

CONSENT FORM FOR EVALUATION AND TREATMENT

CONSENT FOR TREATMENT

Sessions with Dr. Shapiro are confidential and are protected by state law and the profession's ethical principles. That is, the contents of a session, treatment notes, or even whether or not you attend, will not be revealed to outside sources unless you have given written permission to do so, or as required by law. There are several important circumstances in which confidentiality cannot be guaranteed legally and /or ethically including: (1) if it is believed that you intend to harm yourself or another person; (2) if it is believed that a child or elderly person or dependent person has been or is in danger of being abused or neglected; (3) if a judge subpoenas the records – a rare but possible circumstance if you are involved in or become involved in litigation; and (4) to consult with another mental health professional regarding your case. Your case may be discussed with a colleague for consultation, but your name or any other identifying information will not be provided.

MINORS AND PARENTS

In CA, in most instances, minors less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. Care must be taken to protect the adolescent's privacy. Dr. Shapiro routinely meets with both the parent/guardian and the minor jointly at the initial session to discuss this privacy and come up with an agreement together. Before giving parents any information, she will discuss the matter with the minor if possible, and Dr. Shapiro and the minor will determine together if, how, and when they will inform the family. In the event that Dr. Shapiro believes that the child is in danger or is a danger to someone else, she will notify the parents (or other authorities) of her concerns immediately and regardless of any objections the minor may have.

BILLING/INSURANCE REIMBURSEMENT

Payment for therapy or co-payments are normally expected at each session (check, credit card, cash, paypal). If requested, receipts will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

Many insurance carriers are accepted as a form of payment. Please verify in advance. If Dr. Shapiro is an IN NETWORK provider, your insurance will be billed directly. You will still be responsible for any co-pays at the time of each service. If Dr. Shapiro is an out of network provider, payment is collected at the session and you will receive a superbill that you can submit to your insurance company for reimbursement. When using insurance, Dr. Shapiro may provide required information to your insurance carrier in order for your insurance company to pay for the service. Should your insurance deny the bills, you are responsible for all payments.

If you have an outstanding balance for more than 2 months, Dr. Shapiro reserves the right to use legal matters (collection agency and/or using small claims court) to receive payment. Should this occur, certain information pertaining to your treatment will be released.

CONTACTING DR. SHAPIRO

All calls to Dr. Shapiro are answered by confidential voice mail. Messages are checked frequently throughout the day and on weekends and every effort is made to return your call on the same day or at least within 24 hours, with the exception of weekends and holidays. Dr. Shapiro can also be reached online at www.drjennifers.com or by email at Jennifer@drjennifers.com. Email is not a secure form of communication and confidentiality cannot be guaranteed; it is used for logistical questions such as scheduling or canceling appointments. Dr. Shapiro does NOT provide emergency services and may not be immediately available. However, your call will be returned as soon as possible, usually on the same business day. Often she can accommodate an appointment on short notice. If you

feel you cannot wait, or if it is outside office hours, you should contact your family physician, or go to the Emergency Department of your nearest hospital and ask for the psychiatrist on call.

FEES

Initial Assessment. \$160.00 for a 50 minute session including completing forms.

Bariatric Surgery Assessment. \$200 for the 50 minute session

Psychological Testing and Report. \$140 per hour

Individual Therapy. The fee is \$140.00 per 50 minutes.

Group Therapy. The fee is \$50.00 per 60-90 minute group session.

The fees listed above are fees for self-pay patients. Insurance companies each have different contracted rates and thus fees will depend on your insurance company, co-pay, deductible, etc. The therapy hour involves *fifty* minutes of direct contact, with the remaining ten minutes being used for notes, reports, and treatment planning. There is usually no charge for: (i) treatment planning outside the session; (ii) brief telephone contacts (15 min. or less) with you, family members where appropriate, and other professionals; and (iii) other brief and incidental involvements of time. However, where tasks and consultation require more time, fees may be charged. Administrative fees will be charged for requests for file notes (for time and duplication costs), reviewing files and writing reports. All billing outside the direct contact time will be discussed in advance.

CANCELLATION POLICY

The full session fee (\$140.00 NOT your copay) will be charged for any missed session or cancelations less than 24 hours from the appointment time (collected directly from you or by automatically charging your credit card with your pre-authorization). Insurance will not reimburse you for fees incurred for missed appointments. This is your responsibility. If you arrive late for an appointment, you will be charged your full session fee. Clients will be charged a \$20.00 penalty fee for NSF checks.

THE THERAPY PROCESS

Dr. Shapiro will conduct an initial evaluation and use an approach that she believes will be most effective in attaining the goals that you both establish. It is crucial for you to actively participate in this process by attending regular sessions, preparing for them, and practicing any between session exercises. Periodically, Dr. Shapiro will evaluate your progress with you and, if necessary, redesign the treatment plan, goals, and/or methods. As with any successful intervention, there are both benefits and risks associated with psychotherapy. Risks may include experiencing uncomfortable levels of feelings such as sadness, guilt, shame, anxiety, anger, frustration or conflicts with other people. Some changes may lead to feeling worse in the short run. However, long term benefits may include improvement in mood and distress, better relationships, and solutions to problems.

CONSENT FOR PERSONAL INFORMATION

In addition to indicating your informed consent to participate and to receive services, your signature below indicates you have understood that in providing psychological services, Dr. Shapiro will collect some personal information (e.g., reasons for seeking services, address, phone number, family information, etc.). Your signature indicates you have reviewed the Notice of Privacy Policy (separate document but also can be found at <http://www.drjennifers.com/for-new-patients.html>) about the collection, use and disclosure of personal information, steps taken to protect the information and your right to review your personal information. You understand how this Policy applies to you. You have been given a chance to ask any questions you have about the policy and they have been answered to your satisfaction. You understand that, as explained in the Policy there are some rare exceptions to these commitments. You agree to Dr. Shapiro collecting, using and disclosing personal information about you as set out above in this consent form and in her Privacy Policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ (DOB) _____

ADDRESS: _____

PHONE: _____