

TREATMENT AGREEMENT

This agreement contains information about my professional services and business policies. I have also attached information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail.

PSYCHOLOGICAL SERVICES

Our first session will involve an evaluation of your needs. By the end of the evaluation, we can discuss your treatment needs and collaborate on a plan for treatment.

CONTACTING ME

Please always feel free to contact me with questions, but due to my work schedule, I am often not immediately available by phone. When I am not available, please feel free to text, email or call me and leave a message. If you are unable to reach me, and are experiencing a clinical emergency, call 911 or the nearest emergency room and ask to speak with the psychologist or psychiatrist on call. Please also leave me a message about the emergency on my cell phone at (973) 943-0586. It is important to note that absolute confidentiality over the internet cannot be guaranteed. Therefore, your participation in the exchange of information via e-mail is an acknowledgment and acceptance of that risk.

CONFIDENTIALITY

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Confidentiality of records of information collected about you will be held or released in accordance with state and/or federal laws regarding confidentiality of such records and information. In the event that I consult with another psychologist regarding your treatment, all identifying information will be kept confidential.

The law generally protects the privacy of patient-psychologist communications. Also, I can only release information about our work to others with your written permission. But the following exceptions exist:

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, a judge may order my testimony if he/she determines the issues demand it.
- State laws require that psychologists report all cases of suspected abuse or neglect of minors or of the elderly.
- State laws require that psychologists take mandated steps where there exists a danger to self or others. If I believe that you are threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you. If you threaten to harm yourself, I may be obligated to seek your hospitalization or to contact family members or others who can help provide protection.

BILLING AND PAYMENTS

If you need to cancel an appointment, please let me know at least 24 hours in advance (unless it is due to illness or an emergency). Depending on the circumstances, I may charge my fee if you do not show up for a scheduled appointment (without canceling). I would appreciate payment at the time of service unless we make a different arrangement. I accept check, cash, Zelle and Venmo. My Zelle is: 973-943-0586 and my Venmo is @Lisa-Weinberg-4

INSURANCE REIMBURSEMENT

Since I am not an in-network provider for any insurance companies, you are responsible for full payment of my fees and, if you choose, for filing claims to your insurance company. Most insurance companies require that I provide a clinical diagnosis. I will provide you with an invoice/receipt at the end of each month with the dates of the sessions, payment and all of the necessary information required by the insurance companies to submit for reimbursement (or to keep for your own records).

COMMITMENT TO OUR WORK TOGETHER

I am committed to our work together and value collaborating with you on your treatment. Please feel free to communicate openly with me in our sessions about your needs and progress, and to reach out if you have any questions.