

## Psychological Services Information and Informed Consent Contract

Welcome. The following information has been prepared so that you will have a clear understanding of professional services offered and office policies. Please read this document carefully and write down any questions you have so they can be discussed. When you sign this document, it will represent an agreement between you and Cognitive Therapy and Consulting Associates (CTCA).

**Status of your Clinician.** Your clinician/provider is:  Licensed psychologist  Licensed clinical social worker

**Professional Services.** Cognitive therapy is a specialized form of psychotherapy developed for the treatment of many psychological problems. Your clinician and you will determine the most appropriate protocol of cognitive therapy to be applied to your particular set of concerns. Cognitive therapy requires active participation on your part during and in between appointments in to achieve maximum benefit and the most positive treatment outcome. There will most likely be “homework” or between session assignments which will include readings and written exercises.

Cognitive therapy has benefits and risks. Treatment includes discussion of unpleasant aspects of your life, and thus you may experience uncomfortable feelings like sadness, anger, anxiety, guilt, frustration, and irritation. However treatment outcome studies show that cognitive therapy has significant benefits for most participants. It leads to the development of specific coping tools for particular problems, better interpersonal relationships and a reduction in distressing emotions. There are no absolute guarantees of what you may experience, however we hope you will have a positive outcome here.

Your initial appointments will involve an evaluation of your needs. By the end of the evaluation, you will be offered a verbal summary and an initial treatment plan to follow, should you decide to continue with treatment. You will need to evaluate this information and your opinion about your comfort in working with your clinician. Cognitive therapy requires a significant commitment of time, money and energy, and therefore you are encouraged to be very thoughtful about the clinician you select and whether cognitive therapy seems to be a good match for you. If you have questions about the procedures employed, please ask so they may be discussed whenever they arise. If doubts persist, your clinician will encourage you to obtain a second opinion from another mental health professional, and will assist you with that to the best of their ability.

**Appointments.** Cognitive therapy and consulting appointments begin on the hour and last approximately 50 minutes. The initial intake appointment is approximately 60 minutes. The evaluation can extend into subsequent appointments, depending on the complexity of your concerns and needs. During this time you and your clinician can both decide if your clinician is the best person to provide you with the services you need in order to meet your treatment goals. Typically a 50 minute appointment, one time per week at a time decided between you and your provider is needed to achieve a positive treatment outcome. Occasionally appointments may be more frequent than once weekly. Once an appointment is scheduled you will be expected to pay for that appointment time, unless you cancel more than 24 hours prior to your scheduled appointment time. This allows CTCA the opportunity to schedule another participant in that time or dedicate that time to another clinical activity. If it is agreed that you were unable to attend a scheduled appointment due to circumstances beyond your control then a reduction or waiver in the fee may be accepted. If it is possible, another time will be offered as a rescheduled appointment during the same week.

**Confidentiality.** The patient/clinician relationship is confidential and protected by state and federal law. Your clinician can only release information about your participation in treatment with your written permission. However, there are exceptions where the law requires disclosure of confidential information.

In most legal proceedings, you have the right to prevent your clinician from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order your clinician’s testimony if he/she determines that the issue demands it. Your clinician will obey a judge’s order for testimony.

There are some situations in which your clinician is legally obligated to protect others from harm, even if the clinician has to reveal information about a patient’s treatment. As example, if your clinician believes a child, elderly or disabled person is being abused or neglected your clinician must file a report with the appropriate government agency.

If your clinician believes that a patient is threatening serious bodily harm to another, your clinician is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens harm to self, your clinician is obligated to intervene in a manner to prevent this, via seeking hospitalization, contacting family members or others who can provide protection, including and not limited to law enforcement.

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These situations occur rarely. If they do occur, your clinician will make every effort to discuss action to be taken prior to initiation. Weekly consultation with other CTCA clinicians is a part of CTCA clinical practice. This time allows your clinician to present information to enhance their skill as a clinician and to likely improve treatment outcomes. During consultation, if your case is presented, your identity remains confidential and the clinician-consultant is legally bound to keep information reviewed confidential. If you do not object, your clinician will not tell you about these consultations unless your clinician believes that it is important to your treatment work together. You are not billed for these types of consultations.

If you wish further clarification with the above presented information about confidentiality, please discuss with your clinician.

**Professional Fees and Insurance.** All patients are expected to pay for each appointment at the time of that appointment. Fee for the intake evaluation is \$220.00. Fees for subsequent sessions are \$ 185.00 per session. Other billable services include telephone conversations beyond typical scheduling of appointments, report writing and consultation with other professionals. Telephone conversations in excess of 10 minutes will be billed at your regular appointment fee, in quarter hour increments. Report writing will be billed at your regular appointment fee rate. Reports and treatment summaries typically take 2 to 5 hours to complete, however this time can vary depending on the detail required and the complexity of the information. Consultation with other professionals will be billed at your regular appointment fee, in quarter hour increments.

If your clinician is requested to participate in legal proceedings that you have been, are, or may become involved in, you will be expected to pay for their professional time, even if your clinician is called to testify by another party. Because of the difficulty of legal involvement, CTCA charges \$400.00 per hour for preparation and attendance at any legal proceeding.

If you carry health insurance (other than managed care) which covers all or part of your fees, it is requested that you pay CTCA and then bill your insurance carrier. CTCA will be able to provide you with needed information (e.g., type of service rendered, diagnosis code, dates of service, etc.) If billing your insurance company causes you undue hardship, please discuss this with your clinician. CTCA does not provide services under "managed care" plans such as HMOs. Your clinician can discuss this in detail if you have specific questions. CTCA does not bill your insurance on your behalf.

Mental health coverage varies between health insurance companies. If you have questions about your coverage, you should contact your insurance company. Their phone number can usually be found on the back of your insurance card. Reimbursement for services is at the direction of your insurance company as indicated by your specific health care plan, and this contract is between you and your insurance company.

**Professional Records.** The laws and standards of professional practice require that treatment records are made and kept. You are entitled to receive a copy of your records, or a treatment summary can be prepared.. Because these are professional records, they can be misinterpreted and/or be upsetting to lay readers. If you wish to see your records, it is recommended that you review them with your clinician, so the contents can be discussed directly. You will be charged you regular appointment fee for professional time spent in responding to record information requests. Additionally, copying charges on a per page basis will apply to all requests. Your clinician can provide you with the current per page pricing at the time of your request.

**How CTCA May Be Contacted.** If you need to reach your clinician, please call (949) 675-0545. This is a voice mail system, therefore please leave a message on your clinician's voice mail extension. Every effort will be made to return your call the same day, between 7:00 a.m. and 7:00 p.m., with the exception of weekends and holidays. If you are difficult to reach, please leave times that you are likely available to be reached and the phone number to use. If you cannot reach your clinician, and feel you cannot wait for them to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If you are unsuccessful in reaching one of the above, and you feel it is an emergency, call **911**. If your clinician is unavailable for an extended period of time, you will be provided with a name of a colleague to contact.

I understand and agree with the above statement and, if requested, have received copy of the same.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Provider Signature \_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_