

CONSENT FOR ASSESSMENT, EVALUATION, OR CONSULTATION

Client Name: _____

Welcome to the group practice of Crossroads Institute for Psychotherapy and Assessment. Please read this document carefully, as this outlines the terms of your relationship with our group practice and the psychologist who will work with you. It is important to discuss any questions or concerns you may have about this consent with your psychologist so that you can start to build a collaborative and productive working relationship.

Your psychologist will provide you with her or his professional opinions and the results of the evaluation. Please be aware that the professional opinions provided cannot be determined until the evaluation is complete and that they may or may not be consistent with your expectations. If you pay for the services yourself, you have the right to use the results as you see fit. However, if a third party pays for the evaluation (such as your current or prospective employer), they may have the right to obtain the information as well, and you should consider this point carefully before you sign this consent.

In the course of the assessment, you may experience negative or uncomfortable emotions because of the nature of the issues at hand. It is important that you discuss these experiences with your psychologist in a timely manner to understand the likely causes and solutions to the distress.

In order to ensure that our clients receive the best treatment possible, our psychologists engage in regular consultation with each other, or with other experts in the field. We are bound by the law to protect your privacy, and these consultations are used exclusively to enhance our psychologists' professional abilities.

Emails, Phone Calls, and Emergencies

For routine administrative matters such as checking appointment times or changing them, you may email us. Please be aware that emails may not be a secure form of communication, and you are discouraged from sending clinical information by email. Fax is considered to be more secure, and they may be sent to 424-201-1601 (Torrance location) or 562-424-0033 (Long Beach location). Please note that all routine calls and emails are returned within one business day, excluding weekends and holidays, and that for urgent clinical concerns, you should call the office at 424-201-1600 (Torrance location) or 562-988-3162 (Long Beach location) for instructions. For life threatening emergencies, please contact 911 or your nearest emergency room.

Please note that phone calls and emails are not meant to be used to discuss lengthy issues, and time that is spent on your behalf outside of session time will be charged on a prorated basis beyond 10 minutes.

Cancellations and Lateness

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is required for re-scheduling or canceling your appointment. Otherwise, you will be charged a cancellation fee of \$100, **regardless of the reason for the cancellation or no-show**. If you are late for your session, we will still end at our regular time so that your psychologist has time to prepare for the next appointments and be on time for them.

Payment and Financial Arrangements

Our fees vary for assessment or evaluation depending on the amount of time required for the preparation, administration, interpretation, and reporting of the assessment battery. You will be given our best estimate of how much the battery will cost in advance, but please note that it may change as the assessment gets under way as new issues may be discovered. This will be discussed with you at that time and we will need to obtain your agreement before changing the scope of assessment.

We are in-network with Anthem Blue Cross HMO and PPO and Aetna PPO/POS/EPO, and you may be able to be reimbursed by your insurance company in whole or part. We will submit a bill to your insurance company on your behalf, but if we are not in network with your insurance company, you may have to pay us first and then be reimbursed by your insurance company. Insurance companies do not reimburse all conditions that may be the focus of assessment or evaluation. It is your responsibility to verify the specifics of your coverage.

Half of the fee is to be paid at the **start** of the assessment process and the final balance must be paid before the final feedback session. We take checks made out to “Crossroads Institute,” cash and credit cards. If paying by cash, please bring the exact amount as no change will be made.

Please remember that you are ultimately responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. As described below in the section *Health Insurance and Confidentiality of Records*, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

Confidentiality

As an assessment client, you have privileged communication. This means that your relationship with us as a client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure.

When Disclosure Is Required by Law

Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required

Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or your psychologist’s testimony. If you have not paid your bill for treatment for a long

period of time, your name, payment record and last known address may be sent to a collection agency or small claims court. In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. We will use our clinical judgment when revealing such information.

Emergencies

If there is an emergency during our work together or after termination in which your psychologist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, he or she will do whatever is within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose he or she may contact the person whose name you have provided on your General Information form.

Health Insurance and Confidentiality of Records

Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Confidentiality of E-mail, Voice mail and Fax Communication

E-mail, voice mail, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify us at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not contact us via email or faxes for emergencies.

Release of Information

Considering all of the above exclusions, upon your request and with your written consent, we may release limited information to any person/agency you specify, unless we conclude that releasing such information might be harmful to you. If we reach that conclusion, we will explain the reason for denying your request.

Complaints

If you have a concern or complaint about your treatment, please talk with your psychologist about it. We will take your criticism seriously and respond with care and respect. If you believe that your psychologist has been unwilling to listen and respond, or that he or she has behaved unethically, you can contact Soni Kim, Psy.D., director of Crossroads Institute, or the Board of Psychology, which oversees licensing, and they will review the services your psychologist has provided.

**Board of Psychology – 1625 North Market Street, Suite N-215, Sacramento, CA 95834
phone: 1-866-503-3221 email: bopmail@dca.ca.gov**

You are also free to discuss your complaints about your psychologist with anyone you wish and you do not have any responsibility to maintain confidentiality about what we do that you don't like since you are the person who has the right to decide what you want kept confidential.

Signature of authorized signer

Date of signature