I am in this office on Tuesdays and Thursdays for in-person appointments.

Telehealth appointments are available as well using the Doxy platform. These appointments are HIPPA compliant and secure and I will provide you with a link that you will use for each appointment in an email. Please try out the link prior to our appointment to ensure audio and video are enabled and to resolve any kinks that may arise. This platform can be used with a computer, tablet or cell phone.

Please review this paperwork and then complete the paperwork in the second attachment and bring with you to our first appointment or for telehealth appointments please send to me prior to our appointment. Your first appointment will be approximately 55 minutes. If we decide to schedule a session after the first appointment, all future appointments will be approximately 50 minutes.

Congratulations on your decision to start or return to therapy. Whether you have been in therapy previously or are trying this for the first time, it takes courage to face the challenges that can bring us to therapy. This is a first step in a joint effort that can create significant personal growth and positive change.

I look forward to meeting with you,

A handwritten signature in blue ink that reads "Lauren Ippoliti LCSW-R". The signature is written in a cursive style and is positioned in the lower-left area of the page.

NOTICE OF PRIVACY PRACTICES

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

My Privacy Commitment to You

Lauren Ippoliti, LCSW is committed to protecting your privacy and sharing information about you only with those who need to know and are allowed to see the information – to assure that you get quality services.

Your Protected Health Information Rights

- You have a right to look at your records and to get a copy.
- If Lauren Ippoliti, LCSW denies your request to see your records, you may ask for a review of that denial.
- You may ask Lauren Ippoliti, LCSW to change or amend your clinical record if you believe it is incorrect or incomplete.
- You may ask for a list of the people who have received information about you from Lauren Ippoliti, LCSW.
- You may ask Lauren Ippoliti, LCSW not to use or share your clinical records in some cases.
- You may ask Lauren Ippoliti, LCSW to communicate with you in a way that keeps your information confidential.

Limits on Confidentiality:

All of Lauren Ippoliti, LCSW's conversations and records with clients are confidential and, in most situations, will not be shared without the client's written consent. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for these activities, as follows:

- Lauren Ippoliti, LCSW may occasionally find it helpful to consult other health or mental health professionals about a case. Any professional consulted is also legally bound to keep the information confidential. If you do not object, your therapist will not tell you about these consultations unless she/he feels that it is important. All consultations will be noted in the Clinical Record.
- Disclosures required by your health insurers or to collect overdue fees. Please be aware that if you utilize your health insurance to pay for Lauren Ippoliti, LCSW's services your insurer may review your records.
- If a client threatens to harm himself/herself, Lauren Ippoliti, LCSW may be obligated to seek hospitalization for the client, or to contact family members or others who can help provide protection.

There are some situations where Lauren Ippoliti, LCSW is permitted or required to disclose information without either your consent or Authorization:

- If you are in a court proceeding and a request is made for information concerning the professional services that your therapist provided you, such information is protected by the psychologist-client privilege law. Lauren Ippoliti, LCSW cannot provide any information without your written authorization unless Lauren Ippoliti, LCSW is court ordered to do so. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- If a client files a complaint or lawsuit against Lauren Ippoliti, LCSW, she may disclose relevant information regarding that client in order to defend herself.
- If Lauren Ippoliti, LCSW is providing treatment for conditions directly related to a worker's compensation claim, she may have to submit such records, upon appropriate request, to the Chairman of the Worker's Compensation Board on such forms and at such times as the chairman may require.

Mandated Reporting

There are some situations in which Lauren Ippoliti, LCSW is legally obliged to take action, which Lauren Ippoliti, LCSW believes is necessary to attempt to protect others from harm and Lauren Ippoliti, LCSW may have to reveal some information about a client's treatment. These situations are unusual.

- If Lauren Ippoliti, LCSW receives information in her professional capacity from a child or the parents or guardian or other custodian of a child that gives Lauren Ippoliti, LCSW reasonable cause to suspect that a child is an abused or neglected child, the law requires that she report to the appropriate governmental agency. Once a report is filed, Lauren Ippoliti, LCSW may be required to provide additional information.
- If a client communicates an immediate threat of serious physical harm to an identifiable victim, Lauren Ippoliti, LCSW may be required to take protective action. These actions may include notifying the potential victim, contacting the police or seeking hospitalization for the client.

If such situations as noted above arise, Lauren Ippoliti, LCSW will make every effort to fully discuss it with you before taking any action and she will limit their disclosure to what is necessary.

