

LARA FIELDING, Psy.D., Ed.M.

1964 WESTWOOD BLVD., SUITE 310 • LOS ANGELES, CALIFORNIA 90025

TREATMENT AGREEMENT

Name _____ Date ____/____/____

Address _____

City _____ Zip _____

Phone (Home): _____ (Work): _____

(Cell Phone): _____

Birth date ____/____/____ Social Security # ____ -- ____ -- ____

Referred By: _____ Phone: _____

Emergency Contact: (Name) _____

(Phone) _____ (Relationship) _____

Primary Physician: _____ Phone: _____

Address: _____

Last examination date ____/____/____.

Are you taking any medication or experiencing any health problems? Y/N (circle one)

If yes, please describe _____

Insurance Information:

Do you currently have insurance coverage? Y/N (circle one)

Type of Insurance: _____ Effective Date ____/____/____

Policy Holder: _____ Policy # _____

Do you have Mental Health Coverage under this policy? Yes No Not Sure (circle one)

Do you have Medicare coverage? Yes No Not Sure (circle one)

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This document contains important information about the professional services and business practices of Lara Fielding, Psy.D., Ed.M. Please read it carefully and jot 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 agreement between us.

Psychological Services: I am a Licensed Clinical Psychologist (CA PSY24351), in an individual private practice.

Assessment & Treatment: Our initial sessions will involve an assessment of your needs. Typically, this evaluation will last from 1-3 sessions. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. During this time, we can both decide if I am the best person to provide the services that you need in order to meet your treatment goals. Treatment can be time consuming and stressful. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like fear, anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who take part in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

You are entitled to ask questions about all aspects of treatment. If you have questions about my procedures, we should discuss them whenever they arise. I will be happy to help you secure a consultation with another mental health professional whenever you request it or I recommend it.

The Client's Role: You are expected to play an *active* role in your treatment, such as working with me to outline treatment goals and/or completing questionnaires at the beginning of treatment and periodically during treatment to assess progress. You will be asked to complete homework assignments between sessions and your willingness to do this can be an *integral part of a successful treatment*. If at any point you are unhappy about the progress, process, or outcome of the treatment, please discuss this with me and I will attempt to resolve any difficulties that have arisen and to arrive at a treatment plan that better meets your needs.

The Client's Rights: A document entitled "Patient's Bill of Rights," adapted from a publication by the California Department of Consumer Affairs, is attached. Please raise and discuss with me any questions you might have.

Meetings: Therapy sessions are usually scheduled as 50-minute sessions once a week, or as your treatment needs dictate and we agree. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

Professional Fees & Payment: You will be informed of the fee for services as early as is feasibly possible, usually by the end of the first or second session. You agree to provide payment for services, either in the form of a personal check or cash, at the end of each session and to reimburse me for any and all bank fees for returned checks. Longer or shorter sessions are generally pro-rated from the base 50-minute fee. Payment is due at the time of the session unless another arrangement has been made. Payment schedules for other professional services (e.g., report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, and preparation of records or treatment summaries) will be agreed upon when they are requested.

Insurance Reimbursement: If you have insurance and elect to seek reimbursement for your treatment, please let me know this by the end of the first session. Even if you do choose to use your insurance, it is the office policy that you pay for the full balance of the fees for services rendered at the time of service. Any amount covered by the insurance company will be reimbursed directly to you. Exceptions or alterations to this arrangement are only made when agreed to by both you and me in advance.

When you seek reimbursement, most insurance companies require that I release any and all pertinent information regarding your treatment, including but not limited to, diagnosis, treatment plan, treatment progress, number of sessions attended, social security number (for identification purposes), and medications you have taken. In addition,

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you must be aware that once information is released to the insurance company, I cannot guarantee that it will remain confidential. Before I send any information to an insurance company, I will discuss with you the information to be disclosed and will obtain your written permission to release the information to your provider.

