CAROL ELIAS, PH.D.

556 N. Diamond Bar Blvd., Ste. 103 Diamond Bar, CA. 91765 (909) 622-0148\_

8608 Utica Ave., Ste. 213 Rancho Cucamonga, CA. 91730

# OUTPATIENT PSYCHOLOGICAL SERVICES CONTRACT

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems which the patient brings. There are a number of different approaches, which can be utilized to address the problems you hope to address. It is not like visiting a medical doctor in that it requires a very active effort on your part. In order to be most successful, you will have to work both during your sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anger and frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions of specific problems. But there are no guarantees about what will happen.

By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your work will include and initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with this therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about your therapist's procedures, they should be discussed whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

Psychotherapy sessions are usually 53 minutes in length (one appointment hour) per week, at a mutually agreed time, although sometimes sessions will be more frequent. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless you and your therapist agree that you were unable to attend due to circumstances, which were beyond your control. If it is possible, we will try to find another time to reschedule the appointment.

There are many ways in which therapy can be conducted. This includes Group Therapy, Individual Therapy, Family Therapy, Conjoint/Marital Therapy, and Child Therapy. If it is determined that one of these therapies is appropriate for you, I will make the recommendation. Please be advised that when you participate in any form of therapy, which includes other patients, each individual's confidentiality will be maintained. In the case of child therapy, parents will be asked to agree to sign a contract to protect their child's confidentiality, within the limits of the state law. My hourly fee is \$150. In addition to weekly appointments, this amount is charged on a prorated basis for other professional services, which you may require, such as: report writing, telephone conversations, lasting longer than 5 minutes, attendance at meetings or consultations with other professionals, which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may require your therapist's participation. You will be expected to pay for the professional time required even if the therapist is compelled to testify by another party. Because of the complexity and difficulty of legal involvement, the charge of \$300 per hour for preparation for and attendance at any legal proceeding will be charged.

You will be expected to pay for each session at the time it is held, unless it is agreed otherwise or you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan. However, if your account is more than 60 days overdue and suitable arrangements for payment have not been agreed to and/or met, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information, which is released about a client's treatment is the client's name, the amount due, and locating information.

## CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a psychologist/therapist are protected by law. My records are mainly brief summaries and are kept in a locked file cabinet. Information about our work can only be released to others, with your written permission. However, there are a number of exceptions. In most judicial proceedings, you have the right to prevent any release of information, although in some circumstances, such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it. There are, also, some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. These situations involve information that a child, an elderly person, or a disabled person is being abused, a client being/threatening a danger to others, and a client being/threatening a danger to self. If any of these situations are present, I must file a report with the appropriate state agency, and/or take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization, and/or contacting family members or others who can help provide protection. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

There may be occasions where it would be helpful to consult about a case with other professional. In these consultations, I will make every effort to avoid revealing the

identity of the client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this is a written summary of exceptions to confidentiality, please feel free to discuss any questions you have.

### MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. They may be given general information on how your treatment is proceeding, unless there is a high risk that you will seriously harm yourself or another, in which case they will be notified of the concern. They will also be given a summary of your treatment when it is complete. Before giving any information to your parents, the matter will be discussed with you and we will do the best we can to resolve any objections, which you may have about what will be discussed.

#### INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. However, you, and not your insurance company, are responsible for full payment of the fee, which we have agreed to. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet, which describes mental health services. If you have question, you should call your plan and inquire. You should also be aware that most insurance agreements require you to authorize your therapist to provide a clinical diagnosis, and sometimes additional clinical information, such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, I will provide you with a copy of any report, which is submitted. Once we have all of the information about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself and avoid the aforementioned complexities.

#### CONTACTING YOUR THERAPIST

You may reach me at the office number, (909) 622-0148. In case of emergencies you can reach me by leaving a message at (909) 730-7611. If you cannot reach me and you feel that you cannot wait for your call to be returned, you should call your family physician, or the emergency room at the nearest hospital and ask for the mental health professional

on call, or call 911. If I am to be unavailable for an extended period of time, you will be provided with the name of a trusted colleague whom you can contact, if necessary. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. Once you sign this contract, it will constitute a binding agreement between you and Carol Elias, Ph.D.

I understand that I may receive a copy of this notice upon request. I agree that a photostat copy of this notice is as valid as the original.

Client name printed	Date	Client signature
Therapist name printed	Date	Therapist signature