

Psychological Services Agreement

Informed Consent

Welcome to my practice. This agreement contains important information about my professional services and office policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides for privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which accompanies this agreement, explains HIPAA and its application to your personal health information in detail. As required by law, on the last page of this agreement you are asked for your signature acknowledging that I have provided you with this information. When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time.

Description of Professional Services

Psychological services may include the following: Initial Evaluation, Individual, Couples and Family Psychotherapy, Psycho-educational Assessment, Intellectual Assessment, and Personality Assessment. The purpose of psychological services is to promote healthy individual and relational functioning.

Specific Information on Appointments

The first session is considered an Intake or Initial Evaluation. If psychotherapy is recommended after the initial consultation then a treatment plan is developed based on the goals for therapy. Ongoing evaluation of the treatment goals leads to a decision about lengthening or discontinuing treatment. Therapy will begin on days/times established by both client and therapist. Individual/Couples/Family Psychotherapy sessions are 50 minutes appointments. Psychological testing sessions are arranged to answer specific referral questions on a case-by-case basis and may involve several hours. Please contact me for more information about psychological assessment and coordination of services.

Fee Policies

Fees are as follows: Intake/Initial Evaluation \$125; Individual Psychotherapy \$125; Couples/Family Psychotherapy \$175. The fee for Psycho-educational, Intellectual, and Personality Assessment is \$200 per hour (typically range between 8-20 hours in length, depending on client needs). Services include test administration, scoring, interpretation of results, and report. Payment is due, in full, at the end of each session and/or psychological testing completion. I accept cash, check, and credit cards.

Cancellation and Missed Appointment Policy

If you need to cancel an appointment, please contact me with 24-48 hours notice to reschedule. You will be charged the full rate for services that are missed without prior notice.

Insurance Reimbursement

At this time, I accept Cigna, MHN, and Lyra health plans. You may check with your insurance carrier to determine if they offer out-of-network benefits. I can provide a receipt of services (superbill) after each session for direct reimbursement to you. However, please be aware that you are responsible for payment, in full, despite your carrier's out-of-network benefits. Ultimately, it is the responsibility of clients to know their insurance benefits. You should also be aware that disclosure of confidential information - PHI - may be required by your insurance carrier in order to process your claims. Sometimes I am required to provide additional information such as treatment plans or summaries, or copies of your clinical record. In such situations, I will make every effort to release only the minimum information that is necessary for the purpose requested.

Confidentiality

California law and professional ethics protects the confidentiality of information shared during the provision of psychological services. In most situations, I can release information about your treatment to others only if you sign a written authorization form. However, there are some situations where I am required to disclose information without your consent or authorization:

- 1.) If I am court ordered or subpoenaed to provide information concerning your diagnosis and treatment.
- 2.) If you inform me that a child under 18 has been or may be abused or neglected that child is a victim of a sexual offense, or that an elderly (65 years and older) or disabled person is in a state of abuse, neglect or exploitation.
- 3.) If you indicate that you intend to injure or harm another person or yourself. I am required to notify potential victims, law enforcement, and/or medical personnel for assistance.

Professional Records

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Be aware that psychological test data is not included in your clinical record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so that you can discuss the contents. In addition, I also keep a set of Psychotherapy Notes, which are for my own use and designed to assist me in providing you with the best treatment.

Phone and Emergency Contact

I typically return phone calls within 24 business hours. If you are unable to reach me and are undergoing an emergency call 911 or go to your nearest emergency room.

Freedom to Withdraw

You have the right to end therapy at any time. We will also revisit treatment objectives throughout weekly sessions to determine when therapeutic goals have been met. In the event that you no longer wish to continue treatment please advise me of your desire prior to cancellations or no shows to avoid charges.

Legal Matters

If I am brought into a legal matter involving you in any way then rates will apply at \$200 an hour. You understand that these fees are higher than my hourly rate for psychotherapy due to the increased time required for legal involvement, which may interfere with my practice responsibilities.

Informed Consent

I have read and understood the preceding statements and agree to enter a professional psychotherapy relationship with Janira Jacobs-Beye, Psy.D.

(Client) Printed Name	Signature	Date
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(Client) Printed Name	Signature	Date
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(Client) Printed Name	Signature	Date
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Janira Jacobs-Beye, Psy.D.

Therapist	Signature	Date
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