Minors & Parents

Some minors, including those who are married and/or have children themselves, may make healthcare decisions for themselves. In general, however, under New York law, a parent's consent is necessary for the treatment of a minor, defined as a person under the age of eighteen, and parents are entitled to protected health information regarding their child's treatment. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment, especially with younger children. If Lauren Ippoliti, LCSW believes that a child is a danger to him/herself or is a danger to someone else, Lauren Ippoliti, LCSW will notify the parents of these concerns.

Minimum Necessary:

In all cases when we disclose information about you or your child, we will only provide the minimum necessary information to meet the requirement in order to ensure the highest level of privacy.

Complaints:

If you believe your privacy rights have been violated, you can file a complaint with:

- The Secretary of the federal Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20210, phone 1-800-696-6775
- The Federal Office for Civil Rights, Region II Office, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3313, New York, NY 10278. Voice phone (212)264-3313; Fax (212)264-3039; TDD: (212)264-2355; or by email at OCRComplaint@hhs.gov.

Lauren Ippoliti, LCSW reserves the right to change the terms of this notice. Should Lauren Ippoliti, LCSW alter the terms, you will receive a copy of the amended notice.

FINANCIAL POLICIES

Cancellation Policy

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 at least 24-hours' notice. If you miss a session without canceling or cancel with less than a 24-hour notice, my policy is to collect the **session fee** (unless such cancellation is due to illness or an emergency). 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.

Professional Fees

The fee for the initial intake is \$150.00 and each subsequent session is \$125.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment may be made by check, cash, HSA or credit card. 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.

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 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.

Health Insurance

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment, but specific coverage amounts and means of submitting claims and coverage for out of network providers varies for each individual plan. It is your responsibility to verify the coverage for our appointments prior to the first session, including verifying your copay, co-insurance and/or deductible specifics.

If you have health insurance that I am not participating with at this time, I can supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers, this can be verified by contacting your insurance company. If you prefer to use a participating provider, I will refer you to a colleague.

THERAPY AGREEMENT

Responsibilities of the therapist

1. To provide a consistent slot for you in my schedule that is consistent to the best of my ability given both of our scheduling/time needs and availability.
2. To show up for appointments on time and be clear about ending time.
3. To be clear about my fee and give a reasonable warning if I am raising my fee. My current fee is \$125.00 per 50-minute session.
4. To keep all information confidential. There are times when confidentiality would be broken, we will speak about this in detail during our first session.
5. To be 100% present to you.
6. To interact in a respectful, non-shaming manner with healthy boundaries.
7. To respond to possible upsets related to me or our relationship by being present and empathetic with the concerns, taking accountability for my role and impact.
8. To explain concepts clearly and to balance components of processing and educating.
9. To recognize you have all you need to move into health and wellness and my job is to guide and assist you in your journey.
10. To give clear homework assignments and support your attempt to complete assignments, problem solving if barriers arise.
11. To remember what happens in sessions for continuity and to follow-up.

Responsibilities of the client

1. To attend appointments on time.
2. To pay the fee at the end of each session. I will bill primary insurance carriers that I participate with directly. You are responsible for all applicable co-payments and/or fees associated with deductible plans.
3. To give 48 hours notice if you are unable to keep an appointment. If it is less than 24 hours you will be charged for the full session fee, \$125. Of course, there are exceptions to this in the event of a family emergency or unexpected infrequent illness.
4. To be honest about your feelings and thoughts as you know them.
5. To be curious and open.
6. To be respectful.
7. To be willing to take responsibility for yourself.
8. To express upset, complaints or concerns to the therapist if any should arise.
9. To listen to the therapist's feedback and take manageable steps to challenge yourself in respect to your healing and growth.
10. To set intentions for yourself each session.
11. To be your own advocate.

