

## WSN Psychological Group Informed Consent

### IDENTIFYING INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (MI) (preferred name)

Parent/guardian (if under 18 years): \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Legal Gender: \_\_\_\_ Male \_\_\_\_ Female

How do you identify, culturally (ethnicity, race, religion, etc.)? \_\_\_\_\_

Marital Status: \_ Never Married \_ Domestic Partnership \_ Married \_ Separated \_ Divorced \_  
Widowed

Please list any children/ages: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ May we identify the clinic? \_ Yes \_ No

Secondary Phone: (\_\_\_\_) \_\_\_\_\_ May we identify the clinic? \_ Yes \_ No

E-mail: \_\_\_\_\_ May we email you? \_ Yes \_ No

\*Please note: Email correspondence is NOT considered to be a confidential medium of communication.

Watson, Sanchez, & Navarro Psychological Group Inc. Watson, Sanchez, & Navarro Psychological Group Inc. 270 E. 7th Street, Suite 1C, Upland, CA, 9178 951-534-5141 Informed Consent and Description of Privacy Practices.

WELCOME: Please read this document carefully as it contains important information about our professional services and business policies. Make a note of any questions you have so they can be discussed during our first session. Your signature indicates that you fully understand the information contained in this document, have given your consent for you or your child to receive the agreed upon psychological services, and have asked all questions that are relevant for you to



make an informed choice for you or your child to participate in psychological treatment or assessment. Your signature constitutes a binding agreement for you or your child to receive psychotherapy; psychological, neuropsychological, or psychoeducational assessment; or receive psychological consultation.

**PSYCHOLOGICAL SERVICES:** Our group offers psychological services including psychotherapy, psychological assessment, and consultation. Psychotherapy and psychological assessment are usually very positive experiences that will improve many aspects of your or your child's life. However, because it may involve dealing with information that is deeply personal and patterns of personal functioning that may have been established over the years, there is an element of risk involved in psychotherapy and psychological assessment. In order to achieve lasting change, it is usually necessary to talk about personal information that is uncomfortable and painful. Some people may experience some degree of sadness, anxiety, fear, frustration, and possibly interpersonal conflict when undertaking a life-change process. Therapy may require you or your child to talk about unpleasant aspects of life, and at times, some clients report feeling worse before they feel better. In addition, psychological assessment could incite some distress in you or your child should you or your child perceive that you are not performing as well as you would like. The assessment process could suggest dysfunctional patterns of functioning or neurocognitive deficits that you may not currently be aware of and this can also be distressing to some clients.

**THE CHANGE PROCESS THROUGH PSYCHOTHERAPEUTIC SERVICES:** We believe that lasting change does not occur immediately even though you may feel better after several sessions of treatment. Therapy is not a "quick fix," although clients often report feeling better after a short period of time. In making an informed choice to participate in psychotherapy with us, it is important for you to understand the goals your therapist has for you. Please discuss these with your therapist to ensure that you both have a clear understanding of what treatment goals are being addressed. Watson, Sanchez, & Navarro Psychological Group Inc. It is important that you have a productive working relationship with your therapist. If you perceive that you or your child are not making the kind of progress that you would like to make, we encourage you to discuss your concerns with your therapist so that you may work towards resolution of any problems that might arise. Your therapist will regularly review and discuss goals and progress with you, and we want you and your child to be open and honest in providing feedback. At any time during your work together, you have the right to decide to end treatment and there is not a moral, legal, or financial obligation other than to pay for services already rendered. If you are thinking about terminating psychotherapy before a mutually agreed upon time, we encourage you to discuss this with your therapist, and if you wish, we will provide you with the names of other mental health providers.

**MEDICATIONS:** California psychologists cannot legally prescribe medication. This prohibition is established in Section 2904 of the California Business and Professions Code. Often, consumers seeking mental health services are taking medications or suffering from conditions that could be treated very successfully by medications prescribed by a physician. Psychologists are often the first mental health care providers assessing and treating such consumers. Indeed, many psychologists have extensive training and experience in the applications of medications.



