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**Service Agreement**

**Welcome to Life Perspectives Counseling Services, LLC. This document explains the policies and procedures of this practice. Please read carefully and discuss any questions and/or concerns you may have with me.**

**The treatment process:** Our initial sessions begin the evaluation process which is an opportunity for me to obtain significant information and get an understanding of your desire for treatment and what brings you in at this time. There are circumstances in which it may be decided that another Clinician or course of treatment may be more appropriate for you. If that determination is made we will discuss possible alternatives or referrals. Following the evaluation process a working agreement (treatment plan) is created that outlines a shared decision of goals. My commitment is always to improve the well-being of participants and there will be an expectation that treatment is collaborative. This plan will be reviewed periodically to determine if progress is made. If no progress is made we will need to have one or more sessions to determine the next course of action. During the treatment plan process we will discuss how often and who will be seen. I encourage participant's to start with weekly or biweekly appointments unless they are booster sessions. I occasionally like to invite family members and/or significant others to participate in sessions periodically; this is a decision we will make together.

**Notice about conjoint therapy:** During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit — that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure.

Please note: Couples/marriage therapy is separate from gathering court evidence and I will not testify in court or write letters for mental status, child custody etc.

Contrary to what many believe, treatment can be very challenging. You may feel worse before you get better and may even consider terminating treatment prematurely. For many people treatment explores feelings and experiences that can be very painful as they have been buried for so long. Know that these uncomfortable feelings are a normal part of treatment and should you have them you should make them known to me. An important component of work is to understand participants in as many contexts as possible to ensure that treatment provided is coordinated appropriately and that it meets your needs. For this reason I may request information from other providers who have serviced you in the past and/or currently. Please be aware that no information will be solicited about you without your express consent as outlined in the Authorization for Use or Disclosure of Information. This disclosure outlines reasons for request or disclosure and has an expiration date of disclosure.

**Participant rights:** While being served you can expect the following:

- To be treated with respect and dignity
- To receive timely services and treatment

- To be given the opportunity to express consent to treatment or refuse treatment
- To choose to terminate at any time
- Voluntary treatment
- To report grievances
- To be given an explanation if involuntarily discharged from treatment

**Therapist responsibilities:** I will be responsible for providing therapy services to the best of my professional ability. I may enlist consultation services with professional colleagues to enhance provision of therapy services. Be assured that when doing this, I will disclose the least amount of clinical and identifying information possible.

**Fees:** All payments for sessions should be made to me at the beginning of each session for all charges incurred. It is your responsibility to determine your in and out of network benefits and I will be happy to provide you with the necessary documentation for reimbursement from your insurance company if needed. Sliding fees are available to participants without insurance. Telephone sessions can also be scheduled but they are not reimbursable by insurance. The charge for telephone sessions is \$30 for every 15 minutes.

All other services such as reports, workers compensations applications, court visits, disability paperwork, school observations, contact with defense and plaintiff attorneys, etc are not covered. The charge for the aforementioned services is \$75 for the first hour and \$50 per hour thereafter.

A \$25 fee will be charged for bounced checks.

**Outstanding balances:** If there is an outstanding balance I will work with you to generate a payment plan. If you fail to adhere to the agreed payment plan toward reducing the balance I may take action to recoup money through a collection attorney after the balance has exceeded \$200.

**Telephone calls:** I return phone calls between 9am and 5pm Monday through Friday. If a message is left after 5pm on Friday, the call will be returned on Monday. In the event that I am going on vacation you will be notified in advance. LPCS observes major holidays therefore no appointments are scheduled.

**Cancellations and missed appointments:** 24 hour advanced notification is required if you are unable to keep a scheduled appointment. Late notification or failure to attend a scheduled appointment incurs a “no show” fee which is your regular hourly rate. This is not billable to your insurance company and is payable at your next appointment. The only exceptions will be cancellations due to severe driving conditions, inclement weather, sudden illness, or death of an immediate family member. If you are late for your appointment you will only be allotted the remaining time of your session and will be charged your regular rate. If I am late you will have the option to extend your session that day to accommodate lost time or be granted additional time at your next scheduled session.

