

Informed Consent for Psychotherapy

This form provides you, the client, with information that is additional to that detailed in the HIPPA Notice of Privacy Practices (located on Dr. Polonia's website) and it is subject to HIPAA preemptive analysis.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE

Participation in therapy can result in several benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Dr. Polonia will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Dr. Polonia may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Polonia is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. Dr. Polonia mostly focuses on a cognitive behavioral approach, family therapy approach and mindfulness approach. *Dr. Polonia does not provide custody evaluation recommendation, nor medication or prescription recommendation, nor legal advice, as these activities do not fall within her scope of practice.*

CHILD AND ADOLESCENT THERAPY

Like adults, children and adolescents can benefit from therapy. Throughout therapy, your child's strengths will be highlighted, and a nurturing approach will be taken to encourage positive change. The first appointment, which I call an intake, is an opportunity to talk with the parents and the child to more thoroughly understand the nature of the concern and gather relevant background information. At this session, consent for treatment will be required from parent(s)/legal guardian(s). Therapy will not begin without applicable consents. Most of the sessions will take place between your child and the therapist and family therapy sessions will be scheduled as needed.

Privilege

For therapy to be effective for children and adolescents, a safe and confidential environment must be created. As a result, it is crucial to the therapy process that parent/guardian consent and

child agreement support a confidential child and therapist relationship. Thus, what is discussed in the sessions between child and therapist will remain private. Limitations include any instances of safety concerns which will be determined by the therapist. If such situations arise, both the therapist and the child will discuss these issues with the child's parent or legal guardian. Feedback is provided to the parents and legal guardians at family sessions with the child present.

TREATMENT PLANS

Within a reasonable period after the initiation of treatment, Dr. Polonia will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Polonia's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION

As set forth above, after the first couple of meetings, Dr. Polonia will assess if she can be of benefit to you. Dr. Polonia does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Dr. Polonia either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Polonia will talk to the therapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Polonia will give you a couple of referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Dr. Polonia will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS

Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Polonia's objectivity, clinical judgment or can be exploitative in nature. Dr. Polonia will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, small communities, military bases, university campuses, spiritual and rehabilitation communities, etc., multiple relationships are either unavoidable or expected. Dr. Polonia will never acknowledge working with anyone without your written permission. Many clients have chosen Dr. Polonia as their therapist because they knew her before they entered therapy with her, and/or are personally aware of her professional work and achievements. Nevertheless, Dr. Polonia will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic

effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise Dr. Polonia if the dual or multiple relationship becomes uncomfortable for you in any way. Dr. Polonia will always listen carefully and respond to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW

Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect which also includes instances when material has been accessed, streamed, or downloaded where a child is engaged in an obscene sexual act; where a client presents a danger to self, to others, to property, or is gravely disabled; when a client's family members communicate to Dr. Polonia that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Polonia. In family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply among family members, unless otherwise agreed upon. Dr. Polonia will use her clinical judgment when revealing such information. Dr. Polonia will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy or other treatment that involved more than one adult client.

EMERGENCY

If there is an emergency during therapy, or in the future after termination, where Dr. Polonia becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, Dr. Polonia may also contact the person whose name you have provided on the biographical sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/EAP in order to process the claims. Please refer to the Federal Health Insurance Portability and Accountability Act (HIPAA) form on my website about the use and disclosure of your Protected Health Information (PHI). Only the minimum necessary information will be communicated to the carrier. By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purposes of treatment and payment. Dr. Polonia has no control or knowledge over what insurance companies do with the information she submits or who has access to this information.

You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance. **I have reviewed and understand Dr. Polonia's HIPAA policies _____**

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Polonia to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION

Dr. Polonia consults regularly with other professionals regarding her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES

It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Dr. Polonia's home computer is safe, emails, texts and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Please notify Dr. Polonia if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and Dr. Polonia will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM

Both the law and the standards of Dr. Polonia's profession require that she keep treatment records for at least 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Dr. Polonia retains clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with Dr. Polonia. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Polonia assesses that releasing such information might be harmful in any way. In such a case, Dr. Polonia will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all the above exclusions, if it is still appropriate, and upon your request, Dr. Polonia will release information to any agency/person you specify unless Dr. Polonia assesses that releasing such information might be

harmful in any way. When more than one client is involved in treatment, such as in cases of family therapy, Dr. Polonia will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES

If you need to contact Dr. Polonia between sessions, please leave a message at (858) 243-2684 and your call will be returned as soon as possible between the hours of 9am and 7pm. Dr. Polonia checks her messages a few times during the daytime only, unless she is out of town. If an emergency arises, indicate it clearly in your message and if you need to talk to someone right away call the San Diego Access and 24-hour crisis line at 888-724-7240 or the Police at 911. Please do not use email or faxes for emergencies.

PAYMENTS & INSURANCE REIMBURSEMENT

Clients are expected to pay the standard fee of \$160.00 per 50-minute session or \$185.00 for a 75-minute intake at the end of each session. Telephone conversations, site visits, writing and reading of reports, psychological testing, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Dr. Polonia if any problems arise during the course of therapy regarding your ability to make timely payments. If a payment by check results in insufficient funds a \$25 fee will be assessed. If clients are utilizing insurance to pay for their treatment, they are responsible for any applicable deductibles and co-payments at the time of service. By signing this contract, you agree that if you have not obtained any necessary authorizations from your insurance or are not eligible at the time services are rendered, you are responsible for payment even if the determination is made after the services are rendered. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Polonia can use legal or other means (courts, collection agencies, etc.) to obtain payment.

MEDIATION & ARBITRATION

All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Polonia and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. If mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego, CA in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, if your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Polonia can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to

recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

SOCIAL NETWORKING AND INTERNET SEARCHES

I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients please not communicate with me via any interactive or social networking web sites.

CANCELLATION

Since the scheduling of an appointment involves the reservation of time specifically for you, *a minimum of 24-hour notice* is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 7 pages); I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

If client is a minor, all legal guardians must sign below:

Legal Guardian's Name (print) _____

Signature _____ Date _____

Legal Guardian's Name (print) _____

Signature _____ Date _____