

Abby Penson, Ph.D.

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INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we may discuss them. Once you sign this, it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES

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 that the patient brings. There are a number of different approaches that we may utilize to address the issues you are bringing to therapy.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings. Psychotherapy often requires discussing unpleasant aspects of your life and giving up old patterns. Psychotherapy has been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems, as well as enhancement of feelings of happiness and well being.

Our first one or two sessions will involve an evaluation of your needs, in addition to beginning the therapy process. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your assessment about whether you feel comfortable working with me.

Therapy involves a commitment of time, money, and energy, so you should consider your decision as an important one. If you have any questions about my procedures, we should discuss them whenever they arise. If your concerns persist, I will be happy to help you secure an appropriate consultation with another mental health professional.

SESSIONS AND CANCELLATION POLICY

My normal practice is to conduct an evaluation, which will be part of the first one or two sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment objectives. If psychotherapy is initiated, I will usually schedule one fifty minute session per week at a mutually agreed upon time, although sometimes sessions will be more frequent, and with certain treatment modalities, longer in duration.

Once this appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

CONTACTING ME

The number to contact me is 323-580-3383. I am often not immediately available by telephone, but monitor my messages frequently. You may leave me a message and I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your physician or the emergency room at the nearest hospital and ask for the mental health professional on call. If I am unavailable for an extended period of time, I will provide you with the name of another professional whom you may contact if necessary.

FINANCIAL AGREEMENT

Your fee per visit is \$150 for a 50 minute session to be paid by cash or check at the time of each session. Fees are subject to change and you will be informed at least 30 days prior to any changes. I also charge this amount on a prorated basis for other professional services you may require, such as report writing, telephone conversations, or treatment summaries. There will be a \$25 charge for all returned checks or denied credit card transactions.

INSURANCE REIMBURSEMENT

Currently, I only work directly with Blue Cross insurance company. If you are a member of another insurance plan, you may be allowed to submit your invoices from therapy for reimbursement, but it will be your responsibility to obtain this information from your insurance company and submit the invoices. Insurance will not reimburse for missed or cancelled sessions, it will be your responsibility to pay the full session fee of \$150 for these sessions if you have not cancelled within 48 hours of the session (this includes Blue Cross members as well).

CONFIDENTIALITY

In general, the confidentiality of all communications between a patient and a psychologist is protected by law and I can only release information about our work to others with your written permission. Your right to privacy is protected by the Protected Health Information Privacy Rule. However, there are a number of exceptions.

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

There are 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 patient's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens to harm him/herself, I may be required to seek hospitalization for the patient, or to contact family members or others who can help provide protection.

Should one of the situations described above occur, I would make every effort to fully discuss it with you before taking any action and to understand your intent.

I may occasionally find it helpful to consult with other professionals. In that case, I would not reveal any identifying information about my patient.

This summary of exceptions to confidentiality is intended to let you know about rare occasions when the law may require or allow release of information.

INFORMED CONSENT SIGNATURE

1. I agree to enter into therapy with Abby Penson, Ph.D. Sessions are 50-minutes in length. I agree to pay \$150 per session.

If using insurance, co-payment is due at each session. I authorize the release of information necessary to process insurance claims and am responsible for cooperating with my insurance company to facilitate prompt payment.

2. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to complete any particular number of sessions.

*3. A **48-hour notice** is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee of **\$150**. I understand that this will be my responsibility, not that of the third-party payer.*

4. I understand that if my insurance company does not pay for treatment, I will be responsible for payment.

5. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

If you have questions about any of these issues, I will be happy to discuss them with you.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature _____

Print Name _____

Date _____