

# Psychological Services & Holistic Health, Inc.

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## PRACTICE POLICIES AND INFORMATION

### **About Us**

Psychological Services & Holistic Health, Inc (PSHH) is a facility that employs both licensed and pre-license doctors. Our doctors provide individual, couples, family, and group therapy to clients with a wide range of life issues and struggles.

### **Treatment**

A therapist will provide psychological examinations, assessments, intervention and/or diagnostic procedures that now and during the course of my/child's care as a patient are advisable. The frequency and type of assessment will be decided between my therapist and me. I understand that the purpose of these procedures will be explained to me and are subject to my verbal agreement.

I understand that there is an expectation that I may benefit from this assessment and/or intervention but that there is no guarantee that this will occur. I understand that consistent attendance will produce the maximum possible benefits and that at times I may feel conflicted about my therapy as the process can sometimes be uncomfortable. However, I am free to discontinue treatment at any time in accordance with the policies of the office.

### **Confidentiality**

I understand that no information obtained during my therapy sessions is ever released to outside sources without my written consent, unless it pertains to (1) being gravely injured, (2) violent acts or imminent danger to myself or others including suspected child or elder abuse, and (3) pursuant to a court order or legal action by me against my therapist.

In the event of an emergency, my therapist is authorized to contact emergency services if necessary. I also authorize my therapist to contact my "Emergency Contact" person(s) and to leave appropriate messages with answering services.

### **Special Confidentiality Issues with Adolescents, Couples and Families**

For clients under 18 years of age, the parents legally hold the confidentiality privilege over disclosure of material from therapy sessions. However, out of respect for the teenage client's privacy and autonomy, and to promote the most effective treatment, it is our therapist's policy to keep confidential the material which the teenage client discloses to the therapist in the teenager's individual sessions unless the teenager gives her/his consent to such disclosure or if the therapist determines the teenager is in immediate risk of serious harm to themselves or others. In such cases, the therapist will typically discuss with the teenage client his/her opinion of the need to consult with the parents before actually doing so.

If one member of a couple or family, or the parent of an adolescent client initiates an outside contact with the treating therapist (e.g., phone call regarding other than scheduling or similar practical matters) regarding the (other) client or therapy, it is the therapist's policy to assist the caller in sharing the

communication with the other party or parties, such as at the next session. The reason for this is that one of the goals of therapy with couples and families is to help foster comfort and skill in open and honest communication between the members.

### **Payment Policies**

As a courtesy to our patients, billing is provided by our staff. Patients, however, are ultimately responsible for all charges not covered by insurance. For a complete understanding of your insurance coverage, benefit limitations or preauthorization requirements, contact your carrier directly. Additionally, please notify us of any insurance or address changes immediately.

I understand that I am responsible for the (co)payment of \$\_\_\_\_\_ at the beginning of each session (unless other arrangements have been made with my therapist). Checks should be made out to **Psychological Services & Holistic Health, Inc.**. Additionally, upon request, statements for sessions will be provided at the beginning of each month and you may submit them to your insurance company. Each session lasts 45-50 minutes and every year our standard fee is increased by a nominal amount (\$10 - \$20).

Please note that delinquent balances beyond thirty days overdue will be assessed a late fee of \$35 per month and will be passed on to a third party. A fee of \$30.00 will be assessed for each returned check.

### **Cancellations and Rescheduling**

Appointment times are reserved for each patient. Kindly give the office a full 48 business hours (2 working days) or more in advance notice if you will not be able to keep your scheduled appointment. Failed appointments (rescheduled/cancellation without adequate notice) will be charged at the rate of \$150 regardless of the reason for the missed session (e.g., forgetting, traffic, work or school commitment, sickness). Please note that insurance carriers do not cover this charge. You would pay the entire fee out-of-pocket for these.

### **Communication Outside of Scheduled Session**

#### **Telephone Calls**

Phone calls between sessions are typically limited to scheduling and other logistical matters which must be arranged before the next session. Any clinical issues or if you encounter a serious psychological crisis between sessions and do not have a session scheduled in the next 12 hours, it is encouraged that you to schedule one. The reason for this is that scheduled, in-person sessions, the therapist have time set aside for you, are the most effective way to obtain assistance. In some cases, a brief telephone consultation may be provided to assist you until the next available appointment. Phone calls longer than 10 minutes are charged at the therapist's standard fee, prorated to the nearest quarter-hour.

#### **Email**

With respect to using email communication, there are a number of risks that you may want to consider before using email to communicate with your therapist. These include, but are not limited to, the following risks:

- Email can be circulated, forwarded, stored electronically, and/or sent to unintended recipients.
- Email senders can easily misaddress an email.
- Employers and online services have a right to inspect email transmitted through their systems.
- Email can be used as evidence in court.

- Email may not be secure, and therefore it is possible that the confidentiality of such communications may be breached.

Email is not considered a secure form of communication. Your therapist cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. S/he is not liable for improper disclosure of confidential information that is not caused by his/her intentional misconduct. Email is not appropriate for urgent or emergency situations, nor is it considered an appropriate medium for in-depth discussion of therapeutic issues. Your therapist cannot guarantee that any particular email will be read and responded to within any particular period of time. When in doubt, please call our office.

### **Texting**

Your therapist may accept text messages regard to scheduling changes. Please note that technical issues do arise and that on occasion sent text messages are not received or messages your therapist sends do not go through. If you do not hear back from your therapist within 24 hours of texting, please assume that your therapist did not receive your text, and re-send it or give your therapist/our office a call instead.

### **Social Media**

Social media outlets such as facebook and twitter are not considered appropriate means for seeking therapeutic support or advice. Clients may follow his/her therapist via social media outlets (twitter, facebook, etc.) at their own discretion.

### **Reports**

Should you ever request or require that your therapist complete or review a report or other form of written documentation regarding your treatment or psychological status, your therapist's standard fee will be charged per hour for preparation or review of the report.

I have read, understand and agree to the terms of this agreement.

Client name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client (if other than client): \_\_\_\_\_

Practitioner: \_\_\_\_\_

Supervision: \_\_\_\_\_