

Office Policies and Procedures

Welcome to West Hollywood Psychology. This brief guide provides some information about my fees, financial arrangements, scheduling appointments, cancellation policy, communication, and other services. If you have any questions or concerns, please feel free to discuss them with me.

I. APPOINTMENTS AND CANCELLATIONS

Because your appointment time is set aside only for you, it is important that you keep your appointment. I understand that circumstances may arise which necessitate the occasional cancellation of appointments. In these cases, in order to avoid any misunderstanding, I ask that you speak to me personally and give me at least two (2) days' or forty-eight (48) hours' advance notice that you need to cancel or reschedule your appointment. This will allow me to offer your time to another person. **You will be responsible for the entire fee for all appointments that are unkept, rescheduled, or canceled with less than twenty- four (24) hours' advance notice.** If you are late for a session, you may lose some of that session time.

II. FEES

My fees for services are as follows:

\$250 for 50-minute session
\$450 for 90-minute session

I charge a rate of \$300 per hour (60 minutes) on a prorated basis for telephone calls and other professional services for legal or consultation purposes, with a minimum of 15 minutes.

Payment is required at the time services are rendered. Clients who owe money and fail to make advance financial arrangements may be referred to a collection agency.

A \$50.00 service charge will be charged for any checks returned for any reason.

If you need a therapy session or consultation on holidays or when I am on scheduled vacations, rates are doubled. These appointments are telehealth only.

III. HEALTHCARE INSURANCE

West Hollywood Psychology does not accept insurance. Services may be reimbursable through your insurance provider. Patients are encouraged to check with their insurance to see if “out-of-network” mental health benefits are available. I am happy to provide you with a receipt of services (a “Super Bill”) for you to submit to your insurance company. I do not submit claims on behalf of the patient, and cannot guarantee insurance reimbursement for services provided.

IV. TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. If an emergency situation arises, please call 911 or any local emergency room.

V. 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 personal social networking site (Facebook, 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. You do have the option however, to connect with West Hollywood Psychology’s social media sites. If you have questions about this, please bring them up when we meet and we can talk more about it.

VI. ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging, I will do so. While I may 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, 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), sex, 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.

V. CRISIS SITUATIONS

If an urgent crisis is one that can be handled by phone, during normal business hours, please call my office and I will return your call as soon as possible. Remember that I charge a prorated fee for all telephone calls. Should you feel that you cannot wait for me to return your call, you should contact the L.A. County Mental Health Crisis Line at (800) 854-7771 or contact an appropriate resource. Additional resources are available on the practice website: www.westhollywoodpsychology.com

VI. EMERGENCIES

In the case of a medical emergency, you should dial 911 or go to the nearest emergency room. Should a medical emergency occur in my office when the client's spouse, parent, or other responsible adult is not present, 911 will be called.

VII. TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating.

Should you fail to schedule an appointment for 60 days, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 9, 2018

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Printed Name

Date