

**LORI KLETT ROBERTO, PH.D.**  
**CLINICAL PSYCHOLOGIST**

601 University Ave, #222, Sacramento CA 95825

**INFORMED CONSENT FOR SERVICES & OFFICE POLICY AGREEMENT**

Welcome to my practice! Please feel free to contact me with any questions you may have (916) 206-1741 or note them and we'll discuss them at our first appointment.

**PSYCHOLOGICAL SERVICES:** I am licensed by the California Board of Psychology as a Psychologist (PSY #20491). I received my B.A. degree in psychology from UC Irvine, my M.A. in psychology from San Diego State University, and my Ph.D. doctoral degree in Clinical Psychology from DePaul University. I would be happy to answer any questions regarding my training and work experience. How we work together will depend on the particular concerns you bring forward, as well as your goals. There are many different methods I may use in the course of providing psychotherapy (also called therapy or counseling), but I encourage you to take an active role in the process, both during sessions and at home.

Psychotherapy can have benefits and risks. It can involve discussing unpleasant aspects of your life and can evoke a variety of negative feelings. The process of making change can be frustrating or difficult, and sometimes results in decisions or changes that may or may not be supported by others in your life. Sometimes people feel worse before they feel better. Benefits can include improved relationships, better self-awareness, solutions to specific problems, improved moods, better stress management, or improved motivation for living a healthier life. Although most people find the benefits outweigh risks, there is no guarantee that psychotherapy or other services will yield positive or intended results.

**TREATMENT PROCESS & TERMINATION:** The first 1 to 3 session(s) involves an assessment of your concerns from a broad perspective, clarification of goals, and recommendations for treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. You have the right to ask questions about the treatment plan and any risks or benefits. You have the right to refuse anything that I suggest. If I believe your needs are beyond my expertise/scope of practice, I will suggest referrals.

My ultimate goal is to help you find solutions and seek resolution to your concerns. For some clients, this happens in a few sessions, and for others this is a longer process. As we work together, I will ask for your feedback and welcome any questions about your progress. You have the right to terminate services with me at any time. I can also terminate treatment and facilitate a referral. If I determine you are not sufficiently benefiting from treatment, it is my ethical duty to refer you to alternative care. Unless other arrangements have been made, your file will be closed and our professional relationship considered terminated if there are no sessions within 45 days.

**CONFIDENTIALITY:** In general, privacy of communication between a client and a psychologist is protected by law, and I can only release information with your written permission. However there are exceptions to confidentiality when disclosure is required, or may be required by law, which are detailed in the HIPAA Notice of Privacy Practices. I do consult regularly with other professionals regarding my clients, but your name and other identifying information will never be disclosed and confidentiality will be maintained.

**INSURANCE REIMBURSEMENT:** Services may be partially reimbursed by your health insurance company if you have a PPO policy with an out of network benefit for mental health. However, insurance companies do not reimburse for all conditions and may limit services. I am happy to provide you a "superbill" that you may submit to your insurance company that indicates you have paid my fee in full. Any reimbursement from insurance is sent to you. You should be aware that insurance companies require a clinical diagnosis and sometimes require additional clinical information, such as treatment plans or summaries, or copies of the entire record (in rare cases). This information becomes part of the insurance company files and part of your health care record.

**MEDICARE:** If you are eligible for Medicare or a Medicare beneficiary, it is important that you understand that I am not a Medicare provider and that I have "opted out" of Medicare. This means that I will not ever bill Medicare

for your services. Please discuss this with me before we begin so we can complete a private contract in compliance with Medicare policies. Likewise, if you become Medicare eligible or a beneficiary during our work together, it is very important that you let me know right away.

**CONTACTING ME & SOCIAL MEDIA POLICY:** I am often not immediately available by telephone, however you may leave a voice mail and I will try to return your call within 24 hours between 8 am and 5 pm Monday through Friday. If you are in need of urgent or emergency services, you should call a 24 hour crisis line (916) 732-3637, go to your nearest emergency room, or dial 911.

You may email or text me for limited purposes, such as scheduling, but you should be aware that confidentiality cannot be assured with email or texting. Clinical concerns should be shared in person or over the phone. To protect your privacy and maintain professional boundaries, I do not accept friend requests on Facebook, LinkedIn, or other social networking sites.

**PROFESSIONAL RECORDS:** The laws and standards of my profession require that I keep records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice or send you a summary of the records. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review records in my presence so we can discuss the contents. Clients will be charged my professional fee prorated for any time spent preparing for and reviewing information requests.

**MINORS:** If a client is under eighteen years of age, the law may provide parents/legal guardians the right to examine treatment records. However, it is my policy to request an agreement from parents/legal guardians that I will use my clinical discretion regarding disclosure, based on the age of minor, clinical issues, and treatment goals.