Psychologists may discuss medications with a patient. A psychologist may suggest to a physician a particular medication to be prescribed by a physician. However, the ultimate decision as to whether a patient should receive medication lies solely with the physician. A psychologist may engage in a collegial discussion with a patient's physician regarding the appropriateness of a medication for the condition being treated. A psychologist has primary responsibility to monitor the patient's progress in psychotherapy which includes assisting in monitoring the changes which may be attributable to the medication prescribed to the patient. Psychologists should maintain a close consultative relationship with physician caregivers in order to assure appropriate overall treatment of the patient. There are many psychological conditions which manifest themselves in physical symptoms. There are physical problems which have psychological symptoms as well. The best interests of the patient demand that psychologists work closely with primary care physicians and psychiatrists who are prescribing medications to the patient of the psychologist. While a psychologist's responsibility can include involvement in limited aspects of a patient's medications, the patient's physician is the only person who may lawfully prescribe the medication for the patient. If medication seems indicated the mental health professional (here and throughout the remainder of the document, mental health professional can refer to a licensed clinical social worker, licensed psychologist, licensed marriage and family therapist, registered psychological assistant, marriage and family intern or other qualified mental health worker) working with you will be glad to refer you to a practitioner after providing you an explanation of the rationale for suggesting a referral to a physician. Even though you Watson, Sanchez, & Navarro Psychological Group Inc. may receive a recommendation that you consult a physician as part of your treatment, the decision to see a physician is ultimately yours. Additionally, if you are currently taking psychiatric medication, it will be important that our mental health professional work alongside your physician to provide you with the best possible care. If you are currently seeing a physician for mental health medication, it is important that you tell us during our first meeting. You will be asked to sign a release of information so that we may talk openly with your physician.

**MEETINGS/SESSIONS:** During the first meeting, the mental health professional will conduct an intake session that will include discussion of you or your child's difficulties, goals, and personal history. During this session, the goal is to get to know you, your child and/or your family, get an idea of the problem areas in your life (lives), and for you to get a sense for the way your mental health professional interacts with clients. Your mental health professional will take a history and together you will develop a "game plan" to meet the treatment objectives. At the end of the first meeting, it should be clear to both parties if the mental health professional is the best "fit" for you. Please feel free to ask any questions that might help you in your decision. In addition, if your mental health professional believes that you might be better helped by another provider they retain the right to not develop a psychotherapy relationship with you. If this is the case, the mental health professional will provide you with appropriate referrals to another therapist. At the end of the first session, the mental health professional will make clear to you that s/he will either be committed to helping you achieve your therapeutic goals or else refer you to another therapist. Our individual therapy sessions are typically 45-60 minutes. Sessions usually begin on the hour. Please be prompt to the session in order to take advantage of the full time. Unless 24 hours' notice is given, you will be expected to pay for the missed appointment unless we excuse payment due to circumstances beyond your control. If you are paying with insurance then you will still be



responsible for applicable co-payments. If you miss two appointments without giving prior notice or are chronically late to appointments, then we reserve the right to terminate services with our organization and refer you to another provider or back to your insurance company. For their own protection and as a courtesy to others, please do not leave your children unattended in the waiting area.

**TELEPHONE CALLS AND EMAIL:** Our mental health professionals make every effort to return phone calls as soon as possible but will not interrupt sessions for incoming calls unless it is an emergency. The telephone is not the best means for dealing with therapy issues and we will advise you to set up an additional therapy session rather than conducting psychotherapy by phone. Telephone calls that exceed ten minutes will be charged for a half-session. However, in certain situations you may feel a phone consultation is necessary and, if so, Watson, Sanchez, & Navarro Psychological Group Inc. the mental health professional will charge the normal hourly rate for a psychotherapy session (if services are billed through private insurance, the specific billing procedures and regulations for telephone calls will be followed). If you are having an emergency, call 911 and leave a message for us on our confidential answering machine about how to quickly get in touch with you. To the best of our ability, our mental health professionals will implement a contingency plan that will handle foreseeable crises. For less urgent matters, email is an efficient means by which to contact your mental health professional if you are comfortable with that medium of communication. However, you should be aware that no form of communication is 100% secure and it is best to not communicate sensitive or personal information through email. Our mental health professionals will do our best to respond to your email within the same business day (although this may not always be possible).

