OFFICE POLICIES, INFORMED CONSENT, GENERAL INFORMATION & AGREEMENT FOR PSYCHOTHERAPY SERVICES

***This form provides you (patient) with information that is additional to that detailed in the*** [Notice of Privacy Practices](http://www.drzur.com/hipaanoticepub.html) ***and it is subject to HIPAA pre-emptive analysis.***

**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 (client’s) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may 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 Harris. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Harris will use his clinical judgment when revealing such information. Dr. Harris will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

**Emergencies**: If there is an emergency during our work together, or in the future after termination where Dr. Harris becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he 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

**Health Insurance & confidentiality of records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Dr. Harris, only the minimum necessary information will be communicated to the carrier. Dr. Harris has no control or knowledge over what insurance companies do with the information he 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 or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies’ computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies’ computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in’s and unauthorized access. Medical data has been reported as being legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

**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 (client’s) nor your attorney’s, nor anyone else acting on your behalf will call on Dr. Harris to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Custody Evaluations: Dr. Harris does not do custody evaluations and will not make recommendations regarding custody. With your written consent however, he will speak to custody evaluators.

**Consultation**: Dr. Harris consults regularly with other professionals regarding his clients; however, client’s identity remains completely anonymous, and confidentiality is fully maintained.

**E - Mails, Cell phones and Faxes**: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that server have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Dr. Harris if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devises. Please do not use e-mail or Faxes for emergencies.

**Records and Your Right to Review Them:** Both the law and the standards of my profession require that I keep appropriate treatment records. 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. Harris assesses that releasing such information might be harmful in any way. In such a case Dr. Harris will provide the records to an appropriate and legitimate mental health professional of your choice. **\*** Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Harris will release information to any agency/person you specify unless Dr. Harris assesses that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr .Harris, please call (310) 422-7468 and your call will be returned as soon as possible. Dr. Harris checks his messages several times during the daytime only, unless he is out of town. If an urgent situation arises, please call (310) 422-7468. Please do not use e-mail or Faxes for urgent matters.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of $300.00 per 45 minute session at the end of each session unless other arrangements have been made. Consultations are billed at a slightly higher rate and will be discussed with you prior to your first session. Telephone conversations, site visits, report writing and reading, 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. Harris if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Dr. Harris can provide you with a copy of a super bill, which you can then submit to your insurance company for reimbursement if you so choose. 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 and/or problems dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**THE PROCESS OF THERAPY/EVALUATION:** Participation in therapy can result in a number of benefits to you, or your children, 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. Harris will ask for your feedback and views on your therapy, it’s 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. Harris may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that 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, another family member views a decision that is positive for one family member, quite negatively. 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. Harris is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Dr. Harris will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives and his 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. Harris’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. If you could benefit from any treatment that Dr. Harris does not provide, he has an ethical obligation to assist you in obtaining those treatments.

**Termination**: As set forth above, after the first couple of meetings, Dr. Harris will assess if he can be of benefit to you. Dr. Harris does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals who you can contact. If at any point during psychotherapy Dr. Harris assesses that he is not effective in helping you reach the therapeutic goals, he is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, he would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Harris will talk to the psychotherapist 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. Harris will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Harris will offer to provide you with names of other qualified professionals whose services you might prefer.

**CANCELLATION:**  Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) 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 Agreement, Informed Consent, Office Policies and General Information carefully, I understand them and agree to comply with them:

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Client name (print) Date Signature

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Psychotherapist Date Signature