

Policies, Procedures, and General Information Agreement for Psychotherapy Services

The following information describes the policies and procedures of my practice for you (the client) that are in addition to the Notice of Privacy Practices.

Confidentiality: I follow and respect the ethical code of confidentiality and as such all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosures were described in the Notice of Privacy Practices.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless s/he is authorized to do so by **all** adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the client information sheet.

Health Insurance & Confidentiality of Records: I provide you with a Super Bill to turn into your insurance company. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank.

Confidentiality of E-mail, Texting, Cell Phone and Faxes Communication: Please use texting and email only for setting or changing appointment times. Please do not use e-mail or faxes for emergencies. Please remember, if you send me an email or text with confidential information, it can be compromised, even though I will delete it. It is very important to be aware that e-mail and cell phone communication can be

relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Faxes can easily be sent erroneously to the wrong address.

Litigation Charges: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to depositions, hearings, divorce and custody disputes, injuries, lawsuits, etc.), I will bill for my \$170 per hour fee for my time, including preparation and travel time as well as the time I spend at the legal proceeding. If you are a current or past client, my testimony will not include any forensic opinions. I bill my hourly rate for reports.

Consultation: I consult regularly with other professionals regarding clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

- Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.
- Consultation Charges are based on my \$170.00 per hour fee after the first 15 minutes.

Parents or Guardians

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please call me and leave a message at (562) 619-5883 or my and indicate if it is an emergency or if you need to speak to me right away. I check my messages several times a day and will return your call as soon as possible. If you still need to talk to someone sooner than I can get back to you, call the 24-hour crisis line (310) 391-1253, the Police (911), or the 24-hour Psych. Emergency number (800) 352-3301.

FEES, PAYMENTS: Fees are payable at each session at my rate of \$150.00 per 55-minute hour, \$225 per 1 1/2 hour or \$300 per 2 hour session. My packages range from my 45-day Challenge program of \$997 for adults and \$1997 Happy Family 45 day – 6 session Package to 90 day and 6 month Packages. The right package will be custom fit to you and/or your family and will be determined through a conversation with me. Report writing and reading, telephone conversations over 15 minutes, longer sessions and consultation with other professionals will be charged at \$170.00 per hour. I take credit cards and supply an invoice if you request it. I provide a Super Bill for those who wish to bill their insurance company and bill only PPO insurance companies.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Christine Alisa and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, California in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is

filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Christine Alisa can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, your child or adolescent and involved family members, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. I ask that you make a commitment to yourself to participate in the various approaches I use which include psychodynamic, family systems, developmental, Gestalt Therapy, Regression Therapy, parent education, sand tray work, art therapy, psycho-educational, cognitive-behavioral, energy and shamanic work.

During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. There may be anxiety, depression, insomnia, body pain, etc. I will help you look at your belief system about yourself or others in a different way and this may cause you to feel depressed, angry, misunderstood or disappointed. Change can bring with it some painful re-evaluation of self and others. Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but for most of us time is needed to process the new information we discover in therapy.

Discussion of Treatment Plan: I will discuss with you (client) of client my evaluation of the problem, a course of therapy as per a treatment plan, my goals and your goals, my recommendations and possible outcomes of treatment. If you have any questions about any of the procedures used in the course of therapy, their possible risks, my expertise in employing them or the treatment plan, please ask. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to refer you to those health professionals who do provide those treatments.

Termination: I may terminate therapy services at my discretion. I may consider termination if:

- I do not believe that I can provide you with effective treatment
- Your needs are outside the scope of my experience or training
- You desire to terminate treatment, or we mutually agree it is time to terminate treatment
- You fail to comply with my treatment recommendations
- A conflict of interest develops
- You fail to pay my fee on a timely basis
- You or I believe it is in your best interest

If either you or I decide to terminate therapy services, I will recommend at least one closure session.

I will provide you with a list of referrals. If you request and authorize a release, I will talk to the

psychotherapist of your choice in order to help with the transition qualified and will provide her or him with the essential information needed. You have the right to terminate therapy at any time. It is essential that I have a final good-by session with the child or adolescent before terminating therapy.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy NEVER involves sexual or any other dual relationship that impairs my objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitive dual relationships with clients. It is your, the client's, responsibility to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will discontinue the dual relationship if I find it is interfering with the effectiveness of the therapeutic process or the welfare of the client, and, of course, you can do the same at any time.

PARENTS AND GUARDIANS: There are a few guidelines that I include with my work.

- I generally like to speak to the parent, parents or guardians first, but often I have the adolescent in the room at the same time.
- Sometimes I am able to get a history and some vital information on the phone with the parent, but I keep the option open to re-consult with the parent about any additional information that I might need.
- Most importantly the adolescent needs to know from you what the reason is that he/she is coming to therapy. I can help you with that process if you so wish.
- I work closely with you as to the progress of the adolescent. I often ask the parent or guardian to come in for a session where I can best discuss my evaluation and recommendations regarding the child.
- Please inform me by phone or at the beginning of each session of any new information that has come up since our last visit.
- Feel free to leave during the time I am seeing your adolescent. In some cases the adolescent does not want you to leave, but wait in the waiting room and I hope you will respect that request. If you do leave, I request that you make sure you get back on time to pick up your teen since I cannot provide supervision for young children. Older children are welcome to wait in the waiting room until your return.
- I see adolescents on a weekly basis, which is important for the therapeutic relationship and process to succeed. Each session builds on the next. During my evaluation a determination will be made if a twice a week/twice a month basis is needed.
- Sometimes it is important that other family members be in therapy as well as the adolescent. In some cases, I find that I can work well with members of the family and in other cases it would be more beneficial for the family members to work with another therapist. I will give referrals in those cases.
- In regards to confidentiality, I would appreciate it if you would not ask me to give you any information about what your child has said to me in our sessions.. I would assume that you will abide by this policy as well and not expect your child to tell you what has happened in the therapeutic session. Sometimes children will spontaneously tell you or will give me permission to tell you which can be discussed at appropriate times or in a family session.

CANCELLATION/MISSED APPOINTMENTS: A minimum of **24 hours notice** is required if you wish to cancel your appointment. I charge my full fee will be charged sessions missed without such notification.

DELINQUENT ACCOUNTS: If your credit card is denied, we will notify you to make payment in another way. If payment is not made on a bill or credit card denial within 30 days we may utilize the services of an outside collection agency or small claims court action may be taken.

I have read the above Agreement, Policies and General Information carefully; I understand them and agree to comply with them:

Client name (print) Or parent/guardian)	Date	Signature
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Client name (print) (spouse if applicable)	Date	Signature
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Therapist	Date	Signature
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