



Therapeutic Time, Inc. Outpatient Services Contract

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Client's Name (Please Print): _____ Date of Birth: _____

Phone: _____ Address: _____

Welcome to the practice. 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 during our meeting. When you sign this document, it will represent an agreement between yourself and the Psychologist or Psychological Associate.

PSYCHOLOGICAL SERVICES

Psychotherapy is the interactive exchange between you and the Psychologist or Psychological Associate to identify, express, and resolve significant issues causing distress for you or others. This process is different than visiting a medical doctor in that it requires active participation by the client. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Therapy varies depending on the personalities of the Psychologist or Psychological Associate, the patient, and the problems you bring forward. There are many different methods a Psychologist or Psychological Associate may use to deal with the problems, and as the client, you are encouraged to ask questions and discuss approaches with the Psychologist or Psychological Associate. Our first few sessions will involve an evaluation or diagnostic assessment conducted initially to gain an overall perspective of your emotional, cognitive, behavioral, somatic, and relational functioning. Some psychological testing may be used in this process to examine your reasons for seeking psychological services, your current situation, past experiences, and any referral information. A treatment plan will be developed for you to identify goals and methods of therapy that will be used in helping you achieve these goals. A diagnosis is developed, which is a means of describing symptoms and is useful in communicating your emotional, cognitive, and behavioral state to other professionals, planning treatment options, and for you to obtain financial reimbursement from third-party payers should you choose to submit your costs for reimbursement. By the end of the evaluation, your Psychologist or Psychological Associate will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with the Psychologist or Psychological Associate. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about the treatment process, please discuss them whenever they arise. If necessary, your Psychologist or Psychological Associate can assist in a referral to another professional if that is your desire. If you are already seeing another mental health professional, please inform your therapist so services can be coordinated. If you decide to discontinue therapy, please inform your therapist. **The period for which informed consent is effective shall not exceed 15 months from the time the consent is given and signed.** The client has the right to withdraw the informed consent at any given time by submitting a written request. Psychotherapy has both benefits and risks. But there are no guarantees of what you will experience. Risks sometimes include experiencing uncomfortable levels of feelings, such as sadness, guilt, anxiety, anger, grief, frustration, loneliness, or helplessness. Psychotherapy often requires recalling and focusing on unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it; this often leads to a significant reduction in feelings of distress, improved relationships, and more effective problem-solving skills. Every effort will be made to obtain the goals set forth in the treatment plan. It is often important to draw upon support from your family, friends, and community resources. In some cases, especially with children, an increase in disruptive behaviors may develop while confronting this distress. Safety is important, especially when confronting issues of relationships. It may be

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necessary to address this safety before beginning therapy; this is especially true for domestic violence, child neglect, and sexual, physical, or emotional abuse situations.

CONTACT AT HOME

You authorize contact at your home address and by letter or telephone, unless you have requested not to do so in writing. It is sometimes necessary for the therapist to reschedule an appointment, and send billing information and other correspondence may be sent to your home. In some cases, where safety is an issue, it is best not to contact you at your home. Please let your Psychologist or Psychological Associate know your preference.

MEETINGS

A psychologist or Psychological Associate normally conducts an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if the Psychologist or Psychological Associate is the best person to provide the services you need to meet your treatment goals. If psychotherapy is begun, the Psychologist (**50 minutes of face-to-face contact and ten minutes of clinical documentation per session**) or Psychological Associate (**45 minutes of face-to-face contact and 15 minutes of clinical documentation per session**) will usually schedule sessions for one hour on a weekly, bi-weekly, monthly, or as needed basis depending on your needs and ability to attend at a time agreed upon. However, in some situations (to be discussed with the client if the need arises), sessions may need to be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide a 24-hour advance notice of a cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If you fail to cancel an appointment within the required 24 hours, you will be charged the full session cash fee or lose a session from a pre-paid bundle. Payment for cancellations will be expected before or at the same time as your next visit. Clients who make a No-Contact and No-Show for 2 scheduled sessions will be terminated from the Psychologist or Psychological Associate caseload and may need to wait on a waitlist before being seen again.

