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INFORMED CONSENT TO TREATMENT AND OFFICE POLICIES

Welcome to my psychology practice. This document contains important information about my professional services and business policies. Please read it carefully and write 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 binding agreement between us. Please refer to the Notice of Privacy Practices for additional important information.

Psychological Services

The process of psychotherapy is a very personal one and will vary depending on your needs and goals. Generally, speaking, psychotherapy seeks to treat a variety of emotional and interpersonal problems, to eliminate psychological symptoms, and to improve daily life functioning. There are many different methods I may use to deal with the problems that you hope to address. Two of the primary approaches I take in treatment are cognitive behavioral and family systems. These psychotherapies focus on understanding the underlying interpersonal (namely, all aspects of all your relationships) and intrapersonal processes (namely, thoughts, feelings and behaviors) that impact your current functioning. Its hallmarks require self-reflection and self-examination, in order to understand problematic relationship patterns and emotional struggles in the client's life. Its goal is not only to alleviate the most obvious symptoms but also to help people lead healthier, more fulfilling lives. These therapies have been proven effective for a wide range of emotional and relational struggles, and the benefits of the therapy are shown to sustain even after treatment has ended.

Psychological treatment can have benefits and risks. Since treatment often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychological treatment has also been shown to have significant benefits. Psychological treatment is not necessarily like a medical doctor visit; it often calls for a very active effort on your part. In order for the treatment to be most successful, you will have to work on things we talk about both during our appointments and at home. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I 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 me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select.

The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

If at any point you have questions about my procedures, we should discuss your questions whenever they arise. If at any point during psychotherapy it becomes evident you are not reaching your therapeutic goals, I will discuss this with you and, if appropriate, begin the process of terminating treatment. In such a case, I will give you referrals that might be helpful to you. Of course, the decision to undergo psychotherapy is voluntary, and you are free to discontinue at any time.

Sessions

The typical psychotherapy session lasts 45 minutes for individuals and 60 minutes for couples and families and occurs once or twice weekly. **The hour(s) scheduled for you will be reserved for you and will be charged unless cancelled within 24 hours, barring extraordinary circumstances.** If you miss or cancel a session I will try to find another time to reschedule your appointment during the same week. If you are late for a session, we will end at the scheduled time. You will still be responsible for the full price of the session, however. Should you arrive more than 30 minutes late for a therapy visit, you may be asked to reschedule so that an appropriate amount of time and attention may be devoted to your care. You will still be responsible for payment of the missed session.

Professional Fees

My fee for individual therapy is \$160, \$200 for couples and \$240 for families, unless otherwise negotiated. In addition to scheduled appointments, I charge this amount for most other professional services you may need. Other services may include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

Billing and Payments

Payment schedules for other professional services will be agreed to when they are requested. Unless we agree otherwise, fees are payable and collected prior to each session. Credit card, direct deposit, and cash are acceptable forms of payment. Bank charges on insufficient or incomplete transactions are your responsibility and a \$25 charge will incur to the session fee. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Each week, you will receive a receipt that you can use as a "superbill" to submit for reimbursement from your insurance provider should you like to do so. However, even if you seek insurance reimbursement, you (not your insurance company), are responsible for full payment of my fees.

If your account has not been paid for more than 15 days and we have not agreed upon a payment plan, I have the option of using legal means to secure 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 the case of collection, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Confidentiality

Confidentiality is a special part of the psychotherapeutic relationship, and critical to the therapeutic process. In general, the privacy of all communications between a client and a psychotherapist is protected by law, and I can only release information about our work with your written authorization. However, there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or dependent adult is being abused or neglected, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If such a situation does occur, I will make every effort to fully discuss it with you before taking any action. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some legal proceedings -- for example those involving child custody and those in which your emotional condition is an important issue -- a judge may order the disclosure of your mental health information (potentially including my testimony) if he/she determines that the issues demand it. In legal proceedings, you may be asked to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights. We can discuss some foreseeable possibilities together.

