

LISA BLUM, PSY.D.
CLINICAL PSYCHOLOGIST (PSY 19790)

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Psychotherapist/Client Agreement for Services

Thank you for scheduling an appointment with me for psychological, counseling or coaching services. I hope that your visits and/or your child's visits with me will be helpful. As a client in psychotherapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you. This document will outline what you can expect from me as your therapist, and what your rights and responsibilities are as a client. Please take time to read this document thoroughly, and we can discuss any questions you have now or at any time.

When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless there are obligations imposed on me in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Benefits and Challenges to Therapy

Most people find that therapy is helpful. People may feel their mood lift, feel less overwhelmed or afraid, or find that relationships and coping skills improve. One can gain important insights that lead to personal growth and positive changes, such as at work or in important relationships.

Psychotherapy can also be challenging. Dealing with feelings or thoughts that you have tried not to think about for a long time may be difficult, and may result in unpleasant thoughts or strong feelings like sadness, guilt, anxiety, anger, loneliness, or frustration. This is a natural reaction to the therapy process and often provides a basis for change. Change can occasionally come quickly, but more often is gradual and can be frustrating when it takes time. Making changes in your life can be hard, and the process can sometimes be disruptive to the relationships you already have.

There is no guarantee that psychotherapy will yield positive or intended results. It is impossible to predict the outcome of treatment because success depends on many factors including your motivation, effort, and sometimes unpredictable life circumstances.

Most people do benefit from therapy, however. Studies have shown that, on average, those who receive therapy for their difficulties feel significantly better than 75% of those who don't. Research also consistently suggests that emotional and physical health is very closely linked and that therapy can improve a person's overall health status.

Plan of Treatment

Therapy is a collaborative process, and we begin by identifying and discussing the problems and concerns that are most important to you. The first 2-4 sessions of our work together will be dedicated largely to identifying your goals for treatment, which will guide your psychotherapy. During these first few sessions, I will evaluate your or your child's needs, and then share with you my initial understanding of your or your child's difficulties, whether you/your child can benefit from treatment, the procedures to be used in the course of therapy, and my assessment of the possible outcomes of treatment. These initial weeks are also a time for you to decide if I am the right person for you.

You have the right to know about other treatments for your difficulty. You have the right to stop therapy at any time, but I ask that you agree to discuss the possibility of stopping with me beforehand so that we

can meet for at least one final session to review our work. If you wish to seek treatment elsewhere, I can provide you with names of other qualified professionals who might be able to assist you.

Treatment involves an investment of time, money, and energy, so you should decide carefully if you want to proceed. If you have unanswered questions about the treatment plan, you have the right to ask and receive a complete answer.

Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission.

However, there are certain limits to your rights under this law. In the following instances your right to confidentiality must be set aside and I am required by law to reveal information disclosed to me, even without your permission:

1. If you should initiate a lawsuit against anyone, that person's attorney has the right to gain access to your records, or to require me to appear in court.
2. Cases of physical, sexual, or severe emotional abuse or neglect of an elder dependent, or of a child, including the use or child pornography, must be reported to Child or Adult Protective Services. The purpose of reporting is to protect the individual(s) who may be at risk for further harm.
3. Confidentiality must be set aside if a therapist has reasonable cause to believe a patient is an imminent danger to him/herself or to other persons, or their property. In such a case I may contact the police, the intended victim(s), or a family member. Again, the purpose of doing this is to protect the endangered individual(s).
4. Mental health professionals in California are required to set aside confidentiality and must disclose to authorities when a client has viewed child pornography online.

If one of these instances requires me to breach confidentiality, I will make every effort possible to inform you of the need to disclose information prior to doing so, to allow for discussion.

Consultation: On occasion I may find it helpful to consult other health and mental health professionals about your treatment. I make every effort to keep your identity confidential. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

In the event of my illness or incapacitation, I have designated a fellow licensed mental health professional who is bound by state and federal confidentiality laws to act on my behalf to ensure proper care of all clients and maintenance of records in my practice.

Independent practitioner: I work in an office with therapists who are independently practicing professionals who share certain expenses and administrative functions. While the members share office space, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

Confidentiality with Minors

In working with children and teenagers, it is important to respect their right to privacy. Privacy allows the child or teenager to feel greater trust with me, which enhances the effectiveness of the therapy. While privacy in psychotherapy is crucial to successful progress, particularly with teenagers, parental involvement is also essential. Therefore, it is my policy to make an agreement with minors [over age 12] and their parents about the parents' access to information about the child's treatment.

Policy Regarding Minors and Confidentiality: During treatment, parents will be provided, in general terms, with regular updates about the progress of your child's treatment, as well as the child's

level of participation in sessions. Parents will also be provided with a summary of their child's treatment when it is complete. Any other communication or disclosure from me will require the child's consent, unless I feel that the child is in danger or is a danger to someone else. In such an urgent matter, parents will be notified of these concerns in a timely way.

