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Licensed Psychologist

CONSENT FOR TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document it will represent an agreement between us.

MY PROFESSIONAL TRAINING AND BACKGROUND

I have a Psy.D. degree which is a Doctorate in Clinical Psychology. I received my degree from the California School of Professional Psychology in 2000. I received my psychologist's license in February 2003, which allows me to practice in the state of California. My license number is PSY 18909. I am required to take regular continuing education classes in order to stay abreast of current laws and ethics, the latest psychological research, and new/updated professional techniques.

PSYCHOLOGICAL SERVICES

Psychotherapy is a process that cannot be easily described. It is not like a visit with a medical doctor. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful you may have to work on things we talk about both during our sessions and at home. There are many different methods I may use in session to deal with the issues that you hope to address.

Psychotherapy can have benefits and risks. One of the major benefits of psychotherapy is that it often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Since therapy often involves discussing unpleasant aspects of your life, at times you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. The path to healing is often a bumpy one, but more often than not the rewards far outweigh the negatives. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation I will be able to offer you some first impressions of what our work will include and an idea of some goals and objectives we can work towards. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures we should discuss them whenever they arise. If you decide that we are not a good fit professionally I will be happy to provide you referrals to other mental health professionals.

MEETINGS

The sessions I offer are either 50 or 100 minutes long. Sessions usually occur on a weekly schedule initially, although at times sessions may occur more or less frequently.

As the therapy progresses and improvements occur, sessions may begin to occur every other week or even monthly.

In order to provide you with the best care possible, I ask that you make every effort to keep your scheduled appointments. Results in the therapy are highly dependent upon consistent attendance of sessions. This cannot be accomplished with frequent missed and/or no show appointments.

If you miss an appointment or cancel with less than 24 hours notice, I will bill you \$50 for each no-show or late cancellation. This fee will be your responsibility and will not be billed to your insurance company. This policy also applies to those participating in the Victim Compensation Program.

I reserve the right to discharge you from my practice after two missed appointments. You will be expected to pay any remaining account balance.

CONFIDENTIALITY

The privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. There are, however, a few exceptions:

- 1) When there is reasonable suspicion of child, elder (age 65+), or dependent abuse or neglect
- 2) When the client presents a serious threat of danger to himself or others
- 3) When the client presents a serious threat of danger to the property of others
- 4) Pursuant to a lawfully issued subpoena

Additional exceptions to confidentiality include:

Minors: When minors (under the age of 18) are seen in therapy, the parent or guardian holds the legal privilege regarding release of information.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation I will not reveal the identity of my client or provide any identifying information. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. If I feel it is appropriate, I may request a signed agreement from your parent(s)/guardian(s) stating that they allow you some privacy with regards to treatment by giving up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In

this case I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

PROFESSIONAL FEES

My fees are as follows:

Initial Assessment: \$150 (50 minutes)

Individual Session: \$125 (50 minutes)

Couples Session: \$140 (50 minutes)

Family Session: \$140 (50 minutes)

Double sessions (100 minutes) are available on a cash-paying basis only.

Rates are as follows:

Individual Double Session: \$250 (100 minutes)

Couples Double Session: \$280 (100 minutes)

Family Double Session: \$280 (100 minutes)

An hourly fee of \$125 will be applied for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Teletherapy, which is doing therapy sessions using interactive video and audio communication (e.g. videoconferencing), is also an option available to individuals who live in the state of California. Teletherapy can only be provided to a client who is in California at the time of the session. You need to call your insurance company to determine if teletherapy is a service they will cover.

Whether during an in-person therapy session or a teletherapy session, clients are not allowed to record sessions or take/capture photos without the therapist's consent. If permission is given, photos or recorded sessions cannot be disseminated to others via text, internet, email, or any other means.

Insurance companies typically do not reimburse for phone sessions, so if you schedule a phone session you will be asked to pay the full fee yourself.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Cash, checks, and credit cards are accepted (Visa, MasterCard, Discover, & American Express).

If you fall behind on payments for **two** sessions I will hold off on scheduling until the balance owed is paid-in-full. Once the balance off is paid the next session can be scheduled.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. There will be a \$30 service charge for each non-sufficient fund (NSF) check.

