

AGREEMENT AND CONSENT TO RECEIVE PSYCHOLOGICAL SERVICES

This document contains important information about my professional services, business policies, and privacy practices. Please read it carefully. When you sign this document, you will be agreeing to these terms.

PSYCHOLOGICAL SERVICES

I provide a variety of psychological services including individual, couple and family psychotherapy, and psychological evaluations. Psychoanalytic psychotherapy, the methodology I utilize helps reduce emotional and interpersonal problems. Also, it often improves social, academic, and occupational functioning.

Psychotherapy involves having all parties work actively to gain awareness of and alter certain maladaptive emotional states and behaviors.

Like any treatment, psychotherapy has benefits and risks. Because it involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. Psychotherapy also involves a large commitment of time, money, and energy. Feel free to ask me about other treatments and their risks and benefits. If you have questions about my work, we should discuss them whenever they arise. If at any point during psychotherapy either of us thinks that I am not effective in helping you reach your goals, let's discuss it and, if appropriate, we'll terminate the treatment or I will help you obtain a second opinion. In such a case, I will refer you to other psychotherapists.

Psychological evaluations involve using a variety of methods to establish information about your mental status. General psychological evaluations are provided for you or health care providers. Forensic psychological evaluations are performed as part of legal proceedings, i.e., administrative or employment law. I utilize a combination of intensive interviews, reviews of relevant records, psychological testing, and clinical observations to develop diagnoses, prognoses, and respond to the specific referral question.

SESSIONS

Individual psychotherapy sessions last 45 minutes; couples and family sessions are 60 minutes.

PROFESSIONAL FEES, BILLING, PAYMENTS AND CANCELLATION POLICIES

Individual psychotherapy services cost \$450 or ____ for a 45-minute session. Couples and family therapy runs \$600 or ____ for a 60-minute session. Other services, such as correspondence, are billed at the same rate as the associated service. Cancellation of appointments requires 48 hours notice; evaluations not canceled within 48 hours cost a minimum of two hours.

I utilize Simple Practice for my documentation and billing service. The system will email you a statement each month by email. It will include a superbill which, for insurance purposes, provides information they require like procedure codes and diagnoses. PLEASE note that, financially speaking, your relationship is with me. I am not a Medicare, HMO or PPO Provider. Please pay me monthly. If your account is overdue, and other arrangements have not been made, I may use legal means to secure payment.

CONTACTING ME

I am not immediately available by telephone. When I am unavailable, my telephone is answered by a frequently monitored voicemail system. I shall return your call on the same day you make it, with the exception of weekends and holidays. You may also contact me by email at amkarbelnig@gmail.com. In the case of an emergency, please call 911 and/or proceed to the nearest emergency room. If I will be unavailable for an extended time, I will have a colleague covering for me.

PROFESSIONAL RECORDS AND CONFIDENTIALITY

The laws and ethical standards of my profession require that I keep professional records. These are securely maintained for a minimum of seven years. You are entitled to receive a copy of the records unless I believe that seeing them could be emotionally harmful to you, in which case I will send them to a designated health professional.

With few exceptions, our professional relationship is highly private and confidential. I can only release information to others with your written permission requiring a separate Authorization form. However, a few exceptions exist. Some situations, e.g. child or elder abuse or threats to harm another person, legally require that I file a report with the appropriate state agency. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact others who can help provide protection. If these urgent situations arise, I will fully discuss these possibilities with you. If you are a minor, the law may provide your parents the right to examine your records. I typically either request that they relinquish such access, or I provide them only with general information about our work together.

I may occasionally wish to consult other professionals for help in which case I will avoid revealing your identity. Also, I may be using certain electronic devices to communicate with you, including cordless telephones, mobile phones, or email, and I cannot guarantee the security of these communication methods.

Alan Karbelnig, PhD, PSY10347

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BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Name _____

Signature _____

Date _____