**PROFESSIONAL FEES:** Professional fees for the service or services you are requesting will be discussed during your first session or before. Psychotherapy fees vary depending upon the individual mental health professional with whom you are working. Psychological assessment fees are based on the time required for the assessment, tests administered, interpretation, report writing, and record review. Also, the fees will obviously vary depending on whether you are paying cash out of pocket or we are billing insurance for the services. All insurance plans are different and we will do our best to check on your benefits prior to your first session. However, you are ultimately responsible for understanding those benefits and for payment if for some reason your insurance company refuses payment. If you or your child are currently seeing us for psychotherapy and psychological testing is warranted, we will refer you to another clinician. If you are solely seeking psychological assessment, we will give you an estimated cost for the entire work product prior to the testing unless the assessment is being paid for by a third party (e.g., a local school district) in which case the fee for the evaluation will be negotiated directly with the third party. We accept checks, credit cards, and cash as means for payment. There is a \$30.00 service charge on all returned checks. If a check is returned ("bounced") twice, cash payments will be required at the beginning of each session. All fees are subject to change. In the event of fee changes, you will be notified as soon as possible of such changes.

**BILLING AND PAYMENTS:** You will be expected to pay the applicable fee (e.g., co-payment, cash fee) for each psychotherapy session at the time it is held. Payment schedules for other



professional services will be agreed upon at the time these services are requested. If there is economic hardship, the most you may defer is four sessions. If, after this time, Watson, Sanchez, & Navarro Psychological Group Inc. you cannot afford the services, our mental health professional will find a suitable low fee referral for you or refer you back to your insurance plan. In the case that you cannot afford our fee and the psychotherapy relationship is terminated, you will still be responsible for the outstanding balance. If you are covered by private insurance, we may be able to bill insurance for our services. If you have out of network benefits and prefer to bill insurance yourself, we will be happy to provide you with a receipt (i.e., "superbill") that shows the fee charged, service provided, diagnosis (if one is warranted), billing code, and any other information that will help you file your insurance claim and seek reimbursement. If you are using out-of-network insurance benefits, you must still pay in advance and seek reimbursement from your insurance company. We strongly encourage you to contact your insurance company to discuss the requirements for reimbursements prior to initiating psychotherapy with us. Unless previous arrangements have been made, you are expected to pay the full applicable fee at the time the session is held. Since you will be seeking professional services from us, we have the option to exercise legal means to secure payment for services rendered if your account is substantially delinquent. If your account is more than 60-days overdue and suitable arrangements for payment have not been agreed upon, we reserve the right to report the debt to a relevant credit bureau and solicit the assistance of collection agencies to receive the payment. This can include mediation, arbitration, collection agencies, or small claims court. If such actions are necessary, the cost of bringing that proceeding will be included in the claim, and the patient or responsible party will be responsible for all costs of collection. In such cases, the only information that will be released about the treatment would be the client's name (i.e., you, a dependent child or other relevant parties utilizing the treatment), nature of the services provided (e.g., Individual therapy), dates of services and the amount due. In some instances, a third party will be responsible for payment (e.g., Independent Educational Evaluations). In these cases, we will bill the third party directly and you will not be responsible for payment in advance.

**PROFESSIONAL RECORDS:** The laws and standards of our profession require that we keep professional records. These are maintained, under lock and key, for a minimum of seven years. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will either provide you with a summary or send your records to a mental health professional of your choice. Your mental health professional may recommend that you review such records together.

**CONFIDENTIALITY:** Within the limitations articulated below, the information you reveal to us within the professional relationship will be kept confidential and will not be released to anyone Watson, Sanchez, & Navarro Psychological Group Inc. without your written consent. However, certain conditions do require that confidentiality and privileged communication be breached, including: 1) If we have reason to believe that you represent a danger to yourself; 2) if we have reason to believe that you represent an imminent danger to another person; 3) if there is reason to believe that child abuse or neglect is present, a report must be filed with a state child protective agency; 4) if there is reason to believe that you have engaged in elder or dependent adult abuse, a report must be filed with a state protective agency; 5) if a legitimate court order is issued; 6) if