INSURANCE REIMBURSEMENT

I am a provider for the following insurance companies:

Aetna

Anthem Blue Cross (including SISC)

Blue Shield

Pinnacle

Incentive Health

If you have one of the above-mentioned companies as your insurance provider, please let me know and I will be happy to bill your insurance for the sessions you attend.

You will be required to pay the co-pay at the time of each session.

It is your responsibility to ensure that your insurance policy is active and will continue to provide reimbursement for therapy. If your insurance plan does not provide reimbursement for sessions attended then it is your responsibility to pay your account balance.

If you have a health insurance policy that I am not a provider for, it may still provide some coverage for mental health treatment. It is your responsibility to find out what mental health services your insurance plan covers, if any. It is also your responsibility to obtain reimbursement from your insurance company. I ask that you provide payment of my full fee at the time of each session, then you can obtain partial reimbursement from your insurance company using a Superbill that I will provide you. If you any have questions about your mental health coverage I encourage you to call your insurance plan administrator.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable my telephone is answered by a confidential voice mail system that I monitor frequently. I will return your phone call within one business day.

If you are in crisis please indicate so in your voice mail message and I will return your call as soon as possible.

If you are in crisis and cannot wait for me to return your call, call the Kern County Mental Health Crisis Stabilization Unit at (800) 991-5272 or call 911. You may also visit the nearest emergency room and ask for the psychiatrist on call.

If I will be unavailable for an extended period of time I will provide you with the name of a colleague to contact if necessary.

ELECTRONIC COMMUNICATIONS

E-mail: E-mail is not a secure form of communication, and as a result I prefer not to communicate with clients via e-mail. There may be exceptions when I provide a client with information via e-mail between sessions, but only with the client's approval and understanding that their privacy could be breached. **I will NEVER discuss a clinical matter via e-mail.** Please wait to discuss clinical issues with me via phone or in your next session. **NEVER contact me via e-mail if you are in crisis.** If you are in crisis call me immediately.

Texts: Text messages are not a secure form of communication, and as a result I prefer not to communicate with clients via text message. If a client would like to send me a text message regarding **scheduling issues only**, I will respond only with the client's approval and understanding that their privacy could be breached. **I will NEVER discuss a clinical matter via text message.** Please wait to discuss clinical issues with me via phone or in your next session. **NEVER contact me via text message if you are in crisis.** If you are in crisis call me immediately.

Social Media: Connecting with you via social media could jeopardize your privacy, and I am required to always take steps to protect your privacy. As a result I **do not** communicate with any of my clients through social media platforms like Facebook or Instagram. If I receive a request to connect (e.g. "friend" someone on Facebook) with a client via social media I will decline the request. If I discover that I have accidentally established a connection with you through social media I will cancel the relationship immediately. If we inadvertently cross paths via social media please discuss it with me in your next session.

CONTACTING YOU

There are instances when I will need to contact you between sessions, e.g. to reschedule an appointment. Please tell me which phone numbers I can contact you at and whether or not I can leave a message:

Home	Call: Yes/No	Leave message: Yes/No
Cell	Call: Yes/No	Leave message: Yes/No
Work	Call: Yes/No	Leave message: Yes/No

There are instances when I may need to mail something to you. Please tell me the addresses where I may contact you via mail:

Home Mail: yes/no

Other Mailing address Mail: yes/no

Please provide Other Mailing Address:

TERMINATION OF SERVICES

There are several instances that may lead to the end of our work together. They are:

- 1) You meet your treatment goals and are no longer in need of therapy
- 2) You inform me that you would no longer like to participate in therapy at this time
- 3) You stop coming to sessions and I close your case
- 4) You are not making progress towards your treatment goals and I determine it may be in your best interest to connect with another therapist/facility
- 5) I feel that you would be better served by another therapist who has more knowledge in the areas in which you need assistance

In any of the above situations I will ask that you attend a termination session, if possible, to formally wrap up the therapy process and say a proper good-bye. If the termination is initiated by you, you can return at any time as long as your account balance is paid in full. I will place your file with my inactive files, and if you return I will simply return your case to active status. If the termination is suggested by me, I will be more than happy to provide you with referrals to therapists in the area whom I feel may be best able to assist you.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I can either: 1) provide you with a summary of the information in your record, or 2) send a copy of your record to another mental health professional of your choice for review. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information requests.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature

Date

Client Signature

Date

Parent/Guardian Signature (if clt. under age 18)

Date

Psychologist's Signature

Date