Laura Nusbaum, Psy.D.
Licensed Psychologist
CA PSY24639
(415) 494-9637

CONSENT TO TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it and we can discuss any questions you have at our next meeting. If you decide to begin treatment with me, I will ask you to sign this form, which will represent an agreement between us. Please keep a copy of this form for your reference.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring to treatment. Progress depends on many factors, including motivation, effort, and other life circumstances. Treatment length varies depending on the nature and severity of the issues being addressed, as well as the previously mentioned factors.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. 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 a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should feel comfortable with and confident about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we decide to work together, we will usually schedule one 50-minute session (one appointment of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. On rare occasions I may have to reschedule our regular session time. If this occurs I will attempt to find a satisfactory alternative time to meet with you, however this is not always possible. I typically take several weeks

off sometime during the summer or fall, as well as a number of briefer breaks at other times of the year. I will notify you of these absences well before they occur.

LICENSURE

I am a licensed psychologist in the state of California, license number PSY 24639.

CANCELLATION POLICY

It is understandable that on occasion you may need to cancel or reschedule a session. Please let me know 48 hours in advance that you are unable to attend the next session. If you let me know less than 48 hours in advance and we are unable to reschedule your session for another time during the same week, you will be expected to pay the full fee for the missed session. If you are using insurance or EAP services to pay for therapy, these companies will not pay for missed sessions and so you are responsible for paying the full fee for a missed session.

PROFESSIONAL FEES AND BILLING PRACTICES

My standard fee for a 50-minute session is $120.00. My fee for a psychological assessment is based on the number of hours the full assessment process typically takes. For an adult ADD assessment, I typically charge between $750 and $900. For a child ADHD assessment, I charge between $1100 and $1500. In circumstances of financial hardship, I may be able to negotiate a fee adjustment. I periodically raise my fees with reasonable advance notice.

Payment is due by cash, check or credit card at the end of the session unless other arrangements have been made. For assessments, I require 50% of the assessment fee at the beginning of the assessment process, and the remaining 50% of the fee is due when the assessment is complete. I charge the same fee for other professional services you may need, such as assessment, report writing, telephone consultations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized (e.g. school IEP meetings), and preparation of records or treatment summaries.

If the time spent is 15 minutes or less, then there will be no charge, but if it is over 15 minutes, you will be charged for the full time spent.

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 to testify by another party, at the rate of $320.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

INSURANCE

Currently, I do not accept insurance for payment. However, you may be able to get reimbursement for out-of-network mental health services. If you choose to do so, I will provide you with monthly statements (a "superbill") that you may choose to submit to your insurer for reimbursement.

Laura Nusbaum, Psy.D.
Licensed Psychologist
CA PSY24639
(415) 494-9637

CONTACTING ME

The best way to contact me is by phone at (415) 494-9637. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night. I check my voicemail frequently during business hours. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays.

You can also email me at dr.laura.nusbaum@gmail.com. Be aware that I may not respond to your emails, but I will do my best to read them before our meetings. Emails are convenient for arranging or changing meeting times with me; however, I would encourage you to avoid using them to discuss private information or issues related to our work in therapy. Please bring these thoughts to our actual sessions and we can talk about them there.

I do not accept friend requests from current or former clients on any social networking site. I believe that adding clients as friends on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

EMERGENCIES

Although you can leave me a message at any time, I am often not available to call you back immediately. If you have an emergency requiring immediate attention and feel that you cannot wait for me to return your call, contact your physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In San Francisco, Psychiatric Emergency Services may be reached 24 hours a day by calling (415) 206-8125. You may also call 911.

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

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist are protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. Child abuse entails physical abuse (anything that leaves a mark or bruise), neglect (failure to

provide food, clothing, supervision, shelter, or medical care) and sexual abuse (this includes sexual contact with an adult, but there are also some circumstances where I have to report when two teenagers are having sexual contact).

Elder abuse is reportable when the person is over 65 and they are being physically abused (anything leaving a mark), are being isolated, neglected (including self-neglect), financially abused, sexually abused, or have been abandoned.

Lastly, dependent adults are anyone over 18 whose care is dependent upon others. Also, if I am told about current child, elder, or dependent adult abuse that is occurring (for example, you tell me about your neighbor abusing their child) I must report this. These precautions are laws of California in order to protect those who may not be able to protect themselves. If I were to ever make a report of abuse, I would discuss it with you first, unless I thought it might endanger someone or myself.

If I believe that you are threatening serious bodily harm to another person, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or taking steps to hospitalize you. Also, if someone else tells me that you are preparing to seriously physically harm another, I may be required to take those same protective actions.

Lastly, if you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection. I would discuss this with you and we may look at the option of hospitalization if I am concerned that you are at risk of committing suicide. These situations have rarely occurred in my practice. If something of this nature occurs, I will make every effort to fully discuss it with you before taking any action.

Occasionally I find it helpful to consult other professionals about our work together. During a consultation, I make every effort to avoid revealing the identity of my clients. The consultant is also legally bound to keep the information confidential.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, 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 professional time spent in responding to information requests.

COMPLAINTS AND GRIEVANCES

You may report unprofessional behavior or violation of the laws governing the practice of psychology to:

Laura Nusbaum, Psy.D.
Licensed Psychologist
CA PSY24639
(415) 494-9637

California Board of Psychology
2005 Evergreen St., Suite 1400
Sacramento, CA 95815-3894 phone: (916) 263-2699 e-mail: mailto:bopmail@dca.ca.gov
Website: https://www.dca.ca.gov/psychboard/secure/getpsych.htm

ENDING TREATMENT

You have the right to terminate therapy or take a break at any time. If you choose to do so, I encourage you to talk with me about the reason for your decision and to allow us to bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

CONSENT TO TREATMENT

I acknowledge that I have read and understand the information included above in Dr. Nusbaum's Consent to Treatment and I agree to abide by its terms during our professional relationship. I have had the opportunity to discuss any concerns with Dr. Nusbaum, and I consent to treatment.

Rate: _____ or _____ (Health Insurance Company Name)

Patients:

1._____ _____ _____

2. _____ _____ _____
Printed Name Signature Date

Guardian (if necessary):

_____ _____ _____
Printed Name Signature Date

_____ _____
Laura Nusbaum, Psy.D. Date