On occasion, I may find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client, including the use of disguised information so as to render a client unidentifiable. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. Case material may also be discussed in the context of ongoing educational and teaching activities, but only when personal information is so altered as to render the client unidentifiable.

It is also important to be aware of other potential limits to confidentiality, including the use of cell phones, faxes, and emails due to hacking.

If you are a minor, please be aware that the law may provide your parents the right to examine your records. I will typically either request that they relinquish access to your records, or will provide them only with general information about the treatment, unless I think there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment at pre-appointed times in our treatment, as well as at completion. However, before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

If you are a couple or family in treatment, in most cases you will both/all be present for our sessions and nothing is shared that both/all of you will not hear. Where not all members are present, however, it will be assumed that whatever is shared in the therapy session may be shared with all other members. My “client” in these situations is for your family unit, as such, I cannot guarantee individual privacy from the other members within the family, unless otherwise specified. It is important that you know that I utilize a “*no-secrets*” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session that you may have had me, when working with other members of your family.

Please be assured that I will be very protective of your confidentiality and that breaches of confidentiality are extremely rare. Do not hesitate to ask any questions you might have about confidentiality at any point in the process.

Therapy Never Involves Sexual Behavior

Persuant to California law, I must make very clear that therapy never involves sexual behavior, contact, or suggestions between a client and a therapist. Sexual behavior of any kind between a therapist and a client is unethical and illegal. Find more information at <https://www.dca.ca.gov/publications/proftherapy.shtml>.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages or email. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, telehealth platforms, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), gender, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any private social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Professional Records

The laws and standards of the psychology profession require that I keep professional records. These are maintained, under lock and key, for a minimum of seven years. For minors, I keep records until the minor turns eighteen years old. For information about your right to access your records, please see the Notice of Privacy Practices. Because these are professional

records, they can be misinterpreted and/or upsetting to untrained readers, and I recommend that you review them in my presence so that we can discuss their contents. If you wish to see your records, you will be charged my normal hourly fee (unless we agree or have agreed to a different fee) for any professional time spent in responding to information requests as well as additional duplication fees.

Termination

The decision to end therapy may be initiated by you, by me, or by our mutual agreement. My goal is to make this process as mutual as possible. It is as important as any other phase of treatment. The usual minimal termination for an ongoing treatment process is two to three sessions but a satisfying termination may take much longer.

You may discontinue therapy at any time. If you or I determines that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Please be aware that I may terminate treatment if payment is not timely, if a pattern of frequent cancellations should develop, or if other behaviors are compromising the effectiveness of treatment (e.g. not coming to sessions sober). I may also initiate termination if some problem arises that is not within the scope of my competence.

Should you fail to schedule an appointment for **four consecutive weeks**, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Contacting Me

I can be reached by calling (909) 529-2152 or healingpeace.linda@gmail.com. If I am available and it is during business hours, I will answer the telephone myself. More typically, you will reach my voicemail. Feel free to leave me a message, and please include a telephone number at which I can reach you. If you will be difficult to reach, please inform me of some times when you will be available. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. In the unlikely event that you cannot reach me and your call is urgent, please contact your family physician, call a crisis hotline 1-800-843-5200 or 1-800-832-9119, or visit your local emergency room. If it is a life threatening situation, please call 911 immediately. Whenever I am unavailable for an extended time, upon request, I will provide you with the name of a colleague whom you can contact if necessary.

Dispute Resolution

All disputes arising out of or in relation to this agreement to provide psychological services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. The prevailing party in

arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fee.

Acknowledging Signatures

Your signature below indicates that you have read and understand both this Informed Consent to Treatment and Office Policies as well as the accompanying Notice of Privacy Practices. Your signature indicates that you agree to abide by the terms of both documents during our professional relationship. If you are bringing a minor for treatment, I have the legal authority to consent to the minor's treatment and hereby do so consent.

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Legal Guardian's Name (print) _____

Signature _____ Date _____

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Provider NPI #1376688168

Date