PROFESSIONAL FEES

Hourly fees are posted on the website at www.drtrishpsyd.com for both the Psychologist <https://www.drtrishpsyd.com/dr-trisha-rich-thurm/> and Psychological Associate <https://www.drtrishpsyd.com/psychological-associate/>

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held unless we agree otherwise or unless you have insurance coverage that requires another arrangement. For all balances outstanding 30 days after the billing date, interest will be charged on the outstanding amount at the rate of 30% APR. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, your Psychologist or Psychological Associate may be able to see you under my sliding scale slots (if available at a time services are needed), or you could go on the waitlist. The patient or the person responsible for paying for services has the right to access information regarding charges for care. 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 released regarding the patient's treatment is his/her name, the nature of services provided, and the amount due. In the case of LEAN cases, the fees will be required to be paid in full at the time the legal proceedings are complete. **By signing this Informed Consent, you are agreeing to pay for services at the end of each session or as agreed upon.**

INSURANCE REIMBURSEMENT

For a Psychologist or Psychological Associate 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. You must find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, if it is necessary to clear up any confusion, we will be willing to call the insurance company on your behalf. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs 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 patients feel that they need more services

after insurance benefits end. Some managed-care plans will not allow Psychologists or Psychological Associates to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy. You should also be aware that most insurance companies require us to provide them with a clinical diagnosis. Sometimes, a Psychologist or Psychological Associate also must provide additional clinical information, such as treatment plans or summaries, or copies of the entire record (in some cases). This information will become part of the insurance company's files and will probably be stored on a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit if you request it. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

CONTACTING YOUR THERAPIST

Psychologists or Psychological Associates are often not immediately available by telephone. Working hours are between 6 AM and 6 PM, so you are not likely to get an answer by phone when in sessions with clients so email is a preferred method of contact. When unavailable, the telephone is answered by a voice mail system that the Psychologist or Psychological Associate monitors frequently. The Psychologist or Psychological Associate will make every effort to return your call within 48 hours of when you call, except for weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. You may prefer to send a T-secure message or T-secure email in your client portal to set or reschedule appointments or share something with me, but please be aware that phone, voicemail, and Gmail or other forms of email are not confidential means of communication, and it would be better to leave a brief message and send a T-Secure email. If you are unable to reach your Psychologist or Psychological Associate and feel that you can't wait because of safety issues, contact your family physician, call 911, or go to the nearest emergency room and ask for the psychologist or psychiatrist on call. If we are unavailable for any extended period, we will provide you with the name of a colleague to contact, if necessary. **In the event, we speak by phone regarding a brief update or conversation about your treatment needs, and it is not at a set session time for more than 15 minutes, you will be billed for a 30-minute session.**

PROFESSIONAL RECORDS

The laws and standards of my profession require that a Psychologist or Psychological Associate keep treatment records to plan and describe treatment. Records will be maintained in an Electronic Medical Record data system and in a secure location (locked) to maintain confidentiality. Information will be shared as necessary for the review of treatment plans, assessing the quality of care, and filing third-party reimbursement claims. Contact with other professionals, family members, or individuals requires your written consent or an order from the court to release any information. You are entitled to receive a copy of the records unless you believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in my presence to discuss the contents. **The law mandates reporting any suspected child or vulnerable adult abuse to the proper authorities. In the case of clear and substantial risk, imminent serious harm to the client or another individual, disclosure of this information to others without consent is permitted. Patients will be charged an appropriate fee for any time spent preparing information requests. Records reviews and completion of letters confirming attendance, treatment, or assessment summaries will be billed per the rate listed according to the fee schedules that are posted on the website at www.drtrishpsyd.com for both the Psychologist <https://www.drtrishpsyd.com/dr-trisha-rich-thurm/> and Psychological Associate <https://www.drtrishpsyd.com/psychological-associate/> and will be attached to these forms.**