SOCIAL MEDIA AND ELECTRONIC COMMUNICATION POLICY

Email, Text Messaging and Voicemail

- I understand that I have the option of communicating with Lauren Ippoliti, LCSW by email, text and/or voice mail, but that neither is appropriate for any sort of emergency, content related to therapy or crisis situation. Lauren Ippoliti, LCSW may only check her email and voice mail, text messages once each day during the business week, and less frequently on weekends. I understand that Lauren Ippoliti, LCSW has the exclusive right to decide what is and is not appropriate for text messaging, email or voice mail consultation and I will abide by this decision if I choose to use these technologies with her. If I am experiencing an emergency or crisis situation, I will go to an emergency room, call the local 24-hour crisis hotline CONTACT at (315) 251 – 0600 or call 911 for emergency services.
- I understand that using email, text and voice mail carries risks to the confidentiality and security of their contents. This could occur, among other causes, as a result of human error, network failure, Internet hacking or interception of the message by unauthorized parties.
- I understand that email, text messages and voice mail communication may be misinterpreted due to lack of eye contact, vocal tone and attending to facial expressions of the parties involved. If I am unsure about the intent or content of an email, text messages or voice mail, I understand the importance of discussing my questions and concerns and asking for clarification.
- I understand that emails, text messages and voice mails are part of the medical record and copies thereof may be retained for future use.
- Timeliness; I understand that Lauren Ippoliti, LCSW will respond to me at her earliest convenience during business hours and that Lauren Ippoliti, LCSW will do her best to respond to time sensitive needs and will not interrupt therapy appointments to respond to texts and/or calls. Emails are responded to with less frequency than texts and/or calls and texts/calls are the preferred method of communication. With rare exception, the majority of questions and needs will be addressed in your next appointment.

Social Media

- I do not communicate with clients through personal social media platforms. If I discover that I have accidentally established an online relationship with you (e.g., Facebook friend, LinkedIn connection), I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you and are in violation of the National Association for Social Workers Professional Code of Ethics.
- I do have a professional Facebook page, which can be accessed via my website. With these accounts, I can provide the community, including clients, direct links to books, services, search tools, programs and other resources.
- The main purpose behind this professional Facebook page is to offer resources, but not to interact in that space with clients. Please only use the professional Facebook page in the way I am recommending (to access resources if you wish) so that I can keep that resource available to the general public.
- If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship.

Websites

I have a website that you are free to access. My website is <http://www.LaurenIppolitiLCSW.com> . You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can discuss it and its potential impact on your treatment. Oftentimes, people will neglect to discuss this content due to discomfort or embarrassment and It is important to me to note that I assume it is a possibility and am often navigating this within therapeutic relationships.

Online Reviews

Recently it has become fashionable for clients to review their health care provider on various websites. Mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. It has potential to damage our ability to work together and alternatively this information is preferred and welcomed to discuss within sessions so that we can make sure you are satisfied with our work together. I am committed to our work together being productive and meeting your needs, sometimes that is not possible and if that were to occur, I can assist you in providing referrals to colleagues that will be a good fit for the goal you are seeking.

I, _____ hereby acknowledge receipt of Lauren Ippoliti, LCSW-R's Notice of Privacy Practices, Consent to Treatment, Emergency Disclosure Procedure, Communication Procedure, Financial Agreement and Therapy Agreement. This NPP explains how my protected health information may be used and my rights under HIPAA law. I understand that if I have any questions regarding these rights, or the use of any of my protected health information, that I can contact Lauren Ippoliti, LCSW-R further explanation at 315.308.1360.

Signature of Client (or Client's Parent/Guardian)

Printed Name of Client (Client's Parent/Guardian)

Relationship to Client

Date

INSURANCE AND BILLING

FINANCIAL RESPONSIBILITY

NAME _____ RELATIONSHIP TO CLIENT _____
STREET _____ CITY _____ ST _____ ZIP _____
HOME PHONE _____ WORK _____ CELL _____

INSURANCE INFORMATION

NAME OF INSURED _____ RELATIONSHIP TO CLIENT _____
INSURED'S D.O.B. _____ EMPLOYER _____ PHONE _____
INSURANCE CARRIER NAME _____ PHONE _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
SS# OF INSURED _____ POLICY ID# _____ GROUP # _____
INSURANCE START DATE _____ COPAY _____ DEDUCTIBLE? _____

IF SECONDARY INSURANCE IS AVAILABLE, PLEASE COMPLETE BELOW

NAME OF INSURED _____ RELATIONSHIP TO CLIENT _____
INSURED'S D.O.B. _____ EMPLOYER _____ PHONE _____
INSURANCE CARRIER NAME _____ PHONE _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
SS# OF INSURED _____ POLICY ID# _____ GROUP # _____
INSURANCE START DATE _____ COPAY _____ DEDUCTIBLE? _____

RELEASE OF INFORMATION

I authorize the release of any medical or other information necessary to process this claim:

Signature of patient or guardian _____ Date _____

I authorize payment of medical benefits directly to the provider:

Signature of patient or guardian _____ Date _____