Oceanside
Psychology
Clinic

Informed Consent

Client-Therapist Service Agreement

Welcome to Oceanside Psychology Clinic. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the HIPAA Notice.

Goals of Therapy

There can be many goals for the therapy relationship. Some of these will be long-term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for therapy, they will be set by the client according to what they want to work on. The therapist may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Therapy

Therapy is an intensely personal process, which can bring unpleasant memories or emotions to the surface. There are no guarantees that therapy will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, can be many benefits to therapy. Therapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage stressors, learn to live in the present and many other advantages.

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. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. **If you miss a session without canceling, or cancel with less than 24-hour notice, you will be charged a fee of $100** [unless in the most extreme of

circumstances]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee. 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.

Confidentiality and Technology

I am a mandated reporter, which means I am legally required to report certain incidents related to public safety and treatment efficiency. Please refer to the HIPAA notice form for more details. The situations listed below require me to break confidentiality and/or release information:

1. Child Abuse/Neglect
2. Elderly or Dependent Abuse: Physical, Financial, Isolation
3. Homicidal or Self-Harm Threat
4. Legal or Judicial Proceeding: court orders & subpoenas duces tecum
5. For treatment (consulting with other professionals who are your healthcare providers)
6. Billing (Insurance or to collect payment).
7. Workers Compensation

Some clients may choose to use technology in their therapy sessions or between sessions. This includes but is not limited to online therapy and communication via video-conferencing system, telephone, email, text or chat. Due to the nature of online therapy/texts, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your therapist will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in therapy sessions or between sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your therapy sessions.

Professional Fees

You are responsible for paying at 24 hours prior to your session unless prior arrangements have been made. Payment must be made by credit card, check, or cash. If you refuse to pay your debt, I reserve the right to use your credit card on file or use a collection agency to secure payment. Please note a 3% handling fee applies for all services (forms, appointment booking time, etc.)

Fee Schedule

Psychiatric Diagnostic Evaluation (Intake 55-80 minutes): $250 per assessment.
Your individual/couples/family sessions (50 minutes): $200 per session.
Your Extended therapy sessions (80 minutes): $350 per session.
Phone Consult with treatment team and check-ins between sessions (15 minutes): $50
Administrative Tasks (letters, etc.): $25 per occurrence.

Insurance

In-Network:

If I am in network with your insurance, I will verify benefits prior to start of our therapy. You will be informed of any copays you may owe per session. If your deductible still needs to be met, you will be responsible for your session fee at the contracted rate with your insurance company.

Out-Of-Network:
If I am considered out-of-network provider for your insurance, 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. With your permission, I will assist you to the extent possible with the information needed to submit your claim, but you are responsible for knowing your coverage. I will be billing you, the client, directly for the services. Your insurance may reimburse you a certain amount for our sessions, which may or may not cover the full fee you have paid me.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information, which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance. In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

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 you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

Email

Therapist may request client's email address. Client has the right to refuse to divulge email address. Therapist may use email addresses to periodically check in with clients who have ended therapy suddenly. Therapist may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. If you would like to receive any correspondence through email, please write your email address here ________________________________.

If you would like to opt out of email correspondence, please check here ______.

Consent for Treatment/Therapy

Your signature below indicates that you have read this Agreement and agree to these terms.

Client Signature: ______________________________ Date: ___________________