Adrienne Pisoni, LMSW
adrienne@adriennepisoni.com• 333 Maynard St., Suite 402• Ann Arbor, MI 48104 •734-707-8720

Office Policies

CONTACTING ME: I am in the office on Tuesdays, Wednesdays, and Thursdays and can be reached via my confidential voicemail at 734-707-8720. During my office hours I make every effort to return calls as soon as possible. On days I'm not in the office, I will check my voicemail and usually return messages within 24 hours. Additionally, you may use my email address (adrienne@adriennepisoni.com) for scheduling and administrative questions. Please note I do not provide therapy over email as it is not a secure form of communication.   For emergency situations, if I am not immediately available, your signature below confirms that you will call 911 or go to the nearest hospital for assistance.

☐ Please check the box if you would like to be able to communicate with me via text message for scheduling/rescheduling of appointments. By checking this box you confirm you understand that texting isn't a secure form of communication and should not be used to communicate any clinical concerns.

PAYMENT: If you are not using insurance, my out-of-pocket fee for an initial evaluation session (the first visit) is $160. My fee for individual or couples therapy is $130 per session. For phone conversations (with clients/spouses/family members) over 10 minutes in length, the charge will be pro-rated at my regular rate. Please be aware that insurance doesn't cover phone sessions. I will always offer you the option of scheduling an in-person session instead of continuing a phone call that may cost you money. There is a $30 charge for preparation of medical record requests. Payment of your bill is expected at time of service. I accept checks, cash, credit cards and flexible spending cards. An additional $1 charge will be added per credit card transaction or session.

CANCELLATION POLICY: I ask that you provide 48 hours notice when canceling or rescheduling appointments. Insurance companies do not pay for canceled or missed sessions. You will be charged a **$100 fee** unless you have given me 48 hours notice, or we agree that the cancellation was due to extreme circumstances beyond your control.

INSURANCE: If you have an insurance plan, I strongly encourage you to contact your plan to determine your outpatient mental health benefits/coverage before your first appointment.   Please note that if you choose to use insurance, your signature below authorizes release of your medical information necessary to process your insurance claims. It is important you are familiar with your insurance plan as you (not your insurance company) are responsible for full payment of my fees. I will bill your insurance directly but you are responsible for any co-payments, co-insurance, deductibles and fees for therapy if your coverage expires. Adjustments of fees or deferred payment schedules may be negotiated in cases of financial hardship.

CASE CONSULTATION/SOCIAL MEDIA: I meet bi-monthly with a small group of therapists in private practice. The purpose of these meetings is to gain professional support and clinical consultation to provide comprehensive clinical care. As part of this process I may occasionally discuss my clinical cases but will not share any information that could personally identify a client.   To maintain client confidentiality and avoid dual relationships, I do not accept friend requests from clients on social media platforms (e.g., Facebook, LinkedIn, etc.) I also do not offer Skype or video sessions as this form of therapy currently isn't covered under insurance.

I have read and understand the above memorandum and agree with its terms and conditions. Additionally, by signing this form I acknowledge that Adrienne Pisoni, LMSW has given me a copy of the required privacy notice and has given me the chance to discuss questions about the privacy of my protected health information (PHI), as required by the Health Insurance Portability and Accountability Act (HIPAA).

_____   _____

Client signature   Date

_____   _____

Client name (printed)   Witness