

## Therapy Agreement

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### CONFIDENTIALITY

Confidentiality is an important part of therapy. I'll make every effort to keep your personal and private information secure, however there are a few exceptions to confidentiality:

1. If you threaten to harm someone else, I am required by law to take steps to inform the intended victim(s) and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am obligated to reveal information to appropriate services (e.g. police, mobile crisis, etc.) if I believe it necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child is being abused or neglected, the law requires that I report this information to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide the specific information to the court.
5. In order to provide you the best treatment that I can, there will be times that I may seek consultation from another licensed mental health professional. In these consultations I will make every effort to keep your identity confidential.
6. If I need to discuss your case with another professional who you have been in contact with, I will ask that you sign a release of information before I discuss any of your information.

### APPOINTMENTS

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. For **cancellations** I ask that you provide me with at least 24 hours notice, I prefer 48. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is collect a \$50 fee [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. 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.

### FEES

Payment is due at the date of session. I accept cash, check, or credit. If using your **insurance** please note that I accept POMCO AND EBS-RMSCO/Lifetime Benefits Solutions Insurances.

You should be aware that most insurance companies require you to authorize me to provide them with a clinical **diagnosis**. All diagnoses come from a book entitled the DSM-V and become a part of the insurance companies records. I am not responsible for nor have control of what they do with this information.

If I am not a participating provider for your insurance plan, I will 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. If you prefer to use a participating provider, I will refer you to a colleague.

## RECORD KEEPING

I am responsible for keeping up to date and accurate records regarding billing, treatment plans, and progress notes. Although I share office space with another professional we are two separate practices and I alone have access to these records, and they are stored in a secure location.

## COUPLE OR FAMILY THERAPY

All participants are entitled to the right of confidentiality. I will not release information with out all parties written consent. I do not keep secrets between couples or family members. The person with the secret is responsible for its disclosure.

## CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call you can reach out to the 24hr Contact Hotline for Onondaga County at 315 435 8300. If you feel unable to keep yourself safe call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

## TECHNOLOGY/ SOCIAL MEDIA

It is very important to be aware that written communications such as e-mail and text can be relatively easy to access by unauthorized people and thus, compromise your confidentiality. For this reason I ask that all clinical matters be discussed in person. E-mail and text is best utilized for appointment scheduling or other non clinical matters.

I do not engage with clients on social media. This is a professional boundary I hold across the board, and it extends to past clients as well.

## OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to withdraw from therapy at any time.