

LAUREN FEINER, PSY.D.

Licensed Clinical Psychologist
CA PSY 26049

OUTPATIENT SERVICES DISCLOSURE STATEMENT AND CONTRACT

Welcome. 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 varies depending on the particular problems being treated and the theoretical approach practiced by the providing psychologist. Therefore, it is important that you take care in selecting a therapist that fits your style and treatment goals. Our first few sessions will involve an evaluation of your current problems, concerns, and needs as well as the history and context of those problems and your hopes for therapy. By the end of the evaluation period, I will offer you my clinical impressions and a recommended approach to treatment. During this time, it is important that we both consider if I am the best person to provide the services you need to meet your specific treatment goals. If indicated (e.g., your presenting problem is outside the scope of my clinical expertise), a referral to a more appropriate therapist will be provided. As therapy involves a commitment of time, energy, and money, it is important that you feel comfortable working with me. The goals of therapy are arrived at by mutual collaboration between us. The goals we establish will be reviewed during the course of our work in order to assess and/or modify the focus of therapy according to your needs. If any questions or concerns about our work together arise at any point during treatment, please bring them to my attention.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. It may be painful to approach feelings or thoughts that you have tried not to think about for a long time. It can be scary to make changes in your beliefs or behaviors, and sometimes making changes can be disruptive to your current relationships. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on. Some sessions, if mutually agreed upon, may be longer or more frequent. As warranted by progress towards your goals, session frequency may reduce to bi-weekly, monthly or on an as needed basis. **It is important to note that our sessions will end at 50 minutes after the hour, even if you arrive late.**

PROBABLE LENGTH OF TREATMENT

The length of psychotherapy treatment varies considerably depending on the person and the nature of the person's problem. It is difficult, if not impossible, to accurately pinpoint the amount of time it will take to experience relief. Several factors contribute to the timeline, including

- * the nature of the problem itself (simple vs. complicated)
- * how long the problem has been a problem (recently developed vs. chronic or longstanding)
- * how much support you have from significant others (substantial versus negligible)
- * how much work you put into solving the problem outside of therapy.

For those seeking relief from troublesome but straightforward problems, therapy can be effective in as little as 8 to 12 sessions. For more complex issues, therapy may last several months to several years.

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ENDING THERAPY

Your participation in therapy is voluntary and you may discontinue at any time. Generally, you will be the one who decides when therapy will end. When possible, I encourage you to make this decision in collaboration with me. However there are two situations in which I may decide the therapy will end.

- If I assess in my clinical judgment that I am not able to help you, I will inform you of this fact and refer you to another therapist who may meet your needs. Some reasons I may reach such a decision include (but are not limited to):
 - I may recognize you are coping with a problem that is outside my scope of competence or expertise.
 - I may become aware of an existing relationship with you, your family, a client, or a shared mutual friend that may interfere with my objectivity or role as your therapist. Due to confidentiality, I may not be able to disclose the nature of this relationship to you.
 - I may become aware of another factor that would interfere with my role as your therapist, with my ability to maintain objectivity, or my potential to foster a sense of rapport with you.
- If at any time, you engage in behaviors that threaten my safety (directly or indirectly), that harass me (verbally, physically, or electronically), or if you harass or threaten the safety of my office, colleagues, clients, or family, then I reserve the right to terminate our therapeutic relationship immediately. If I terminate you from therapy, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

CANCELLATIONS AND MISSED APPOINTMENTS

Scheduling an appointment involves the reservation of time specifically for you. If you wish to cancel a scheduled appointment, it is important that you provide at least **24 hours' notice**, in order to avoid being billed for the session. Exceptions to this are physical illness or any unanticipated circumstance that could reasonably be called an "emergency".

PROFESSIONAL FEES

The fee for a 50-minute individual therapy session is \$130.00. Longer sessions can be arranged, if desired, for a prorated amount. In addition to weekly appointments, similar fees will be charged for other needed professional services, such as home-based visits or legal proceedings requiring my participation. In general, payment is expected at the time of each session. Personal checks, credit card and cash are acceptable forms of payment.