the treatment is ordered or is under the supervision of the court. Mandated Therapy as a Condition of Probation, Parole, or Diversion (ignore if not applicable) If you or your child's treatment is required to fulfill a condition of probation, parole, or diversion you should be aware that there are further limits to confidentiality. Because the therapy is court-ordered there are more people and agencies interested in you or your child's treatment than usual. In most cases the court will require we verify that you or your child have been attending psychotherapy and that you are reasonably participating in treatment. This often requires that we provide written reports to the court. The information the court requires us to provide about the treatment will vary from jurisdiction to jurisdiction. At the beginning of treatment we will need to see paperwork documenting the conditions of probation/parole and then we need to discuss the type of report that the court requires us to provide. To ensure that there is no misunderstanding about what type of information we will be reporting to the court about the treatment, it will be necessary for us to communicate with the case worker, probation officer, or parole agent at the beginning of treatment. It might also be useful for us to communicate with you or your child's legal representation. The goal is for all parties involved to understand what information about your treatment is shared. Because of the unique nature of court-ordered treatment, you need to understand that your confidentiality is limited. Confidentiality in Child/Adolescent Therapy (for the purposes of this section, "child" refers to any person under 18 years of age) Since your child is still a minor, their right to confidentiality is also limited by our legal right to share information with their parents. However, since an effective therapeutic relationship often involves the provision of a safe place to confidentially discuss difficulties in one's life, it is best if you (the parents) and your mental health professional agree in advance regarding what type of information will be shared with you. In general, we believe it is important to inform a child's parents if the child is involved in any activity that is seriously harmful to themselves, but we may not reveal information if such activity does not seem to present an imminent risk of harm. For example, if a child reveals they have been regularly operating a motor vehicle while under the influence of a substance, we would discuss with the child how best to inform Watson, Sanchez, & Navarro Psychological Group Inc. their parents of this activity (e.g., either the mental health professional tells them, the child tells them, or it is done together). However, if the child revealed a one-time experimentation with marijuana, we may not inform the parents.

**PRIVACY PRACTICES (HIPAA):** The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life. Therefore, protecting your privacy is of utmost importance. The ensuing paragraphs explain how, when and why we may use and/or disclose your records which are known under the HIPAA legislation as "Protected Health Information" (PHI). Your PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. We may also receive your PHI from other sources (i.e., other health care providers, attorneys). You and your PHI receive certain protections under the law. Except in specified circumstances, we will not release your PHI to anyone. When disclosure is necessary under the law, we will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure. If you are receiving any type of psychotherapy service, your PHI is typically limited to



basic billing information placed in a file in our office and also on a computer in the form of an electronic document. As part of our billing and scheduling system, we utilize some third-party services that are also bound to adhere to HIPPA privacy laws. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations, such as child abuse, homicidal or suicidal intention, your PHI will only be released with your specific Authorization. In accordance with the HIPAA act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization, which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI. These consist of the following:

A. Uses and/or disclosures related to your treatment (T), the payment for services you receive (P), or for health care operations (O):

- 1) For treatment (T): We might conceivably use and/or disclose your PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in the case of a medical emergency.
- 2) For payment (P): We may use and/or disclose your PHI for billing and collection activities without your specific Authorization. Some insurance plans may request copies Watson, Sanchez, & Navarro Psychological Group Inc. of intake or progress notes, treatment summaries, or peer-to-peer review of clinical information. It is important for you to be aware that there are members of our group other than your specific mental health professional who participate in billing and administrative duties.
- 3) For health care operations (O): We may use and/or disclose your PHI in the course of operating the various business functions of our office. For example, we may use and/or disclose your PHI in order to do third party or insurance billing without your Authorization.

B. Uses and/or disclosures requiring your Authorization: Generally, our use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.

C. Use and/or disclosures not requiring your Authorization: The Rule provides that we may use and/or disclose your PHI without your Authorization in the following circumstances:

- 1) When required by law: We may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:
  - a) Reporting abuse, neglect, or domestic violence: We may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies.
  - b) Judicial and administrative proceedings: We may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.
  - c) To avert a serious threat to health or safety: We may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if we believed you were at imminent risk of harming a person or property, or of hurting yourself, we may disclose your PHI to prevent such an act from occurring.

