Suzanne R. Engelman, Ph.D., BCB, FT

Clinical and Health Psychologist
www.healthpsychologynow.com
949/460-4908 phone; 949/248-0421 fax

AGREEMENT FOR EVALUATION AND TREATMENT

This document contains important information about the professional services and business policies of my office. Please read this information carefully. Make note of any questions you have so they can be discussed.

FEES

I charge a rate of **$225** for a 50 minute session of individual or couples' therapy; **$320** for an 85 minute session; **$270** for a 50 minute session utilizing biofeedback. A fee of **$275** is charged for the initial diagnostic session, because additional administrative time is required for that visit. A fee of **$220.00** is charged for missed appointments or cancellations with less than a full 24 hours' notice. 30 days' notice will be given before any fee changes, which may occur annually. A $25 service fee is charged for any returned checks.

BENEFITS, RISKS AND ALTERNATIVES TO TREATMENT

The majority of individuals who obtain therapy, benefit from the process. The benefit may vary depending on the particular problems being addressed. Therapy requires a very active effort on your part. Self-exploration, gaining understanding, finding ways for dealing with problems and learning new skills, are generally quite useful. Some risks do exist, however, and there is no guarantee that you will benefit from this treatment. I may utilize bio-feedback, mindfulness-based stress management, and other complementary tools such as dream work, and visualization to assist you with your issues. Please feel free to ask me about these tools if you want more information.

While the benefits of therapy are well known, you may experience unwanted feelings such as unhappiness, anger, guilt, or frustration. These are a natural part of the therapy process and often provide the underlying basis for change. Important personal decisions are often a result of therapy. These decisions, including modifying behavior, exploring employment options, changing substance abuse patterns, schooling, or relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. There are no guarantees; however, your commitment to the therapy process should assist in a helpful outcome.

Psychological testing/evaluations often help psychologists understand why certain behaviors are occurring and may be recommended in your case. Initial impressions about treatment plans, suggested procedures and goals will be discussed. Your own feelings about whether you are comfortable working with a therapist is an important part of the process. Please feel free to discuss any concerns you may have with me. I will work with you to resolve them.

Initial ___________

HOURS/AVAILABILITY

I provide services by appointment only. Please call 949/460-4908 to schedule an appointment. Usually therapy is scheduled as one 45-55minute session per week or otherwise as your treatment may dictate and as we agree. In the event of an urgent need after hours, you may call (949) 460-4908 and leave a message for me. If you choose to leave a message for me, I may not receive it immediately. In a crisis situation, you may also call your primary care physician, the crisis hotline at 800/273-8255, go to a local hospital emergency room, or call 911 for assistance.

CONFIDENTIALITY

The confidentiality of communication between a patient and a psychologist is important and, in general, is legally protected under California law. Normally, information can be released only with your written permission. There are, however, some exceptions.

I use a "no secrets" policy when conducting marital or family sessions. This means that I am permitted to use information obtained during individual sessions when working with other family members who are in treatment with the patient. Sessions with minors are confidential from parents unless there is a potential danger to self or others or is a victim of a crime. In most legal proceedings, you have the psychotherapist-patient privilege to prevent disclosure of your treatment; however, I may be required to release records when directed by a court order, or if court proceedings relate to your mental health treatment. In addition, actions before the Board of Psychology, or other legal activity may limit your ability to maintain confidentiality. When treatment/evaluation is done for another party such as the Social Security Administration, or evaluations are performed as part of a court-ordered assessment, the information will be released. This office may furnish the information necessary to obtain reimbursement when a third-party payor is expected to pay for some part of the costs of services. Additional exceptions are discussed in the HIPPA form you will sign as well. As the treating psychologist, Dr. Engelman does NOT engage in court-related services, including custody disputes.

In addition, when I am out of town, another psychologist, mental health professional, or mental health facility will be available to cover crisis calls and may be advised by me of issues that could arise. Occasionally, I may find it helpful to consult about your case with other professionals. Such consultations are also legally protected by confidentiality laws, and I would not use identifying information. To provide you with the most optimal care, especially if you are referred by your physician, I will ask for your authorization to contact your physician to generally discuss your treatment and progress, and better coordinate your care. In terms of medication management, I may discuss medications with you, but your physician makes the final determination of suitability of medication changes. I am not licensed to prescribed medications.

Initial

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OTHER RELEASE OF INFORMATION

The contents of psychotherapy sessions, intake, or assessment sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is my policy not to release any information about a client without a signed release of information. Noted exceptions are above, as follows, and when otherwise required by law:

Duty to Warn and Protect

When a client discloses an intention or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the family of the client. Please see the HIPPA handout for a more complete list of exceptions.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service and/or legal authorities. Please see the HIPPA handout for a more complete list of exceptions.

