Lise Spiegel, Ph.D. CA License # PSY 15873 818-429-1448

Welcome to my office. The following information will answer most of your questions regarding the psychologist-client relationship as well as my office/practice policies. Please read it carefully and feel free to ask any questions you have. Should we decide to enter into an ongoing therapeutic relationship, you will need to print the forms, fill them out and return them to me.

Psychotherapy

Entering into the process of psychotherapy is not to be taken lightly as it involves discussing various aspects of your life. It is assumed that you have sought a therapeutic relationship because you wish to work through a difficult issue or issues. Deciding to do this will cause feelings of discomfort such as sadness, guilt, frustration, anger, loneliness, and confusion. However, just as with other worthwhile goals which require you to give your best, you are more likely to reap the rewards of your hard work if you commit yourself to active participation in the therapeutic process. These rewards may include learning a great deal about yourself, improving your personal and professional relationships now and in the future, reducing your stress and distress as well as resolving specific issues with which you are struggling.

The first session or two will involve us getting to know each other. It is very important that you use this initial consultation period to determine your level of comfort with me since working together successfully requires a high level of comfort between the therapist and patient from the beginning. Also, I will be determining if your reason(s) for coming in are appropriate for my practice. If you are uncomfortable, I am more than happy to give you names of other mental health professionals for a meeting. If we mutually agree to continue after the initial evaluation session(s), a plan for working together will be discussed.

Appointments

A typical appointment lasts for fifty (50) minutes on a weekly basis, although longer and/or more frequent sessions may be scheduled if mutually agreed upon. Once an appointment is scheduled and the time slot is held exclusively for you, you will be expected to pay for it unless I am notified at least 24 hours in advance of our meeting time (unless we both agree that you were unable to attend due to circumstances beyond your control). Please note that insurance companies do not reimburse for missed appointments, but you are still responsible for payment.

Fee and Payment

My fee per session is \$300.00 (or what has been agreed upon) and I do not accept any form of insurance. You are expected to pay for each session at the time it is held with a check or cash, or you may pay for a number of sessions in advance. At your request, I will provide a monthly statement of your sessions and it will indicate the dates of sessions and fees paid. You are welcome to submit this to your insurance company for reimbursement, but, ultimately, fees are your responsibility. If your insurance company wishes to contact me, you will be required to sign a release for any communication regarding our relationship.

Please be aware that if you need a statement of sessions and fees to send to your insurance company, an actual diagnosis has to be given and it may become part of your or your child's permanent record. Many consumers decide NOT to submit mental health statements and diagnostic information for this reason. It is your choice to make a submission once the statement is provided.

If you do not pay for your sessions beyond sixty (60) days, I have the option to use legal means to receive payment. This may involve hiring a collection agency or seeking payment in small claims court. (If legal action is necessary, its costs will be included in the claim made.) In a collection situation, only a patient's name, nature of services, dates covered and amounts due will be disclosed.

Contacting Me

I am available only by telephone, but I may not always answer right away when you call. If you need to speak with me, you should call my telephone number and leave a message when it is best to reach you. Unless my outgoing message indicates otherwise, I will return your call definitely within twenty-four (24) hours, but probably on the same day. If you are unable to wait for me to return your call, you should contact your physician, call 911 or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. If I am unavailable for an extended period of time, I will provide you with the name of a colleague whom you may contact.

Remember, calling my telephone number is the ONLY way to contact me and it is the ONLY mode of communication that I use with my clients.

Treating Minors

If a client is under the age of eighteen, CA law provides that parents/legal guardians may know the content of therapy UNLESS the minor (aged twelve to seventeen) satisfies the requirements of the Mental Health Services for At-Risk Youth Act (SB543). I do not work with clients who fall under this category. It is important for parents to recognize, however, that the relationship between a

minor client and myself is one that should be nurtured and allowed to solidify in order for healthy work to take place.

A Word to Parents

If parents/legal guardians wish to know the content of sessions with their child, they have that right and I will provide them with general information about our work together. If I believe there is a risk of harm involving the minor, I will notify parents of this, because I am legally mandated to do so. However, with other non-mandated situations, all parents and legal guardians must understand, before requesting information too often, that it may compromise the therapeutic process when such interference occurs. A minor will be less likely to feel safe and to disclose if he or she feels there is a lack of confidentiality in the therapeutic alliance. If at anytime a parent or guardian has questions or information to share with me, I am more than happy to receive such information. All parents and guardians have to feel at ease with me spending time with their minor child and should voice any hesitations about that if they arise. When we plan to meet to discuss the minor client's progress, I will discuss the content of parental contact with the minor client before speaking with parents. This allows the minor to be aware of the boundaries I intend to maintain for the sake of his or her therapeutic progress.

Confidentiality

In general, all communication between a therapist and client is protected by law, and I can only release information regarding the relationship, including its existence, with the client's written permission. However, there are the following exceptions.

- If the client presents a serious danger to him/herself or another person
- If the client was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused the client
- If the client is under 18 years of age and discloses abuse or neglect to me
- If I learn that an elderly person, dependent adult, or minor child is being abused or neglected
- If the client has physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure

I am required, by law, to notify a potential victim should a viable threat exist, to contact the police or to seek hospitalization for you if I believe you are a danger to yourself or someone else. I may also contact a family member or others who can provide protection for you in an emergency situation. Please provide the name and information of your chosen contact person and please let this person know you have provided his/her name.

Name:

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Address:

Phone: ______ Relationship to you:

Please be aware that you have the right to discontinue psychotherapy at any time. If you wish, names of other therapists will be provided to you. It is also your right to contact the Department of Consumer Affairs, which receives questions and complaints regarding the practice of psychology. You may contact this department at 1-916-574-7720 or by writing to California Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834. Please feel free to ask any questions regarding the above information. Your signature below indicates that you have read all of the information, understand it and agree to all of the above policies regarding our professional relationship.

Name (please print)

Name (signature)

Date _____