The HIPAA Privacy Rule grants you each of the following individual rights:

A. In general, you have the right to view your PHI that is in our possession or to obtain copies of it. You must request it in writing. You will receive a response from us within 30 days of our receiving your written request. Under certain circumstances, such as if we fear the information may be harmful to you, we may deny your request. If your request is denied, you will



be given in writing the reasons for the denial. We will also explain your right to have our denial reviewed. If you ask for copies of your PHI, we will charge you not more than \$.25 per page. We may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost. Watson, Sanchez, & Navarro Psychological Group Inc. B. You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make. C. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method (e.g., email). We are obliged to agree to your request providing that we can give you the PHI in the format you requested without undue inconvenience. You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented (e.g., those for treatment, payment, or health care operations). We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable fee for each additional request. E. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request in writing if we find that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than ourselves. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI. F. You have the right to get this notice by email. You have the right to request a paper copy of it as well. If you believe that we may have violated your individual privacy rights or if you object to a decision we made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to us. Your written complaint must describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in this Privacy Practices section. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by us, or filed with the Secretary, within 180 days of when you knew, or should have known, that the act or omission occurred. We will take no retaliatory action against you if you make such complaints. Watson, Sanchez, & Navarro Psychological Group Inc. Special Note to Families Confronted by Divorce: When a family is confronted by divorce or separation, it is hard on everyone. It is important when working as a family, that each person feels safe to speak openly and honestly, without fear that material revealed in counseling/therapy will be revealed in court and used in a negative fashion. In order to provide a safe environment for families to work, it is important you agree not to call us as witnesses or to attempt to subpoena records in the event



that you choose to pursue a divorce without the consent of both parties. If we are treating both parties, we will not release the information without signatures from all parties involved or a court order. If we are treating you as a couple/family, we will only testify, if called, to work done for the family. We will not provide expert opinion on individual personality characteristics, parenting skills, or other material requiring specialized psychological skill. If you require a forensic evaluation for a domestic matter, we will give you referrals to qualified individuals. As previously noted, if because of nonpayment of your bill we pursue legal remedies, certain information will not be considered confidential and will be released, but this would be limited to the minimum that is necessary to achieve the purpose of collecting funds.

AGREEMENT: I have read this information fully and completely, have discussed any questions I have about the information and understand the information. I understand that there are no guarantees stated or implied and I accept the risk inherent in the course of counseling/therapy/assessment. I am aware the fees and charges for services will be discussed prior to beginning services and I understand and agree that I am ultimately responsible for payment of the rendered psychological services even if such services are being billed to an insurance company, except in certain circumstances (such as when a third party is responsible for payment, see below for responsible party). I acknowledge responsibility of payment for services and I understand I am responsible for all costs of collection and litigation together with attorney's fees if the charges for services must be collected by an action of law. I also assert that I understand the limitations of confidentiality.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Watson, Sanchez, & Navarro Psychological Group Inc.

Important notice regarding insurance. It is important to make you aware that the benefit information given by your insurance company over the phone, whether it was provided to our office or to you directly, is not guaranteed to be accurate and is not a guarantee of payment. The insurance plan that covers your services is a legal contract between you and your insurance company. It is important that you have an understanding of your benefits and possible out-of-pocket costs (i.e., the amount you are personally responsible to pay). It is also important to know that, since we are not a part of the legal contract between you and your insurance company, we would not be informed if anything changes with your insurance plan (e.g., change in benefits, change in coverage, or if you were to change insurance providers altogether). This notice serves to inform you to notify our office if any changes are made to your insurance plan while you are receiving services through our organization. If you are concerned about your out-of-pocket obligations, then you would want to contact your insurance company directly to ask about your benefits. If desired, at the end of your first appointment, our provider may be able to provide you with an idea of the codes and approximate number of units that would be billed for the service you are requesting or that your provider is recommending. If your insurance provider does not pay for the services or requires you to first meet a deductible our standard rates are as follows: Intake Session for Marriage and Family Therapists or Licensed Clinical Social Workers - \$165;



Intake Session with Psychologist - \$165; Testing Session - \$250 per hour – Please be aware that psychological testing involves billing for “face-to-face time” (that is time when the person being tested is actively taking the tests) and non-face-to-face time, during which time the results of the testing are being scored, entered into the report, interpreted and the final report is written. Insurance will be billed for all of this time, which will result in insurance being billed for days when the client (the person taking the tests) is not physically present in the office or, otherwise, actively participating in the assessment process.

