

**OFFICE POLICIES AND INFORMED CONSENT
FOR PSYCHOLOGICAL TREATMENT**

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Please Review and bring in this Informed Consent form at the day and time of your appointment with Glenn Peters, Ph.D.:

-This form provides you with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis. (Revised 1/05)

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to Dr. Peters that the client presents a danger to others. If there is an emergency during our work together where the above cited situations are present, Dr. Peters may also contact the person whose name you have provided on any other forms that you have filled out for Dr. Peters.

WHEN DISCLOSURE MAY BE REQUIRED: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Peters. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Peters will use his clinical judgment when revealing such information. Dr. Peters will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Dr. Peters, only the minimum necessary information will be communicated to the carrier. Dr. Peters has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job.

CONSULTATION: In the spirit of continuing education and professional growth, Dr. Peters consults regularly with other professionals regarding his clients. Neither your name nor any identifying information about you is revealed.

CELL PHONES, COMPUTERS and FAXES: It is very important to be aware that computers and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Furthermore, be advised that Dr. Peters often uses a cellular phone. Please notify Dr. Peters if you decide to avoid or limit in any way the use of any or all communication devices, such as cell-phone or faxes.

NO SECRETS POLICY: I have a no secrets policy when providing couples/marital or family therapy. This means that I may disclose information obtained in an individual session when working with other members of your family. Please ask me about the “no secrets” policy and how it might apply to you.

Patriot Act of 2001 may require therapists in certain circumstances to provide FBI agents with records and prohibits the therapist from disclosing to the patient that the FBI sought or obtained patient records.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Peters between sessions, please leave a message on his voicemail (818) 475-2666, and your call will be returned as soon as possible, at least within a 24 hour period, if you indicate you need to have the call returned. Otherwise and in a non-emergency situation, assume that the matter will be discussed during your next scheduled session. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call Allcare: (818) 881-5198, Psychiatric Mobile Response Team: (818) 832-2400 (8am to 5pm), PMRT (800) 854-7771 (after 5pm) or call 911. When Dr. Peters is away from the office, and will not be returning calls for a specified period, Dr. Peters will obtain coverage for his practice and will verbally notify the client that Dr. Peters will be away for a certain period of time and Dr. Peters will leave information on his voice mail as to the name and phone number of the covering professional.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$135.00 per session (50 minutes in length) at the end of each session unless other arrangements have been made. **Dr. Peters does not accept credit card payment.** Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Dr. Peters if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Dr. Peters will provide you with a copy of your receipt on a weekly basis, which you can then submit to your insurance company for reimbursement if you so choose. If Dr. Peters is a provider with your insurance company than Dr. Peters does expect that the client will help Dr. Peters obtain reimbursement from the client’s insurance company (this could mean

contacting the insurance company to gain authorization for Dr. Peters services &/or helping Dr. Peters obtain necessary information for insurance reimbursement such as ,but not limited to, needed phone numbers, authorization for services, names of insurance representatives or in actually contacting the insurance company to make sure Dr. Peters is reimbursed for his services). It is also important to note that insurance companies do not usually pay for report writing, long telephone conversations, that being over 15 minutes, longer sessions than 50 minutes and travel time. If your insurance company does not pay for these fees than you will be expected to pay at the rate of \$135.00 per 50 minutes. If it turns out that your insurance company will not reimburse Dr. Peters for the services that Dr. Peters rendered than you are ultimately responsible for paying the fee for those services. As was indicated in the section Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account becomes delinquent, unpaid for 30 days, and there is no written agreement on a payment plan, Dr. Peters can use legal or other means (courts, collection agencies, etc.) to obtain payment.

TERMINATION: After the first couple of meetings, Dr. Peters will assess if he can be of benefit to you. Dr. Peters does not accept clients who, in his opinion, he cannot help. If at any point during psychotherapy Dr. Peters assesses that he is not effective in helping you reach the therapeutic goals, he is obligated to discuss it with you and if appropriate to terminate treatment. In such cases, he would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Peters will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Peters will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. You have the right to terminate therapy at any time.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24-hour notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. If you are using your insurance for psychotherapeutic services, Dr. Peters will charge you the full amount, the total, not just your co-pay, that he would have been paid by your insurance company. However, if Dr. Peters can work out another appointment with you during the week of the missed appointment, than you will not be charged for that missed appointment.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorneys, nor anyone else acting on your behalf will call on Dr. Peters to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. Furthermore, If Glenn Peters, Ph.D. is required to attend a deposition, hearing or other legal proceeding in the capacity of your current or past therapist, you will be billed at

\$135 per hour for my time, including preparation, telephone time and travel time as well as the time I spend at the legal proceeding.

In addition, Dr. Peters provides neither custody evaluation recommendations nor legal advice, as these activities do not fall within his scope of practice.

I have read and understood the above, (total 4 pages) and agree to comply with these terms. Your signature on this page, page 4, also means that you acknowledge receiving a copy of the privacy practices policy.

Client Signature

Date

Client Print Full Name

Legal Guardian/Parent Signature
(if minor under 18)

Date

2nd Client Signature, if more than one client
For example, Couple's Psychotherapy or Family
Psychotherapy

Date

Psychotherapist Signature

Date

General Information Regarding the Therapeutic Process

DISCUSSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment, Dr. Peters will discuss with you his working understanding of the problem, treatment plan, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Peters' expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Peters does not provide, he has an ethical obligation to assist you in obtaining those treatments.

DUAL RELATIONSHIPS: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Peters' objectivity, clinical judgment or therapeutic effectiveness or can be exploitative in nature. Dr. Peters will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. The San Fernando Valley is a tight community and many clients know each other as a result. Consequently, you may bump into someone you know in the waiting room or into Dr. Peters out in the community. Dr. Peters will never acknowledge working with anyone without his/her written permission. Dr. Peters will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your responsibility to communicate to Dr. Peters if the dual relationship becomes uncomfortable for you in any way. Dr. Peters will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if he finds it interfering with the effectiveness of the therapy or your welfare and of course, you can do the same at any time.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Peters will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. Dr. Peters may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended