Jill L. Rosenberg, Psy.D.
Licensed Clinical Psychologist PSY 21005
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(650) 269-7514

INFORMED CONSENT TO TREATMENT

As a client of Dr. Rosenberg, you have certain rights, as well as responsibilities, which are important for you to understand. This form is designed to help you make informed decisions about the services you receive. Please read it carefully and feel free to discuss any questions you have about it with Dr. Rosenberg.

PSYCHOLOGICAL SERVICES

Psychotherapy can have benefits and risks. Therapy often involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness especially during the initial sessions. Psychotherapy has also been shown to benefit those who participate in it. In therapy, we explore difficult feelings and learn more adaptive coping strategies to better handle unpleasant situations and emotions. Therapy often helps build better relationships, provide solutions to specific problems, and reduce feelings of distress.

PROFESSIONAL FEES

Dr. Rosenberg's standard fee for service is $175.00 per 50 minute session unless a sliding scale fee has been established.

If you are paying out of pocket for psychotherapy services, payment is requested at time of service. For those who are insured, I will provide a summary statement identifying diagnosis and session payments so that you can seek reimbursement of your therapy costs. Many insurance plans will cover between 50% to 80% of your bill and will often limit the total number of sessions they will cover per year. You can consult a representative of your plan to find out exactly what your mental health benefit is.

The fee for service will be assessed and discussed every six months and may be raised by $10.00 per session. If your account has not been paid for more than 60 days and arrangement for payment have not been agreed upon, Dr. Rosenberg has the option of using legal means to secure the payment, including 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 that is released regarding a client's treatment is his/her name, the nature of the services provided, and the amount due.

The hourly rate will be applied on a pro-rated basis toward phone contact exceeding 15 minutes. Please notify Dr. Rosenberg should a problem arise during the course of your treatment that affects your ability to make payments.

INSURANCE REIMBURSEMENT
Dr. Rosenberg does not accept insurance coverage for payment for services except ComPsych EAP. You will be provided with a bill for therapy services received and you may submit your statement to your insurance provider as an "out of network provider."

You should be aware that submitting a mental health invoice for reimbursement may carry a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance.

The risk stems from the fact that mental health information is entered into insurance company databases and may also be reported to a National Medical Data Bank. Insurance companies ask that the client's mental health diagnosis be provided in the invoice.

Not all issues which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Missed or cancelled sessions are NOT covered by insurance companies and will be billed to you, unless there are extenuating circumstances.

CANCELLATION POLICY
When you schedule an appointment, this time is reserved specifically for you. If you cancel or reschedule an appointment with less than 48 hours notice, or if you miss an appointment without such notice, you will be obligated to pay the usual fee for the time that was reserved for you. You may cancel an appointment seven days a week, 24-hours a day, by calling (650) 269-7514. Please leave a clear message stating that you wish to cancel your appointment along with a phone number where you can be reached.

EMERGENCY PROCEDURE
Dr. Rosenberg is available to speak by telephone after hours in circumstances involving clinical emergencies. If you have an urgent concern, please indicate as such when you leave your message. If you have not been contacted within a reasonable period of time, please leave another message. If your situation is an acute emergency, please call 911 or go to a local hospital emergency room.

PROFESSIONAL RECORDS
The laws and standards of the profession of psychology require that therapists maintain treatment records. You are entitled to receive a copy of these records unless it is believed that seeing them would be emotionally damaging. In the case in which viewing your records would be damaging, they can be released to a mental health professional of your choice. These are professional records that can be misinterpreted to untrained readers. It is recommended that you review your records with Dr. Rosenberg so that the contents may be discussed.

E-MAIL

Although e-mail has become a major means of communication between individuals, internet communication has significant limitations. Please note the following guidelines for use of e-mail as a form of communication:

- Dr. Rosenberg cannot provide personal counseling through e-mail.

- Dr. Rosenberg cannot guarantee that your e-mail will remain confidential. Although Dr. Rosenberg will keep your e-mail message private, information transmitted through e-mail is still subjected to the limits of confidentiality. Also, she cannot ensure that administrators of the systems and/or experienced computer users (i.e. hackers) may be able to access e-mail, so confidentiality cannot be ensured.

- Although e-mail may seem like a fast way to contact someone, Dr. Rosenberg may not have the ability to check email frequently and consistently. Absence from the office, a busy schedule, unexpected illness, or difficulty getting online may mean that several days go by before a message is received. Please call Dr. Rosenberg on her designated phone line to ensure communication.

- The laws and rules on confidentiality are complicated. Please bear in mind that Dr. Rosenberg is not able to give you legal advice. If you have special or unusual concerns, and so need special advice, it is recommended strongly you speak with a lawyer to protect your interests legally and to act in your best interests.

- By signing below, you are indicating that you are aware of the limitations of confidentiality with e-mail communication with Dr. Rosenberg, but would still like to participate in e-mail communication.

_____ _____

Name Date

CELL PHONES

A few words about **cell phones**. You should be aware that cell phone conversations between you and your therapist are not considered secure in that cell phone transmissions can be intercepted by people who might be scanning certain airwave frequencies for their entertainment or curiosity. If you call your therapist from your cell phone, you automatically give up certain assurances of confidentiality. This is also true if your therapist calls you from his/her cell phone when he or she is not in the office. You should be aware that when Dr. Rosenberg is returned your phone calls when she is not in the office, she is using a cell phone. If you would prefer that Dr. Rosenberg not contact you on a cell phone, please sign here: _____

CONFIDENTIALITY

In general, all information between you and your therapist is confidential: no information may be shared with anyone without your written permission. There are a few exceptions when state law requires a therapist to disclose confidential information to appropriate agencies.

Disclosure may be legally required when:

(1) A therapist has a reasonable suspicion of emotional abuse, physical abuse, sexual abuse, or neglect of a child, elderly person, or disabled person. In the case of suspected abuse, a therapist is legally mandated to file a report with the appropriate state agency.

(2) A therapist judges that a patient presents a danger of violence to others. In this case, a therapist is required to take protective actions. These actions may include notifying the potential victim, contact the police, or seeking hospitalization for the client.

(3) A therapist believes that a patient is likely to harm herself or himself unless protective measures are taken. In this case, a therapist may be obligated to seek hospitalization for the client or to contact family members or others who can help provide protection.

(4) Disclosure may also be required pursuant to legal proceedings, such as when a judge issues a court order requesting confidential information.

Your privacy is of the utmost importance. Every effort is made to protect the confidentiality of your treatment.

The matters discussed in this contract apply to you and any of your minor children involved in therapy or consultation with Dr. Rosenberg. By signing this form you are indicating that you understand and agree to abide by its terms.

_____ _____

Client Date

_____ _____

Parent/Legal Guardian Date

_____ _____

Dr. Jill Rosenberg Date

PSY 21005