**BILLING AND PAYMENTS:** You will be expected to pay the applicable fee (e.g., co-payment, cash fee) for each service at the time it is held. Additional fees may be billed after the service has been Watson, Sanchez, & Navarro Psychological Group Inc. conducted and you would also be responsible for those. These could include payments toward a deductible, co-insurance, etc. Since you will be seeking professional services from us, if these fees are not paid, then we have the option to exercise legal means to secure payment for services rendered if your account is substantially delinquent. If your account is more than 60-days overdue and suitable arrangements for payment have not been agreed upon, we reserve the right to report the debt to a relevant credit bureau and solicit the assistance of collection agencies to receive the payment. This can include mediation, arbitration, collection agencies, or small claims court. If such actions are necessary, the cost of bringing that proceeding will be included in the claim and the patient or responsible party will be responsible for all costs of collection. In such cases, the only information that will be released about the treatment would be the client’s name (i.e., you, a dependent child or other relevant parties utilizing the treatment/service), nature of the services provided (e.g., individual therapy), dates of services, and the amount due. Special Notice for individuals on a group or family plan: It is very important to be aware of your benefits if you are not the person who receives the statements from your insurance company and/or you are NOT the person financially responsible for your insurance plan. You should be aware that the person who is the primary insured on your insurance plan will receive statements about your services. These statements will include such information as the date(s) of service, the diagnosis code, and the code indicating what service was provided. Any applicable balance due or out-of-pocket fee for service will also be on this statement. For example, if you are a young adult with your primary insurance coverage through your parent’s insurance plan, then your parents will receive the statement described above. If you are married and covered under the insurance plan provided by your spouse’s employer, then the statement described above will likely be addressed to your spouse. Please initial here to indicate you have read and understand the above special notice\_\_\_\_\_. Special Notice for individuals insurance and client records: All insurance providers may, at times, request copies of clinical information, such as, for example, intake notes, progress notes, treatment summaries or for clinical information to be discussed via a peer-to-peer review. Please initial here to indicate you have read and understand the above special notice\_\_\_\_\_. Please sign below to acknowledge that you have read and understand the above notice regarding the insurance:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT FOR TELEHEALTH/E-THERAPY CLIENTS:** Telehealth or E-Therapy is a form of therapy that is mediated through the Internet (e.g., video conferencing). By signing this consent, you are agreeing to participate in this form of therapy. We wish to be sure you are fully informed of the process, limitations, and special considerations of participating in e-therapy. Those include:

- 1) Telehealth is a relatively new form of therapy. Although there are studies to suggest it is effective with certain populations and for certain referral questions, there are many for which specific studies have yet to be conducted. If at any time, you or your therapist feel the e-therapy format is not meeting your needs then you may discuss that together and decide upon the best course of action (e.g., switching to in-office appointments, referring to a different provider).
- 2) Relatedly, Telehealth may be inappropriate for certain populations, such as those at high-risk for suicide; those dealing with compulsive, harmful, excessive use of the internet or computers; and/or those at high risk of other forms of self-harm or harm of others (e.g., homicidal ideation). If at some point your therapist feels that Telehealth is not an appropriate form of therapy for your specific situation and presenting problems, then they may decline to offer this service or make a referral to a more traditional psychotherapy setting. You may discuss your appropriateness for Telehealth during the first session (or during in-person sessions if you are an existing client wanting to transition to e-therapy sessions) so that you and your therapist/psychologist can both provide feedback as to whether you feel Telehealth will be an appropriate and helpful medium to meet your needs.
- 3) There may be additional privacy and confidentiality issues to consider when using a Telehealth medium. Although your therapist/psychologist will only conduct Telehealth via encrypted and confidential mediums who have provided written consent to abide by HIPPA privacy regulations, your privacy could be jeopardized if you are participating in a location where others may overhear your conversation or have access to your computer. On the other hand, some have suggested that Telehealth provides privacy guards that cannot be offered in a traditional office setting. For example, there is no physical waiting room to pass through, thus limiting the possibility that you will be seen by other clients. At a minimum, we recommend maintaining strong passwords for any service that you use to connect with for Telehealth services and be certain that your Watson, Sanchez, & Navarro Psychological Group Inc. Telehealth interactions are not accessible to others in your environment. If at any point you have concerns about your privacy/confidentiality, please discuss those with your therapist/psychologist.
- 4) Since your therapist/psychologist will have no control over your immediate environment during Telehealth services, it is important that you make every effort to protect the scheduled time to focus on the service your therapist/psychologist is providing. It is important that you connect with your therapist/psychologist in an environment that is private, secure, comfortable, and conducive for you to make benefit from the service being provided. It is also important to avoid distractions such as checking text messages, responding to email, browsing the internet, taking telephone calls, answering the door, and/or other activities that would distract from the time with your therapist/psychologist. By signing this consent you agree to completely set aside the scheduled time to focus only on your work with the therapist/psychologist. In that regard, so that the therapist/psychologist feels comfortable that the work is being conducted in an appropriately private and comfortable location, s/he may ask that,