**PROFESSIONAL FEES :** Appointment fees vary according to length and type of service. Initial Psychotherapy or Clinical Consultation: \$195 (60 minutes), Follow-up Psychotherapy or Consultation Session: \$175 (50-55 minutes), Extended Consultation \$275 (80 minutes). Other services such as between-session telephone calls lasting 15 minutes or longer; report writing; attendance at meetings with other professionals you have authorized; or preparation of records, treatment summaries or letters on your behalf (e.g. ESA letters), will be prorated per 15 minute increments. If you have legal matters that require my participation, the professional fee is \$400 per hour for preparation of records and attendance at any legal proceeding (with a 4 hour minimum). You will be expected to pay for my professional time even if I am called to testify by another party. I will give you a minimum of 30 days notice of changes in my fees.

**BILLING AND PAYMENTS:** You are expected to pay for each appointment at the time of service. Please have payment ready at the beginning of each session. Bounced checks may incur services fees up to \$35. If your account is unpaid for more than 60 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.

**CANCELLATION POLICY:** I reserve your appointment exclusively for you, thus cancellations or rescheduling requires a minimum of 24 hours advance notice. If you no-show or cancel with less than 24 hours notice, you are responsible for the full appointment charge. If you miss a weekly or biweekly recurring session, the time spot will not be held for you for the following session unless you notify me within 48 hours of the missed session. If you repeatedly miss or cancel, services may be terminated.

**CALIFORNIA BOARD OF PSYCHOLOGY** regulates the practice of psychology. If you are ever unhappy with my services or our work together, I hope you'll talk about it with me so that I can respond respectfully to your concerns. You may also direct inquiries/complaints to: Board Of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.

**LORI KLETT ROBERTO, PH.D.**  
**CLINICAL PSYCHOLOGIST**

601 University Ave, #222, Sacramento CA 95825

**HIPAA NOTICE OF PRIVACY PRACTICES**

**I. It Is My Legal Duty To Safeguard Your Protected Health Information (PHI).**

By law, I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

**II. How I Will Use And Disclose Your PHI.**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others will not. Below, you will find the different categories of my uses and disclosures, with some examples.

**A. Uses and disclosures related to treatment, payment, or health care operations that do not require written consent.**

**1. For treatment.** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.

**2. For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice, such as quality control or to make sure that I am in compliance with applicable laws.

**3. To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

**4. Other disclosures.** If you have signed an authorization to disclose your PHI (e.g. to a family member), you may later revoke that authorization, in writing, to stop any future uses or disclosures, except as permitted by law.

**B. Certain other uses and disclosures do not require your consent.** I may use and/or disclose your PHI without your consent or authorization for the following reasons:

**1. When disclosure is required** by federal, state, or local law, judicial, board, or administrative proceedings; or law enforcement.

**2. If disclosure is compelled by a party to a proceeding before a court** of an administrative agency pursuant to its lawful authority.

**3. To avoid harm** (e.g. disclosure to law enforcement personnel to prevent or mitigate a serious threat to the health or safety of a person or the public).

**4. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, in order to prevent the threatened danger.**

**5. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.** **6.**

**If disclosure is compelled** by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations.

**7. To seek emergency medical treatment for you** (e.g. if you are unconscious or unable to speak) provided that I attempt to get your consent after treatment is rendered.

**8. If disclosure is mandated by the California Child Abuse and Neglect Reporting law or by the California Elder/Dependent Adult Abuse Reporting law.**

**9. For public health activities.** In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

**10. For health oversight activities** (e.g. to assist the government in the course of an investigation or inspection of a health care organization or provider or assess compliance with HIPAA).

**11. For specific government functions.** I may disclose PHI of military personnel and veterans under certain circumstances or other individuals in the interests of national security (e.g. protecting the President of the USA.)

**12. For research purposes.** In limited circumstances, I may disclose PHI (e.g. when it has been de-identified).

**13. For Workers' Compensation purposes.** I may provide PHI to comply with Workers' Compensation laws.

**14. Appointment reminders and health related benefits or services.** I am permitted to contact you, without your

prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

**15. If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

**16. If disclosure is otherwise specifically required by law.**

### **III. Rights You Have Regarding Your PHI**

**A. The right to see and get copies of your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response within 30 days of receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, the reasons for the denial. If you ask for copies of your PHI, I will charge you \$1 per page plus professional time prorated for completing your request. I may provide you instead with a summary or explanation of the PHI, if clinically appropriate.

**B. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations or where legally required or permitted.

**C. The right to choose how I send your PHI to you.** It is your right to ask that your PHI be sent to you at an alternate address such as, sending information to your work address rather than your home address. I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

**D. The right to get a list of the disclosures I have made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. Disclosure records will be held for six years for adults or until one year after a child client turns 21 years old. I will respond to disclosure request within 60 days of receipt. The list will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**E. The right to amend your PHI.** If you believe that there is error in your PHI or important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

**F. The right to get this notice by email.** You have the right to request this notice by email.

### **IV. How To Complain About My Privacy Practices**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

### **V. Person To Contact For Information About This Notice Or To Complain About My Privacy Practices**

If you have any questions about this notice or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the privacy officer at this office: Lori Klett Roberto, Ph.D.  
601 University Avenue #222, Sacramento, CA 95825. (916) 206-1741

### **VI. Effective Date Of This Notice: April 14, 2003.**