Confidentiality: In general, the privacy of all communications between a client and a mental health professional is protected by law, and I can only release information about our work to others with your written authorization. However, there are a few exceptions:

In most legal proceedings, you have the right to prevent me 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 I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient 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, or seeking hospitalization for the patient. If the patient 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. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I 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 I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

Professional Records: The laws and standards of my profession require that I keep treatment records. The information in the chart includes demographic information, a description of your condition, your treatment goals, your treatment plan and progress in treatment, dates and fees for sessions and notes describing each therapy session. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. Patients will be charged an appropriate fee for any professional time spent in preparing and responding to information requests.

Contacting Me: You are welcome to contact me at (310) 310-963-1773 should you need to reach me. In the event of a life-threatening emergency or imminent danger, please call 911 immediately. For all other urgent matters or clinical emergencies, you may call this number and leave a detailed voicemail message. In your message, please slowly and clearly state the nature of the situation, any important information, and the best phone number at which to reach you. If I do not call you back within fifteen to thirty minutes, please call again. I will do my best to return your call as quickly as possible. In the unlikely event that you are experiencing a clinical emergency and you have not received a response, please call 911 for assistance.

If I am out of town or unavailable via cell phone for any reason, I will provide coverage by a colleague and an announcement of such coverage will be made on the outgoing message of my voicemail system. I agree to take all reasonable precautions to ensure that all voicemail messages are returned within 24 hours and that all emergency pages are returned as soon as possible. Please note, however, that as with any voicemail/pager system, technical problems may occasionally occur. For urgent matters, as described above, if I have not responded to your pages, please call 911 for assistance.

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In regard to **e-mails**, I request that you only send emails regarding non-urgent matters, since several days may pass before the email is retrieved and since some emails are returned undeliverable. For all urgent or emergent matters and for any communication of confidential information, please only phone my voicemail. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Acknowledgment

Please do not sign if you have any questions regarding the contents of this letter or if any of the information is unclear. Thank you.

"By signing below, I acknowledge that I have read and understand the information presented in this four page "Treatment Agreement" letter and that I give my consent for treatment to Lara Fielding, Psy.D., Ed.M. This consent shall remain in effect for the duration of my therapy or until I provide written revocation of my consent to Lara Fielding, Psy.D., Ed.M. I further acknowledge that I have received a copy of this agreement for my own records."

Client's Name: _____

Signature: _____ Date: ____ / ____ / ____

Lara Fielding, Psy.D., Ed.M. Date: ____ / ____ / ____

Patient Bill Of Rights

You have the right to:

- * Request and receive information about the psychologist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- * Verify licensure of the psychologist with the Board of Psychology and receive information about any license discipline. You can do this on the Board's website at www.psychboard.ca.gov. Click on "License Verification."
- * Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your psychologist is not available (in cases of vacation and emergencies), and cancellation policies before beginning therapy. This kind of information is referred to as informed consent.
- * Know the limits of confidentiality and the circumstances in which a psychologist is legally required to disclose information to others.
- * Receive a verbal or written treatment plan.
- * Have a safe environment, free from sexual, physical or emotional abuse.
- * Expect that your psychologist should not involve you in any social or business relationship that conflicts with your therapy relationship.
- * Ask questions about your therapy or psychological assessment.
- * Refuse to answer any question or disclose any information you choose not to reveal.
- * Request that the psychologist inform you of your progress.
- * Know if there are supervisors, consultants, students, registered psychological assistants or others with whom your psychologist will discuss your case.
- * Refuse a particular type of treatment or end treatment at any time without obligation or harassment.
- * Refuse or request electronic recording of your sessions.
- * Request and (in most cases) receive a summary of your records, including the diagnosis, treatment plan, your progress, and type of treatment.
- * Report unprofessional behavior by a psychologist.
- * Receive a second opinion at any time about your therapy or about your psychologist's methods.
- * Receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.