



Treatment Consent for Psychological Services

INITIAL EVALUATION & SESSIONS

Our psychologists generally conduct a thorough psychological evaluation during the initial session, which is typically scheduled for 45 minutes. This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring completed patient forms (under 'Forms' section of MHI-PAS website) to this appointment and make sure to provide information about previous providers, past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) are often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session. Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medications, or both) as it allows us to provide the best possible care. Additionally, we will mutually determine if the evaluating therapist is the best fit for your individualized care.

PRACTICE STATUS

The Mind Health Institute, Pasadena (MHI-PAS) is an integrated clinic of mental health specialists. At any time, there may be several psychiatrists, psychologists, therapists, social workers, and other mental health professionals that work in this office suite. There also are other independent providers who sublease office space within the suite. While we share space and often provide collaborative care, each provider is responsible for providing care up to professional standards. All records are stored using an industry leading electronic health record called Practice Fusion. Your records should only be accessed by your current provider as well as covering providers (who are not always other MHI-PAS providers). The office staff also may, at times, have access to your record. Please note that it is our policy to always protect this information in accordance with all legal and ethical standards. Additionally, your provider here at MHI-PAS practices within a network of other professional colleagues (i.e., primary care doctors, other specialty physicians, psychologists, social workers, therapists, nutritionists, etc.) that we use as referrals for multidisciplinary care. If a referral is necessary, this will be discussed in session and your provider will work to collaborate with these professionals and coordinate your care. Please note, however, that although we attempt to identify top quality professionals with very high standards of care, we cannot be responsible for the services/treatment that they provide. It is always your responsibility to determine if a professional referral is acceptable, and alternative options will be considered.

PSYCHOTHERAPY

Often called talk therapy, this form of treatment can be helpful to individuals, couples, and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let your therapist know if you feel that your goals aren't being met. These issues can be addressed in session. Our providers are always willing to find alternative referrals, if necessary.



PROFESSIONAL FEES

Our current fees for psychological services are \$225 per session.

BILLING AND PAYMENTS

You are expected to pay for each session at the beginning of each appointment. The office staff will collect payment at the front desk. Alternative payment plans must be discussed with and agreed by the billing department. Additionally, payment for ‘other professional services’ (as listed above) will be agreed to at the time of your request for these services. Please discuss any concerns with office manager, as this is an important part of providing top quality care. We accept checks, cash, and credit cards (MasterCard, Visa, American Express, or Discover) for all professional services. If your account is overdue for more than 60 days, we reserve the right to use legal means to secure payment. This includes charging an on file credit card as well as utilizing a collections agency or a small claims court. In such cases, certain information may be required by these agencies. This can include name, nature of services provided, clinical notes, and amount due. A \$25 fee is charged for all returned checks.

CANCELLATIONS AND NO-SHOW POLICY

Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide at least 48 business hours advance notice of cancellation. Both telephone and email are acceptable ways to alert us of a cancellation. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays. Also, insurance companies generally do not reimburse for missed sessions or those cancelled too late.

INSURANCE REIMBURSEMENT

All Mind Health Institute, Pasadena specialists are private practitioners and are not a part of any insurance panels. As such, we are considered “out of network” for most PPO plans. If you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, full payment for all services is required at the time of each appointment. We can provide you with a service invoice/receipt (sometimes referred to as a “super bill”) that you can submit to your insurance company. We do not bill your insurance company directly. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

CONTACTING YOUR PROVIDER

We always attempt to be accessible for all urgent issues. If your provider is not immediately available by office telephone (626.723.3099), please leave a voice message and we will return your call as soon as possible. Calls are generally returned within one business day. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency



room physicians can contact your provider at any time so please provide them with his/her contact information. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage and contact information will be provided on the office voicemail. **Please also note that email should never be used for urgent or emergency issues. This is not a confidential means of communication and we cannot ensure that email messages will be received or responded to in a timely fashion.**

PROFESSIONAL RECORDS

Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.

CONFIDENTIALITY

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection; (2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs; (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

ELECTRONIC MAIL (EMAIL)

Always be aware that email is not a confidential means of communication. We cannot guarantee that email messages will be received or responded to in a timely fashion. As such, email is not an appropriate way to communicate confidential or urgent information.

LEGAL TESTIMONY

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.



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Your signature below indicates that you have read the Treatment Consent Form (4 pages), which contains information on psychiatric services, sessions, professional fees, cancellation and no-show policies, billing and payments, insurance reimbursement, contacting providers, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

Name of patient (print): _____

Name of legal guardian (print): _____

**(Only if patient is under 18 or a dependent adult)*

Signature of patient or guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

(MHI-PAS staff)