Family Sessions and Parent Coaching: Collaborative work with parents can be very helpful, as can family sessions and/or parent/child sessions. Sometimes, however, I may have concerns that this collaboration would be disruptive to the minor's individual therapy, or sometimes the minor refuses such collaborative work. In that case I can recommend an outside therapist to provide parent coaching or family therapy.

Custody Disputes: Sometimes in child custody and/or highly contentious divorce disputes, there is a request for the therapist to provide records and/or an opinion for the court. It is generally harmful to children to have information from their therapy released to attorneys in child custody disputes. In addition, it is a conflict of roles for me to function both as your child's therapist and as an expert in offering opinions regarding the best custody arrangements (or other decisions) for the child. For these reasons, I will refuse any attempts to obtain such information unless ordered by a court to do so. With proper authorization from both parents, I can share a summary of treatment information with other professionals who will report to the court regarding a child custody evaluation.

HIPAA: Your privacy is also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. Please find this notice on the policies and practices to protect your health information in a separate document.

Appointments and Cancellation Policy

A standard psychotherapy session for an adult is 50 minutes. A child or adolescent psychotherapy session is 45 minutes. A couples therapy session is 60 or 75 minutes, unless other arrangements are made.

When you schedule an appointment, it means you are agreeing to pay for the session. If you give me at least 48 hours' notice **by phone** of an appointment that you cannot attend, there is no cancellation fee and we can attempt to reschedule if there is a mutually convenient time available.

If you have contacted me with less than 48 hours' notice, you will be billed for the missed session, even if you were unable to attend due to circumstances beyond your control. However, I do understand that emergencies and unforeseen events occur, so *the cancellation fee for one (1) missed session per calendar year will be waived*. In other words, you have one free "cancellation pass" per year. If you have any questions or concerns about this policy, please don't hesitate to ask me so we can discuss it. Lastly, please note that insurance companies do not reimburse for missed sessions.

Please do your best to come to your session on time and at the time we have scheduled. Unfortunately, if you are late, we will still end on time and you will be responsible for the full hourly fee. If you do not appear for a scheduled appointment and did not call or if you have been absent from therapy without contact for 30 days, I may assume you have discontinued service and discharge you from treatment.

Contacting Me

Office Hours: I am in the office specific days of the week, excluding weekends. Meetings are by appointment only.

Phone Contact: I am usually not immediately available by telephone, though I monitor my voicemail throughout the day between the hours of 9:00 a.m. and 8:00 p.m., Monday-Friday. I will make every

effort to return routine calls within 24 hours on business days and urgent calls on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

Email Communication: Many clients find it easier to exchange e-mails for brief communication between sessions, such as to arrange appointments. ***If you have an emergency or need to reach me on a time-sensitive matter (such as a same-day appointment confirmation or cancellation), contact me by phone. Do NOT use email.*** In using email, please consider **that e-mail messages are not necessarily confidential communications.** [Emails are retained in the logs of your and my Internet Service Providers.] While I will respond to e-mail, I usually will not include details about clinical issues. Please be aware that any e-mails you send become part of your clinical record.

Vacations: I will let you know in advance about scheduled absences from the office. When I am away, one of my colleagues will be covering for me. Should an emergency arise, you will be able to make contact with this therapist during regular office hours, or follow the procedures noted below for life-threatening emergencies.

Special Instructions for Emergencies

For emergencies that require immediate assistance (health or safety of someone is at risk): For after-hours emergencies or emergencies requiring immediate assistance, please call 911 or seek help at the **emergency room** of a local hospital.

For urgent, but non-life threatening situations: If you or your child have an urgent issue during office hours, please call my voicemail and leave your name, a brief description of the urgent matter, and a phone number where you can be reached. Please indicate that the call is urgent in your message. I will respond as soon as possible. I do carry a mobile phone, but I may not always be able to respond immediately. If you are unable to wait for my return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Social Media Policy

I do not accept “friend,” “connect,” or “follow” requests from current or former clients on any social networking sites (e.g., Facebook, LinkedIn, Twitter, or any other social media site). My legal and ethical obligations regarding the strict confidentiality of our therapeutic relationship obliges me to decline such invitations. Please understand that I do this to best protect the privacy of our relationship from any public visibility and to avoid blurring the boundaries of our therapeutic relationship. Even if you desire to waive your confidentiality in order to connect in a public forum, I will decline to do so. If you have any questions about this, please bring them up when we meet so we can talk more about it.

Financial Agreements

I value the opportunity to be of service to you. I have found that coming to a mutual agreement early about fees and payments allows us to move ahead so that we can address your primary goals. The following explains the financial policies of my office.

Responsibility for Payment

Payment for all fees is due and payable at the time services are rendered, unless other payment arrangements have been approved in advance. Services will be charged directly to the patient. In the case of minors, payment is the responsibility of the parent(s) who consent(s) to service.

In addition to weekly appointments, there are other professional services that you may need. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Additional professional services will be charged (prorated as needed). Rates for other professional services are listed in the attached Fee

Schedule. Please note that if you are using your health insurance to cover the cost of therapy, these additional services most often are not covered by insurance companies. You will be billed directly for these services and are responsible for payment.

