

Beach Psychology

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Consent for Treatment

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I consent to assessment, treatment, and/or diagnostic procedures for myself or for my family member. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I authorize the release and exchange of information between my therapist and the referral source and other co-treating providers for the purpose of treatment, payment, and Health Care Operations. I also authorize the release of information to my health plan for claims or other health plan purposes.

Patient/Legal Representative Signature

Date

Office Policies

Confidentiality

All information disclosed within sessions or consultations is held strictly confidential and may not be revealed to anyone without a written release of information, except where disclosure is permitted or required by law. Disclosure is required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or neglect, or abuse to a dependent or elder adult,
2. When the patient presents an imminent danger to self,
3. When the patient presents an imminent danger to others,
4. If a judge determines that our discussions are not confidential, a judge may request specific information.

If the patient is a minor, you acknowledge that your child's records are confidential except in the above stated exceptions. Please be aware that submitting mental health claims to your insurance company carries a certain amount of risk to confidentiality, privacy, and to future capacity to obtain health or life insurance, or even a job. I receive regular professional consultation. In such cases, neither your name, nor any identifying information about you is revealed.

Phone & Emergency Contact

If you need to contact me by phone, do not hesitate to call my office number. If I am not available, you can leave a message on my voicemail and I will usually return the call within one business day. You will be charged for phone calls if we have a conversation of an information-exchanging or problem-solving nature that lasts more than 10 minutes. If you cannot reach me in an emergency, you can find help at the following suicide prevention/crisis numbers: (800) 824-6423 or (951) 686-HELP (4357).

Therapy Process & Termination

Psychotherapy can result in a number of benefits to you, including improved relationships and a reduction in psychological symptoms. The process of talking about painful memories, thoughts, and feelings, however, can be difficult and can make patients feel worse for a time. Please discuss this with me if you are feeling worse. You are free to terminate therapy at any time. I can provide you with referrals to other therapists at your request. I do not prescribe medication or make recommendations about medication, but will refer you to your physician or to a psychiatrist if I believe you are in need of a medication evaluation.

Cancellation of Appointment

The scheduling of an appointment involves the reservation of time specifically for you. In the event of a “No Show” or failure to give a full 48-hour notice of a cancellation, you will be charged the full session fee for all late cancellations and missed appointments. Please be aware that insurance companies will not cover cancellation charges.

By initialing here, you acknowledge that you have received a copy of the “Notice of Privacy Practices” and the “Patients’ Rights and Responsibilities.” _____

Patient/Legal Representative Signature

Date

Fee Agreement

Fees & Insurance: The fee is \$200 for individual, couples, or family therapy sessions. Testing fees vary. Fees are negotiable based upon need and availability. Sessions are 50 minutes in length for children, teens, and adults. Letter writing, consultations with other professionals, telephone conversations, reading records or reports, travel time, longer sessions, etc. will be billed at the same rate as your therapy sessions. Returned checks are subject to a \$20 fee. This agreement supersedes all previously agreed to financial agreements and is effective as of the date signed.

Patients who carry insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. Please be aware that not all issues/problems/conditions dealt with in therapy are covered by insurance. It is your responsibility to verify the specifics of your coverage. If you are using insurance, I will either provide you with a superbill, or bill through our online system. You are responsible for the full sessions fee at the beginning of each session.

If your account is overdue (unpaid) and there is no written agreement on a payment plan, I can use legal or other means (court, collection agencies, etc.) to obtain payment.

Patient or Guardian Signature

Date