

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

## **OUTPATIENT SERVICES CONTRACT**

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easy to describe in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you are expected to arrive to your session on time, and to work on the issues you present, both inside and outside of the sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. This is most common in the early stages of treatment. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress; however, you cannot predict what you will experience.

Our first few sessions will involve an evaluation of your needs. For clients under the age of 18, we prefer to have the first meeting with the client's parent(s) or guardian(s) to get an understanding of the client's needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and provide a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Therapy may involve a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

We have multiple psychologists in the practice, each of whom can offer specialized services for different types of problems. For clinicians' bios and more information about the practice, visit our website at [www.lsaponaro.com/about-us/](http://www.lsaponaro.com/about-us/)

### **MEETINGS**

Your psychologist will normally conduct an evaluation that will last approximately 2 sessions. During this time, you and your psychologist can decide together if he or she is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 50-55 minute session per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, **you will be expected to pay the full amount of the session's cost, unless you provide 24 hours advance notice of cancellation.**

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

Please be advised that insurance companies will not pay for missed sessions. If your insurance company normally pays for your services, YOU– not your insurance company – will be billed in full for any session cancelled without adequate notice.

### **PROFESSIONAL FEES**

Our rate for psychotherapy services is \$275.00 per 50-55 minute session. Several clinicians are available at the practice who may offer additional options for service rates. Please consult with the office manager for a notice of current psychotherapy service rates. In circumstances of unusual financial hardship, the practice providers may be willing to negotiate a reduced fee.

In addition to weekly appointments, we will charge the agreed upon fee for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour.

We provide additional services, each with specific rates you should be aware of should you need them. These services include:

- Telephone conversations below 5 minutes are free, and are prorated after the first five minutes at the rate of \$275 per hour.
- Attendance at meetings with other professionals you have authorized: \$225 - 275 per hour
- Preparation of brief treatment summaries: \$75
- The time spent performing any other service you may request of us

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$275.00 per hour for preparation and attendance at any legal proceeding.

### **NEUROPSYCHOLOGICAL, PSYCHOLOGICAL, AND PSYCHOEDUCATIONAL TESTING**

The rate of neuropsychological and psychoeducational evaluations will depend on the type and length of testing procedures to be administered. The initial 50-55 minute consultation for these evaluations will be charged at \$275. During this initial consultation, the clinician and you will determine the type of testing procedures to be utilized, and will determine a quote for the completion of the evaluation.

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. For self-pay clients, in circumstances of unusual financial hardship, we may be willing to negotiate a reduced fee and/or payment installment plan.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through the small claims court. If such legal action is necessary, its costs will be included in the

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

## **INSURANCE REIMBURSEMENT**

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. We will submit claims and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. We will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPO's often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that many insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes, we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. All insurance companies are required to keep such information confidential.

## **CONTACTING ME**

Your clinician may not be immediately available by telephone. When your clinician is unavailable, our telephone is answered by another staff member or by voicemail that we monitor frequently. The easiest way to reach us is via email, at [drsaponaro@gmail.com](mailto:drsaponaro@gmail.com). We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In addition, you may call mobile crisis at (954) 463-0911. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

## **PROFESSIONAL RECORDS**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we 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, we recommend that you review them in our presence so that we can discuss the contents. **Patients will be charged an appropriate fee for any professional time spent in responding to information requests, copying, and/or summary preparation.**

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have with what we are prepared to discuss.

## **CONFIDENTIALITY**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and we can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person or disabled person is being abused, we must file a report with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you in this office before taking any action.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant is also legally bound to keep the

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

During couples' therapy, you and/or your partner may find it beneficial to have some individual sessions. What is said during those sessions will be considered part of the couples' therapy and may be discussed during our joint sessions.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not an attorney.

### **OTHER RIGHTS AND RESPONSIBILITIES**

You have the right to ask questions about anything that happens in therapy. We are open to discussing our decision making with regard to your treatment. In addition, we are open to considering any alternative treatments you think will be helpful to your care.

During the course of treatment, we may suggest that you consult with a physical health care professional regarding somatic treatments that could help with your problems. We refer to both traditional and non-traditional practitioners, and will be glad to discuss the alternatives with you. In cases where you are receiving treatment with another professional, we will request a release of information so that we may speak with this practitioner in an effort to provide you with continuity of care. You have the right to refuse anything that we suggest.

You have the right to terminate services at any time for any reason. If at any time you decide that we are not the right therapist for you, we will refer you to someone else. If for any reason you are unhappy with your treatment, we ask that you discuss this with us so that we may have an opportunity to address your complaints. If you believe we have behaved unethically, you may file a complaint with the Board of Psychology, Department of Health, Tallahassee, Florida.

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

## **HIPAA Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information:**

Your PHI may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the provider's practice, and any other use required by law.

### **Treatment:**

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

### **Payment:**

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

### **Healthcare Operations:**

We may use or disclose, as needed, your PHI in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school or graduate students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose PHI, as necessary to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as required by law, public health issues as required by law; communicable diseases; health oversight, abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors, and organ donation; research; criminal activity, military activity and National Security; Workers' Compensation; inmates required uses and disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization** at any time, in writing, except to the extent that your provider or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**LISA SAPONARO, Ph.D.**  
**LICENSED PSYCHOLOGIST**  
**PY7494**

*Planting the seeds for personal growth*

---

## **Your Rights**

Following is a statement of your rights with respect to your protected health information. (PHI)

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records: **psychotherapy notes**; information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request and receive confidential communications from us by alternative means or at an alternate location.**

**You have the right to obtain a paper copy of this notice from** us upon request, even if you have agreed to accept this notice alternatively i.e., electronically.

**You may have the right to have your provider amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

## **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

**We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.