Insurance. Credit Card Companies and Other 3rd Parties

Insurance companies and credit card companies and other third-party payers are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. Only the facts surrounding the debt, (e.g., diagnosis, treatment plan, case notes, testing) and not the specific content of the services are disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and my name.

Patriot Act

The 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.

Request for Letters for Support Animals

I am unable to provide you with letters to obtain or license/certify a support animal. That is outside of my role as your psychologist.

Initial

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TELEPHONE CALLS/CONTACTING YOU

In the event that I must telephone you for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where I may reach you by phone and how you would like me to identify myself. If this information is not provided to me (below), I will adhere to the following procedure when making phone calls: First I will ask to speak to the client without identifying my name. If the person answering the phone asks for more identifying information, I will say that it is a personal call. I will not identify my full name (to protect confidentiality). If I reach voice-mail I will follow the same guidelines.

Please check where you may be reached by phone. Include phone numbers and how you would like me to identify myself when phoning you.

HOME Phone number: ________________________
How should I identify myself? ____________________________________
May I say my full name? __ Yes _____No
WORK Phone number: _______
How should I identify myself? ____________________________________
May we say my full name? ___ Yes _____No ______________________
I agree to the above limits of confidentiality and understand their meanings and ramifications.
Client's name (please print): _____________________________
Client's (or guardian's) signature: _______________________ Date: ___/___/_____

Telephone consultations that last longer than 5 minutes will be charged $40/10 minute segment, and will be paid directly by the patient, as these services may not be covered by most insurance benefits. Please see my Social Media Policy for more information.

ASSIGNMENT OF BENEFITS

INSURANCE UTILIZATION: You the client have either obtained a pre-authorization from your insurance carrier for which Dr. Engelman is a provider, or you are not using insurance. You agree to pay Dr. Engelman co-payments at the conclusion of each session, (unless an alternate arrangement is agreed upon), and to assume financial responsibility for all deductibles, required co-pays, any denial of services by your carrier, or for any other non-covered services. For services that are partially and fully covered, you hereby assign your insurance/health plan benefits for such services to Suzanne R. Engelman, Ph.D. If Dr. Engelman is out of network for your insurance, you agree to pay Dr. Engelman's rate specified in this agreement, or as otherwise discussed with her.

You further agree to the release of your records, in compliance with current HIPAA regulations, to the necessary third-party payors, and agree to release your prior health records, as necessary and as mutually agreed upon. You are aware that this agreement for the release of your records may be withdrawn by you at any time, except to the extent that action has already been taken by Dr. Engelman. It is your responsibility to contact your insurance in the case of billing problems.

Initial
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You have the right to receive a **"Good Faith Estimate"** explaining how much your non-emergency psychological care will cost. Under the NO SURPRISES ACT (2021), health care providers need to give patients who don't have insurance or who are not using insurance, an estimate of the bill for medical items and services.

1. Dr. Engelman will give you a Good Faith Estimate in writing at least 1 business day before your psychotherapy sessions begin. You can ask Dr. Engelman for a Good Faith Estimate verbally before you schedule to begin psychotherapy in her practice. She will also send you a written statement within 3 business days of either requesting it, or setting up your initial appointment. She will need your email address to do this.
2. If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.
3. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit the HHS No Surprises Help Desk at www.cms.gov/nosurprises or call them at 1-800-985-3059.

PSYCHOLOGICAL SERVICES AT THIS OFFICE

I am an independent practitioner. I have no formal affiliation with other professionals in this office. I share office space and expenses and have no liability associated with other professionals using this office. Your records are maintained separately in a locked storage cabinet, and no other clinician has access to them

At your first session, I may request proof of your identification to prevent identify theft. If at any time during our work together, I suspect identity theft, I will contact you to verify suspicious activity.

TERMINATION AGREEMENT

If you have questions about the services being provided at any time during treatment, you should ask for clarification. If we are unable to resolve any issues or concerns about your treatment, I might help you secure an appropriate consultation or referral with another mental health professional whenever it is requested. Patients who have not had a session with me, for over 30 days (or within a mutually agreed upon time) will be considered inactive. It is always preferable to have a final session before ending therapy in order to review and evaluate the sessions and assess overall progress. If you wish to return to active therapy, you can do so by contacting me to make arrangements to resume the therapeutic relationship, and I will do my best to resume our work.

ACKNOWLEDGMENT

I have reviewed the information in this agreement and have had my questions answered to my satisfaction. I accept, understand and agree to abide by the terms and conditions of this agreement and further, consent to participate in treatment/evaluation.

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(Signature of patient/Parent if minor) Date