

Advantage Psychological Services

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CONSENT FOR TREATMENT FORM

WELCOME

I'd like to welcome you to my practice. I'm committed to making this process as beneficial as possible for you.

OUTPATIENT SERVICES CONTRACT

I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may impact you. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you want to address. Every effort is made to be sensitive to your needs. Psychotherapy is most successful with an active effort on your part, where challenging yourself to work on what we talk about both during and between our sessions is an integral part of the work.

What to Expect

The aim of psychotherapy is to co-create a positive working relationship between you and your therapist. Through the psychotherapy process you may experience benefits and struggles. Therapy often involves the following:

- Discussing difficult aspects of your life
- Sharing uncomfortable feelings
- Gaining insight into ways you block yourself from success
- Problem solving
- Improving relationships
- Developing coping skills to better manage stress

Initial Phase of Treatment

- Our first few sessions will involve an evaluation of your needs.
- Next, I will offer you some first impressions of what our work will include and a treatment plan.
- Under certain circumstances I may recommend a variety of additional services, such as psychiatric consultation, conjoint marital/couple sessions, conjoint parent/child sessions, and/or group psychotherapy.

Selecting a Therapist

Selecting your therapist is a very important and proactive process. The connection between you and your therapist is a key ingredient to positive change. Finding a good fit, someone you feel comfortable being open with, is very important, especially considering that therapy involves a large commitment of your time, money, and energy. During the initial phase of treatment you may want to reflect upon your experience to determine if you feel comfortable working with me, taking into consideration that developing rapport and trust can take some time. If you have questions about my practice, please feel free to share them whenever they arise. If you are feeling it is not a good match, I will be happy to refer you to another mental health professional.

Psychological Assistants/Marriage and Family Therapy Interns

APS employs both psychological assistants and marriage and family therapy interns. These employees have completed their masters or doctoral degree, but are not yet licensed. Therefore, they are legally practicing under the license of a licensed psychologist or marriage and family therapist.

By signing this form, you are giving consent to psychotherapeutic treatment by Michele Robin Hahn, J.D., M.A., a Marriage and Family Therapist registered intern (#77537) supervised by Lexi Welanetz-Bursin, Psy.D. (PSY 13606), a Psychologist licensed in California. Michele Robin Hahn provides all psychological assessment, consultation, and treatment with quality assurance, coverage, and supervision provided by Lexi Welanetz-Bursin, Psy.D. Other professional associates may be consulted at the provider's discretion. If you have any additional questions, please feel free to ask your therapist.

MEETINGS/SCHEDULING

I typically schedule **one 50-minute session per week**, although some sessions may be longer or more frequent, as needed. For every appointment scheduled, you are charged the agreed upon fee. When you must cancel, please provide 24 hours of notice, otherwise you will be assessed the hourly fee. In certain situations where we both agree that you were unable to attend due to circumstances beyond your control, you will not be charged. In addition, you will not be charged due to your or my vacation schedule. I will always discuss my vacation schedule with you in advance and reschedule whenever possible.

PROFESSIONAL FEES

Once the fee is set, we will review your fee periodically, taking into account any financial hardships and/or gains.

Initial 50 minute visit: \$ 100.00

In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include:

- Report writing
- Extended telephone conversations longer than 15 minutes
- Attendance at meetings with other professionals you have authorized
- Preparation of records or treatment summaries
- Time spent performing any other service you request of me.

If you have become involved in legal proceedings that require my participation, you will be billed for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250.00 per hour for preparation and attendance at any legal proceeding. If you are

seeking a psychological evaluation, which includes testing for a specific concern, then your fee will be determined during your initial consultation.

BILLING AND PAYMENTS

Payment for each session is due at the time the session is held, unless a third party is involved such as a parent, guardian, or insurance company that requires another arrangement. **If you wish to pay by check, please make it payable to APS. To maximize the use of session time, please have your check made out and ready before your session.** Payment schedules for other professional services will be agreed to when they are requested.

