

Informed Consent

Welcome to our group practice. This document contains important information about our 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.

PSYCHOLOGICAL SERVICES

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 psychotherapy, 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 following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy 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.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 53 to 55 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. We recommend weekly sessions as a way to help reach your goals for therapy in a timely manner. If weekly sessions are not suitable for your schedule, we will ask that you call the office every week to see what I have available. Since we have scheduled you for the entire hour, we will be charging the difference should you begin or end your session early. This fee can range from the full session fee of \$175 to \$36.46.

CANCELLATIONS

Since weekly appointments are scheduled for you and you alone, if you need to cancel or reschedule a session, I ask that you log on to your portal account as soon as possible to make any changes. We ask for a 24-hour notification if you will need to cancel your appointment. If you cancel your appointment less than 24 hours prior to your scheduled appointment you will be

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charged a late cancellation fee of up to \$175. **We DO NOT accept emails as a form of cancellation.** Your portal account is the same one we have sent this documentation to.

MISSED APPOINTMENTS

I will wait 10 minutes past the start of the appointment time. If you do not call or answer your phone when I call (on a private number), then I assume you will not be showing to your session. If you miss a session, our policy is to collect the session fee of up to \$175 [unless it is agreed upon that you were unable to attend due to circumstances beyond your control]. The circumstances will need to be explained and at times validated. We may request documentation that supports the reported emergency. It is important to note that insurance companies do not provide reimbursement for cancelled/missed sessions; thus, you will be responsible for the portion of the fee as described above. Please call the office to schedule a follow-up appointment as you will be removed from the schedule. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

Please note: Your insurance does not cover missed appointment fees. We will charge the card on file for the missed appointment fee. If the card declines, all appointments will be cancelled until the card is updated and the missed appointment fee is paid.

FREQUENT CANCELLATIONS/MISSED APPOINTMENTS

If there are 2 missed appointments, we will discuss if this is the right time for therapy or exploring things that have prevented you from making your scheduled appointments. You may also lose your weekly scheduled spot as we cannot continue to schedule you weekly if you do not show up to these appointments. If a 3rd appointment is missed, termination of services will be considered, and a referral made for you to seek services elsewhere. In addition, if you cancel 2 scheduled appointments within a 30-day period, your weekly spot may be forfeited and offered to another client. You will be placed on what we call Standby. Standby is requesting that you schedule a weekly appointment through your therapy portal account. This has shown to increase the likelihood of clients attending weekly session. Attendance is key to making progress with your goals for therapy.

PROFESSIONAL FEES

The standard fee for the initial intake is \$175.00 and each subsequent session is \$175.00. You are responsible for paying prior to your session. Payment must be made by debit/credit card via the Therapyportal. If you do not pay prior to your appointment, it will be considered a forfeit of the appointment time and you will not be seen. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost when needed) for other professional services that you may require such as letter writing, report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved

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in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, I will not testify on your behalf.

INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some or all coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office, and I will be glad to let you see it to learn more about your diagnosis, if applicable.). Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by debit/credit. The copay will be charged weekly on the debit/credit card you put on file through the Therapyportal. 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. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends

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before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract. If an insurance claim is denied due to issues that are out of my control, you will be responsible for the fee.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services known as a superbill, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I can refer you out.

Sometimes insurances will reimburse for services then request for the money back from us which is known as a claw back. In the event this occurs, we will contact you by phone in order to explain why your insurance is requesting the money back. If this occurs, you will be responsible for our full fee for services that were rendered.

If your account is not paid for more than 30 days and arrangements for payment have not been agreed upon, Wise Mind Counseling Services Inc has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, the costs are included in the claim.] In most collection situations, the only information Wise Mind Counseling Services Inc., releases regarding patient treatment is the patient's name, that services that were provided, and the amount due.

If you pay your copay for in person services and changed your mind to telehealth, the copay amount will be forfeited and no refund will be given.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained on a secure website designed for therapeutic notes. I keep brief records noting that you were here, your reasons for seeking therapy, crisis interventions, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

ELECTRONIC COMMUNICATIONS POLICY

EMAIL COMMUNICATIONS

We use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with our office

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should be limited to things like billing matters, administrative matters and other related issues. Please do not email us about clinical matters because email is not a secure way of contacting us or an efficient way of communicating complex information. If you need to discuss a clinical matter with your provider, please feel free to call the office in order to schedule a time to discuss it on the phone or wait so you can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

TEXT MESSAGING: Because text messaging is a very unsecure and impersonal mode of communication, providers do not text message to nor do respond to text messages from anyone in treatment. We could possibly text you for administrative purposes like confirming cancellations and reschedules.

SOCIAL MEDIA: We do not communicate with, or contact, any of our clients through social media platforms like Twitter or Facebook. In addition, if we discover that we have accidentally established an online relationship with you, we will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also document on for exceptions to Confidentiality), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone (951) 783-9096. Please leave a message and someone will get back to you within 24 hours. If you are in a crisis please call 911 or go to your nearest emergency room. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the therapist covering in my absence.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

NOTICE TO CLIENTS



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The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Wise Mind Counseling Inc. is owned and operated by Dr. Ivanna Artavia-Turckel, LMFT #87213.

CONSENT TO PSYCHOTHERAPY

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

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative and Relationship to Client