MINORS

Your signing of the informed consent gives full permission for the Psychologist or Psychological Associate to see your child or adolescent for therapeutic services. All parents and legal guardians of the child or adolescent will have full access to records according to the California state statutes and HIPAA regulations, unless there is information regarding pregnancy, birth control, abortion, STD, or chemical dependency. These issues are protected and private information for adolescents; their rights to privacy are protected unless they give written consent identifying who they want this information to go to. Parents and guardians otherwise have access to mental health records. Parents and guardians will be advised, as is congruent with research, that children and adolescents should be allowed their privacy to information. Clients and parents or guardians will always be advised that information important to the improvement of relationships will be shared in a therapy session. **The only times confidentiality will be**

superseded are if there is a court order for records, abuse is currently occurring, or if there is a plan for self-harm or for the harm of another person. In cases of shared custody, the Psychologist or Psychological Associate will require the consent of both parents of the minor. In cases where one parent has full custody of the minor a copy of the custody order must be provided.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a Psychologist or Psychological Associate is protected by law, and a Psychologist or Psychological Associate can only release information about our work to others with one's written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent your Psychologist or Psychological Associate from providing any information about your treatment. 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 a Psychologist or Psychological Associate is legally obligated to take action to protect others from harm, even if this requires them must reveal some information about a patient's treatment. For example, if one believes that a child, elderly person, or disabled person is being abused, a Psychologist or Psychological Associate must file a report with the appropriate state agency. If a Psychologist or Psychological Associate believes that a patient is threatening serious bodily harm to self or another, a Psychologist or Psychological Associate am required to take protective actions. These actions may include notifying children or dependent adult protective services. If the patient threatens to harm himself/herself, a Psychologist or Psychological Associate may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a situation occurs, the Psychologist or Psychological Associate will make every effort to fully discuss it with you before taking any action. California Gun Violence Restraining Order Law requires a Psychologist or Psychological Associate to report to a local law enforcement agency, within 24 hours, the identity of a person who made a serious threat of physical violence against a reasonably identifiable victim or victims, shall not have in his or her possession or under his or her custody or control, or receive or purchase, or attempt to receive or purchase any firearms whatsoever or any other deadly weapon for a period of five years. A Psychologist or Psychological Associate may occasionally find it helpful to consult other professionals about a case. During a consultation, every effort is made to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. A Psychologist or Psychological Associate will not tell you about these consultations unless they feel that it is important to your work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, we must discuss any questions or concerns that you may have. **We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.**

EMERGENCIES

Emergency plans will be worked out as needed on an individual basis. If the Psychologist or Psychological Associate cannot be reached or it is after hours, please call the emergency services 911, your local hospital, or a doctor of your choice. You may experience an increase in distressful feelings between sessions. In these situations, the use of a safety plan with tools to support the client may be necessary and supportive. **Contact for emergency services can also be made at your local medical clinic, hospital emergency room, or law enforcement agencies. 911 may also be called when the safety of an individual is at risk.**

I HAVE READ, UNDERSTOOD, AND AGREE TO THE INFORMED CONSENT DOCUMENT. I AUTHORIZE THE PROVISION OF PSYCHOLOGICAL SERVICES AS AN APPROPRIATE FORM OF TREATMENT. IF I CHOOSE TO DISCONTINUE SERVICES, IT WILL BE OFFERED AND EXPECTED THAT DISCONTINUATION BEFORE TREATMENT IS COMPLETE WILL BE ACKNOWLEDGED IN WRITING. IF THE CLIENT REFUSES OR FAILS TO RETURN FOR UNKNOWN REASONS, IT WILL BE NOTED IN THE CHART. I HAVE READ AND UNDERSTOOD THIS CONTRACT FOR PSYCHOLOGICAL SERVICES.

Signature of Client

Date

In the case of treating a minor:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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