

Dr. Ivy Margulies

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PSYCHOTHERAPY TREATMENT CONTRACT OF INFORMED CONSENT

Welcome to my office. A clear framework for our work together can avoid misunderstandings and facilitate our working relationship. The following are policies under which I operate my practice. Please feel free to discuss any of these with me.

Psychological Services

Psychotherapy is a treatment that addresses psychological distress and problems in life. Psychotherapy, as I practice it, is a collaborative process. My intent is to build a relationship with you in which you feel free to explore your thoughts, feelings and behaviors that may be causing you distress, impeding progress toward your life goals, or getting in the way of your ability to find fulfillment in your life. Since therapy involves the discussion of unpleasant aspects of life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have benefits for people who follow through with it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, anxiety and depression.

Appointments

Psychotherapy sessions are 50 minutes in length and meetings are generally held at least once a week. More frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in order to meet your particular needs. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.

Confidentiality

Information revealed within sessions will remain confidential unless disclosure is required by law. These conditions include any reasonable suspicion of child, dependent, or elder abuse; when you are in danger to others; or when you are likely to harm yourself unless protective measures are taken. If there is ever a time when your emotional status is an issue in a legal proceeding, i.e., child custody evaluation, workmen's compensation claim, etc., then a judge may subpoena your records, and/or my testimony if he/she determines the issues demand it. I may occasionally find it helpful to consult other professionals about a case. During a consultation I will not give any identifying information about you. The consultant is also legally bound to keep the information confidential.

Confidentiality of Communication via E-mail, Cellular Phone, and/or Fax

It is very important to be aware that e-mail, texting and cellular phone communication can be relatively easily accessed by unauthorized persons and hence, the privacy and confidentiality of such communication can be compromised. Please notify me at the beginning of treatment if you are not comfortable with any or all of the above methods of communication.

Professional Fees

You are expected to pay for services at the time they are rendered unless other arrangements have been made. I accept credit cards in my office, however please be aware that there is 4% service charge. My fees may change over the course of your treatment. Fee for writing a psychological report or other services (e.g., lengthy telephone conversations) are based on the hourly fee. If you become involved in legal proceedings that require my participation you will be expected to pay for my professional time even if I am called by another party. Because of the difficulties involved in attending to legal matters, my fees for participation differ from my customary rates. A schedule of those fees are available to you upon request.

If your account is unpaid for over 120 days and we have not agreed upon other arrangements for payment in full, I have the option of using a collection agency or going through small-claims court. If such action is necessary, its costs will be included in the claim. I will also let you know if I plan on taking such actions. I will charge an additional \$40 for returned checks from the bank which is your responsibility to pay.

Insurance Reimbursement

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You should be aware that most insurance companies require me to provide them with a clinical diagnosis. Some insurance carriers request that I provide additional information such as a treatment plan or summaries of treatment. I will provide a monthly statement upon request for insurance reimbursement. It will be your responsibility to prepare and mail all necessary paperwork to your insurance company.

Managed Care

If you have an insurance benefit that is managed, this means there is a case manager who oversees the course of treatment and preauthorizes or denies further sessions. For more authorizations, I must fill out a 2-4 page treatment progress report. Typically, this report includes: presenting problem, diagnosis, current stressors, current level of functioning, past psychiatric history, substance abuse history, family history, current medications, symptom checklist, mental status (estimates of awareness, cognitions, mood, outlook and behavior), treatment goals, progress of treatment, and estimates of time frame. These reports are mailed, faxed, or emailed to the case manager and become part of your record. This additional time spent will incur additional fees. By signing this consent form, this means that you understand and consent to me sending these treatment progress reports.

Contacting Me

I have a voice mail on which you can leave me a message. I will make every effort to return your call in a timely manner. Calls after 8pm may be returned on the following day. In case of a true emergency, particularly one that is life threatening, you should go to your local emergency room and ask for the psychologist or psychiatrist on call, or dial 911. I will most likely return your call from a cellular phone. If you would prefer I do not call you on a cellular phone please let me know.

Whenever I am on vacation or unavailable for some other reason, you will be informed in advance if possible and you will be able to reach an on-call therapist if an emergency should occur. That person's name and number will be accessible by calling my voicemail while I am unavailable.

Professional Records

Both California Law and the standards of my profession require that I keep appropriate records of services provided. The confidentiality of these records is closely safeguarded.

Patients' Rights

You have the right to end therapy at any time, for whatever reason. You also have a right to question any aspect of treatment, and to expect that I will provide you with a referral to another qualified therapist for adjunctive treatment, or alternative treatment, if you request.

Please feel free to speak to me about any of the above if you have any questions or concerns. Your signature below acknowledges that you have read and understand these policies.

I hereby consent to the use or disclosure of my Protected Health Information as specified above.

Patient's Name (please print your name or the minor's name)

Patient's Signature Date

Dr. Ivy Margulies Date

(Parent or Guardian's signature, if patient is a minor)

Signature Date

Guardian's Name (printed)