TELEPHONE CONSULTATIONS, EMERGENCY, OR PSYCHOLOGICAL CRISIS

Phone calls that last under 10 minutes are free. If we spend more than 15 minutes in a week on the phone, if I receive more than 15 minutes worth of phone messages from you in a week, or if I spend more than 15 minutes reading and responding to emails from you during a given week, then I will bill you in quarter-hour intervals based on my regular 50-minute rate.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments. In circumstances of financial hardship I may be willing to negotiate a payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

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INSURANCE REIMBURSEMENT

Certain health insurance policies will provide some coverage for “out of network” mental health treatment. This usually occurs as reimbursement for fees you have already paid for clinical services. I will complete forms and provide you with any information you may need to receive these benefits; however, **please be aware that it is your responsibility to provide payment before submitting this information to your insurance company.** Because not all clinical services are covered by every insurance provider, it is important that you find out exactly what mental health services your insurance policy covers at the outset of therapy. Lastly, most insurance companies do not reimburse fees for missed sessions. Therefore, if you miss a session, I will charge you as noted, and you may not be reimbursed by your insurance company for this fee.

Please be aware that most insurance companies require psychologists to provide them with certain information regarding their client’s treatment (e.g., diagnosis, treatment plan, treatment summary, fees). If I am required to provide information about your treatment to an insurance company for purposes of fee reimbursement, I will first request your authorization and written consent for release of this information.

CONTACTING ME

You may contact me at (858) 413-7221. Although I am often not immediately available by phone, I check my voicemail on a regular basis. I will make every effort to return your call on the same day you make it, or by the next business day at the very latest. If you are unable to reach me and feel that you cannot wait for me to return your call, dial 911 or proceed to your nearest emergency room immediately.

The decision of whether to have any e-mail contact with me is up to you. E-mail can be useful for scheduling purposes or for exchanging information on resources. However, I do not recommend using e-mail as a means to convey personal information or thoughts related to therapy sessions as e-mail is not a confidential means of communication. Please do not email me if you are in crisis.

I generally check my e-mail during business hours. I will make every effort to return your e-mail on the same day you wrote it, or by the next business day.

Please check your preferences for contact via e-mail:

I DO NOT agree to any contact via e-mail.

I DO agree to contact via e-mail for the following purposes:

Scheduling, Providing access to resources (receiving links, PDF handouts, etc)

My preferred e-mail address is:

SOCIAL NETWORKING AND WEBSITES

I do not engage in relationships via social media networks (Facebook, Twitter, Linked In, etc) with current or former clients. Ethical guidelines, as well as legal statutes of our licensing board have strict regulations with regards to dual relationships, confidentiality, and professional boundaries, which prohibit such contact.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your clinical record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

CONFIDENTIALITY

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

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- **In Legal Proceedings...** Although I will make every effort to safeguard your privacy, your records may be subpoenaed by a court of law. In most legal proceedings, you may have the right to restrict access to information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, it is possible that a judge may order that my records and/or testimony be released. Confidentiality may also be limited by other situations in which the law requires or directs that confidentiality does not apply.
- **To Protect You...** If I have reason to believe you are at risk for injuring or killing yourself, I am legally and ethically required to work with you to prevent this from occurring. This may range from developing and agreeing to a "no harm" contract, contacting family members or others who can help provide protection, arranging for hospitalization with your consent, or in the event of an emergency, facilitating involuntary hospitalization.
- **To Protect the Public...** In certain situations, I am also legally obligated to take action to protect others from harm, even if this requires that I reveal some limited information about a client's treatment. For example, if I believe that a child, older adult (age 65 or older), or a dependent adult is being neglected or abused, I must file an immediate report with the appropriate county or state agency. If I believe that a client is threatening serious bodily harm towards another individual, I am also legally and ethically required to take preventative and protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- **In Professional Consultation...** I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. 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.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice.

COMPLAINTS

If you're unhappy with what's happening in therapy, or have a concern or complaint about your treatment, please talk about it with me so that I can respond to your concerns. I will take your criticism seriously, and with care and respect. If you continue to feel dissatisfied, you may file a complaint by contacting the Board of Psychology at: Board of Psychology, 1422 Howe Avenue, Suite 22 Sacramento, CA 95825. 1-866-503-3221.

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

Printed Name of Client

Date

Signature of Client