if possible, you pan the environment with your computer's video camera. 5) In the event of a technological failure of the computer systems or internet during a session, your therapist/psychologist will attempt to reach you by telephone to decide if the session needs to be rescheduled or can be completed by re-connecting to the Telehealth medium. You will be charged incrementally for any services that were completed prior to a technological failure, assuming that such failure makes it impossible to complete the scheduled service at the scheduled time (i.e., one fourth of the regular fee if a technological failure occurs after one fourth of a therapy session, assuming that it is not possible to complete the session. If the failure can be resolved such that the session can continue and be completed as scheduled, then the full session fee will apply). 6) Limitations of confidentiality, as described in our larger consent form (signed previously for existing clients or to be signed concurrently with this document for new clients), are still in place while you are participating in Telehealth. 7) In the state of California, therapists/psychologists are required to obtain both verbal and written consent for e-therapy services. Therefore, in addition to your signed consent, your therapist/psychologist will ask you for your verbal consent and document that consent in his/her progress notes. 8) Payment is required at the beginning of the session. As with other forms of therapy, there will be no charge if an appointment is cancelled with 24 hours' notice. If you have an emergency and need to cancel with less than 24 hours' notice, please inform your therapist/psychologist. If there are multiple "no-show" appointments without prior notification, then we will provide you with a referral for another provider and discontinue services. Watson, Sanchez, & Navarro Psychological Group Inc. 9) Your therapist/psychologist will provide you with emergency contact information at the initial session if you both decide that you will be continuing with e-therapy services. In the event of a life-threatening emergency you should call 911 immediately. 10) The following issues should be clear to you by the end of your first session. If any of these are not addressed or are not clear to you, please ask your therapist to explain the answer before the conclusion of your first session: What is the fee for the e-therapy service? When am I expected to make payments? Does your insurance cover any of the costs? What results can I expect from my e-therapy sessions? How will we determine that goals have been met? What happens if I am unhappy with the services provided? How will we determine when the end of therapy will occur and when will that happen? What should I do in an emergency situation? How will billing be handled in the event of a power outage or some other failure of the technology used to conduct the e-therapy services?

**AGREEMENT:** I have read this information regarding Telehealth fully and completely and understand the information. If I am obtaining services via Telehealth and have additional questions, then I understand I will need to discuss these questions with my provider during the first Telehealth session. There are no guarantees stated or implied and I accept the risk inherent in the course of counseling/therapy/assessment via Telehealth. I am aware that the fees and charges for services will be discussed prior to beginning services and I understand and agree that I am ultimately responsible for payment of the rendered psychological services even if such services are being billed to an insurance company, except in certain circumstances (such as when a third party is responsible for payment). I acknowledge responsibility of payment for services and I understand I am responsible for all costs of collection and litigation together with attorney's fees if the charges for services must be collected by an action of law. I also assert that I understand the limitations of confidentiality. Signing below indicates that you understand the above



information. It does not obligate you to participate in Telehealth services. You will have the option to accept or decline telehealth services at the time of scheduling or during discussion with your provider.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Watson, Sanchez, & Navarro Psychological Group Inc.