You may be allowed to accrue uncollected fees for up to 60 days for psychological services rendered when there has been financial hardship and/or an unusual circumstance, except when otherwise agreed or when third party reimbursement is involved. In the event that a debt of uncollected fees is accrued for longer than 60 days, psychological services may be temporarily halted so that your bill does not become unmanageable and create additional stress. You will be expected to repay the debt as soon as you can. In circumstances of unusual financial hardship, I am happy to negotiate a fee adjustment or payment installment plan. If your account remains unpaid past 60 days and arrangements for payment have not been agreed upon, payment may be secured through legal means, such as hiring a collection agency or going through small claims court. If such legal action is necessary, those costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am able to accept Medicare and most PPO plans, although I am not a PPO in-network provider. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that we find out exactly what mental health services your insurance policy covers.

Due to the rising costs of health care, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" PPO plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Seeking treatment after your insurance benefits end is your option to pursue and charges for services will be based on my current private pay rate, or a rate we negotiate.

All insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or, in very rare cases, copies of the entire record. This record will become part of the insurance company files and will probably be stored on a computer. All insurance companies claim to keep such information confidential; however, basic health information is also registered with the National Medical Information Bank. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself if you wish to bypass interacting with the insurance company.

CONTACTING ME

Telephone

I check voice mails periodically throughout the day and make every effort to return calls within 24 hours, with the exception of weekends and holidays. I typically return calls until 7:00 PM. I have found that mobile phones and voice mail systems do not always function without error. If you have not heard back from me within 24 hours, please call again, as there is a chance the message did not come through. It is also helpful if you please let me know of some times when you will be available for me to call you back. Telephone calls are offered as a professional courtesy, and this service does not constitute an emergency psychological service. If you are unable to reach me and feel that you cannot wait for me to return your call, and your matter is urgent, contact 911, your family physician, or the nearest emergency room to ask for the psychologist or psychiatrist on call. It is important that you understand the choices you make outside of therapy are your responsibility. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests. In addition, the APS office administration is involved at times in managing the records and relevant billing matters on an administrative basis only.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when treatment is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission. But there are a few exceptions.

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and seeking hospitalization for the client.
- If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or contact family members or others who can help provide protection. I will take any threats seriously, whether I am informed by you or someone you know. Therefore, please use discretion when providing my contact information to a third party.
- When psychological services are sought by third parties such as employers, lawyers, or the courts, disclosure of some information is required by law. Disclosure of requested information to third parties, when mandated by law, could potentially have an adverse affect on your life. These situations have rarely occurred in my practice. I will make every effort to discuss it with you before taking any action, unless I believe that notifying you may put you or your health in jeopardy.
- I may occasionally find it helpful to consult other professionals about a case. During a consultation, I protect and keep confidential the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- In the unfortunate event that your therapist is incapacitated or should die unexpectedly, your name and contact number will be shared with the executor of the therapist's professional will or a representative from APS so that you can be informed of the situation. Appropriate support and referrals will be made to you if this were to occur.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential situations, it is important that we discuss any questions or concerns that you may have at our next meeting.

TERMINATION

Your participation in psychotherapy and other psychological services is voluntary, and you have the right to withdraw from treatment without adversity at any time. I recommend that we talk about it together when you are considering termination so that we can create a plan to help you move forward in the most positive way possible. If you do not attend three consecutive scheduled appointments and do not contact me, I will assume you are terminating your treatment. I will attempt to contact you so that we can talk about what's going on. If you are not available to speak, I will send you a letter acknowledging the termination along with a closing bill for any unpaid balance. As well, I may suggest referrals for you to contact should you need. Of course, at any point in time, I am open to discuss resuming treatment.

***Please sign on the next page**

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

I acknowledge that I have received a copy of my authorization for my own records

Signature of Client _____ Date _____

Additional Client Signature (Spouse/Partner/Friend/Family Member) _____ Date _____

Signature of Parent/Legal Guardian/ Foster Parent/ Conservator/Other _____ Date _____

Signature of Psychological Services Provider _____ Date _____

INSURANCE INFORMATION

Name of Company _____

Billing Address _____

Phone Number (_____) _____

PPO OR HMO? _____

POLICY # _____ GROUP # _____ PLAN# _____

Have you met your annual deductible? YES / NO

EFFECTIVE DATE: ____/____/____

FOR OFFICE USE ONLY

NUMBER OF SESSIONS PER YEAR: _____

NUMBER OF SESSIONS IN A LIFE TIME: _____

ALLOWABLE CHARGE \$ _____

DO THEY CONSIDER A PARITY DIAGNOSIS? _____

COVERAGE PER SESSION: \$ _____ / _____ %

ALLOWABLE CO-PAYMENT: \$ _____