**Emergency:** In the event of a mental health emergency please call 911 or go to your local hospital emergency room. You can also call the National Suicide Prevention Lifeline (1-800-273-TALK) which is a 24 hour crisis hotline. If I have an emergency, either I, or another clinician will contact you. In the event that I have an unplanned, extended absence, another clinician will be made available to you.

**Limits of Confidentiality:** All professional contacts with me are safeguarded by confidentiality regulations. However, there are exceptions to confidentiality which include, but are not limited to, the following:

- If a participant states or suggests that he or she is abusing a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse I am require to report this information to the appropriate social service and/or legal authorities
- If a participant discloses intentions or a plan to cause serious physical harm to themselves or another person I am required to take protective actions which may include notifying the potential victim and the police or seeking hospitalization for the participant.
- If action is brought against me and disclosure is necessary or relevant to a defense.
- Judicial proceedings involving a court order to testify or to produce case records.
- When collection agencies or other processes are required to collect unpaid fees.
- Parents or legal guardians of non-emancipated minors request to access their records
- When insurance companies and other third party payers (when applicable) are given information that they request regarding services to participants.

**Termination of therapy:** You are free to end the therapeutic relationship at any time. In the event that you choose to terminate therapy you will be asked to commit to at least (3) sessions to terminate appropriately and to coordinate referral services if necessary.

I may terminate therapy if:

- You maintain consistent “no show” appointments.
- You do not honor the financial agreement policy.
- If I am convinced that you no longer need services and cannot benefit from continuing.
- If I am convinced that your needs surpass my ability to help you, I must refer you to a source of suitable help and will assist with your transition to a new professional.
- If you do not comply with our mutually agreed upon treatment plan, there is no benefit to continuing services. Noncompliance includes consistently missed appointments.
- If you do not abide by my policies and procedures as set forth in this service agreement, I must end service.
- If our professional relationship becomes compromised, troubled or deteriorates, I must end treatment. This includes situations in which your confidentiality could be compromised (for example, if we are unavoidably going to be together socially); conflicts of interests arise (for example, if you change jobs and work with or for myself or a spouse); tensions and disagreements result in your harming or threatening harm to me or anyone close to me; difficulties arise in maintaining focus on your service (for example, if emotional lines are blurred and we cannot resolve it professionally within the context of your treatment).

You will receive a written termination letter for your record. Your case record will remain safely in my possession for 7 years and children’s records are kept until they are 25. Written authorization is required for other providers to gain access to your records.

**Professional Records:** Your clinical record includes information such as: reasons for seeking therapy, your diagnosis, goals and progress, demographic information, medical and social history, your treatment history, any past records that I received, and billing records. You may examine and/or receive a copy of your clinical record if you request it in writing except in unusual situations that involve a danger to yourself or others or when an individual is referenced (other than myself ) and I believe that disclosing that information puts the other person at risk for substantial harm. Because these are professional records they have the potential to be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend have them forwarded to another mental health professional to discuss the contents, or initially review them in my presence.

**Minors and Parents:** Participants under the age of 18 who are not emancipated and their parents/legal guardians should be aware that the law may allow parents to examine their child’s treatment record. In most instances the parents of participants who are under the age of 18 are actively involved in the treatment process to an extent and participants are often encouraged to share session discussions with their parents/guardians. It is sometimes my policy though to request an agreement from parents that they consent to give up access to their child’s records because privacy in therapy, in some cases, is often crucial to successful programs particularly with teenagers. If the parent agrees, during treatment only general information about the progress of the child’s treatment, and his/her attendance at scheduled sessions will be shared. I will also provide parents with a summary of their child’s treatment when it is complete. The exception to this is if I feel that the child is a danger to him/herself or someone else, in which case I will notify parents of my concern. Before giving parents any information I will discuss the matter with the minor, if possible, and do my best to handle any objections they may have.

**Please keep the Service Agreement in a safe place as it provides valuable information about the policies and procedures for various situations that may arise during the course of treatment.**