Psychotherapy during hospitalizations: Hospital visits require more time than a regular office visit. For greater success in treatment, it is important for me to consult regularly with the hospital treatment team and to be involved in case management and discharge planning. I may charge for additional services related to the hospital work and will inform you of those expenses during the course of the hospitalization.

Fees for therapist participation in legal proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. The difficulty and time involved in legal situations results in a higher hourly fee.

Insurance

I am not a provider in any insurance networks. Therefore, I request that you pay me directly at the time service is rendered. If you have insurance that you would like to use to cover a portion of the cost of therapy, I can provide you with an itemized statement that you can submit to your insurance company to request reimbursement. Please note, however, that you are responsible for all communications with your insurance company regarding proper reimbursement.

I strongly recommend you clarify your behavioral health (mental health) benefits with your carrier before incurring the cost of services. I will do whatever I can to assist you in understanding your coverage, however the responsibility for knowing and verifying your health insurance eligibility and benefits rests with you. You must arrange for any pre-authorizations necessary to use an out-of-panel provider. Regardless of your insurance status, you are ultimately responsible for full payment of the balance on your account for all professional services from the date rendered.

Confidentiality and Insurance Companies: You should be aware that using your health insurance to reimburse for psychotherapy services requires that I provide information about the services you receive. I am required to provide a clinical diagnosis. Sometimes additional clinical information is required such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, every effort will be made to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I can provide you with a copy of any report I submit to your insurance company if you request it. By signing this Agreement on the designated line regarding insurance reimbursement, you agree that I can provide requested information to your insurance carrier.



If you have questions about any of the above policies, please feel free to talk with me about them.

Please indicate that you have read and understood these policies by initialing on the next page, and signing at the appropriate places on the last page.

Thank you very much, and I look forward to working with you. Lisa Blum, Psy.D.

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Psychotherapist/Client Agreement for Services Checklist

Please initial to indicate that you have read the document “Psychotherapist-Client Agreement for Services” and understand the following important points.

	Date: _____	Initials
1.	My right to confidentiality of the things I discuss in my therapy.	
2.	The situations which limit the confidentiality I have in therapy, including things like lawsuits, abuse, harm to myself or others, and viewing child pornography.	
3.	The policies around confidentiality concerning minors, family sessions, and custody disputes. <i>Write “NA” if not applicable.</i>	
4.	The 48-hour cancellation policy, with notice <i>by phone</i> , and the once per year “free cancellation” pass.	
5.	How to contact me, for non-urgent concerns as well as in emergencies, and the fact that email is not a confidential medium for our communications. Please note that I do my best to return calls within 24 hours, Monday through Friday.	
7.	I will not be able to connect with you on any social media.	
8.	The exact fee you will be paying, and that payment is due at the time services are rendered.	
9.	I am not a provider in any insurance networks, but I will provide you with an appropriate statement to submit to your insurance company to receive reimbursement directly.	
10.	You have a right to ask any questions about these policies, and have your questions answered fully to your satisfaction.	

Thank you. By initialing above that you have read and understand these policies, we can start our relationship off with clear communication and understanding.

Please sign the last page →

AUTHORIZATION FOR TREATMENT OF AN ADULT

I agree to undertake psychotherapy with Dr. Lisa Blum. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Blum. I have received the Psychotherapist/ Client Services Agreement, and a copy of Dr. Blum’s Fee Schedule. I have reviewed these items adequately, and agree to the terms outlined in these documents. I agree that I am responsible for the charges for services provided by this therapist to me, although other persons or insurance companies may make payments on my account.

Client’s Signature

Date

Client’s Signature

Date

Client’s Printed Name

Client’s Printed Name

AUTHORIZATION FOR TREATMENT OF A MINOR

I, _____, am the parent/legal guardian of _____ and authorize my child to receive psychotherapy with Dr. Lisa Blum. I know I can discontinue psychotherapy at any time, and that I can refuse any requests or suggestions made by Dr. Blum. I have received the Psychotherapist/Client Services Agreement and a copy of Dr. Blum’s Fee Schedule. I have reviewed these items adequately, and agree to the terms outlined in these documents. I agree that I am responsible for the charges for services provided by this therapist to my child, although other persons or insurance companies may make payments on my account.

**If I am currently divorced from my child’s other parent, I agree to provide documentation regarding our custody agreement.* If I am a temporary or legal guardian, I agree to provide documentation regarding my guardianship. I understand that this paper work is required for my child’s Clinical Record.

Parent/Guardian’s Signature and Date

Parent/Guardian’s Signature and Date

NOTICE OF PRIVACY PRACTICES

I have received a copy of Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA).

Signature and Date: _____

IF YOU WILL BE SEEKING INSURANCE REIMBURSEMENT:

I authorize the release of any medical or other information necessary to process my claims.

Signature and Date: _____

I, the therapist, have discussed the issues above with the client(s) (and/or the person acting for the client). My observations give me no reason to believe that this person is not fully competent to give informed and willing consent.

Lisa Blum, Psy.D. Date
Clinical Psychologist Lic # PSY19790