**Agreement and Consent to Receive Psychological Services From Sibylle Georgianna, Ph.D.**

This document contains important information about my professional services and business policies. The section on privacy practices describes how information about you may be used and disclosed and how you can get access to it. Please read it carefully. When you sign this document, it will represent an agreement between us regarding the psychological services and the privacy practices.

PSYCHOLOGICAL SERVICES

I provide a variety of psychological services consisting primarily of individual, couple, family, and group psychotherapy, and psychological evaluations. Psychotherapy treats a variety of emotional and interpersonal problems. Psychotherapy is intended to reduce or eliminate certain psychological symptoms, and to improve social and occupational functioning. Unlike medical consultations, it requires that all parties work actively to gain awareness of and alter certain maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the psychologist and patient, and the particular diagnosis. Psychotherapy calls for an active effort on your part.

Psychotherapy can have benefits and risks. Since it typically involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. During therapy you will learn to deal with these feelings in an effective way. Psychotherapy has also been shown to have significant benefits—solutions to specific problems, reductions in distress, and improved relationships.

Psychotherapy involves a large commitment of time, money, and energy, so you should be careful about the psychotherapist you select. You have the right to ask about other treatments and their risks and benefits. If you have questions about my procedures, we should discuss them whenever they arise. At any time you may obtain, and I will gladly assist you with obtaining, a second opinion.

**The next paragraph pertains to couples counseling:**

You have hired me as a professional to treat you relative to your marriage/partnership. If at any time in our therapy I learn something your spouse/partner is not aware of - be it a secret or just something you haven't shared with them yet - you agree to allow me to use my professional judgment in determining how to handle that information. That means if you share a secret with me, I will encourage you to share the secret with your spouse/partner if, from my professional judgment, your marriage/partnership will, in my estimation, become more healthy and authentic than if you kept the secret from your spouse/partner. I am not the bearer of news; nevertheless you agree that there will be no secrets between you and me or your spouse/partner and me, and that I may disclose anything you tell me to your spouse/partner. \_\_\_\_\_ (Your initials). \_\_\_\_\_\_\_ (Spouse’s/partner’s initials).

If at any point during psychotherapy either of us deterimine that psychotherapy is not effective in helping you reach therapeutic goals, we will discuss the effacacy of treatment and, if appropriate, terminate treatment. In such a case, you may be referred to other individuals or clinics that may be of help to you. If at any time you want another professional’s opinion or wish to consult with another therapist, you may do so, and, if you provide a written consent, I will provide the essential information needed. You have the right to terminate psychotherapy at any time.

Psychological evaluations consist of using a variety of techniques to establish information about your psychological status. When conducting these evaluations, I typically use a combination of interviews, reviews of relevant records, psychological testing, and clinical observations to draw inferences regarding diagnosis, psychological and emotional functioning, or other issues.

SESSIONS

Psychotherapy patient sessions last 50 minutes, time for preparation and follow up excluded. Psychological evaluations are conducted in blocks of time lasting several hours each.

PROFESSIONAL FEES

Psychotherapy services (including, but not limited to, psychological evaluation and other miscellaneous services) are billed at a rate of $175 per hour. A fifty-minute session also includes preparation and follow up, and shall be billed as one hour. (Initial here: \_\_\_\_\_).

BILLING AND PAYMENTS

I have reviewed, initialed, and signed the Credit Card Authorization Form that outlines how billing, cancellations of appointments, and insurance reimbursement requests are being handled. By initialing here, you authorize me to charge the credit card on file (designated in the Credit Card Authorization) for payment of time incurred and invoiced on your file. (Your initials): \_\_\_\_\_\_\_\_\_\_\_\_\_

If you are cancelling an appointment less than 24 hours prior to its scheduled date, you are responsible to pay the session charge. The charge for a cancelled session cannot be submitted to your insurance carrier for reimbursement. (Your initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your account has not been paid for more than 60 days and other arrangements have not been made, I may use legal means to secure payment. This may involve hiring a collection agency or negative credit reporting. All disputes arising out of or in relation to your failure to make payment, or disputed payment under this agreement 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, and the mediation shall be administered in Orange County, California by JAMS. The cost of such mediation, if any, shall be born by you, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to your failure to make a payment, or disputed payment under this agreement will be submitted binding arbitration to be administered by the American Arbitration Association (“AAA”) in accordance with AAA’s commercial arbitration rules then in effect. The prevailing party in arbitration shall be entitled to reasonable attorneys’ fees. Such arbitration shall be venued in Orange County, California, and administered by a single Arbitrator. (Your initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I am not available by pager so, in the case of a true emergency, please call 911 and/or proceed to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in case you need to consult a psychotherapist urgently.

PROFESSIONAL RECORDS

Your medical records are confidential and will be kept in a safe, secure location. You are entitled to receive a copy of the records unless I believe that doing so would endanger the life of you or another. I may recommend that you review them in my presence so we can talk about them.

CONFIDENTIALITY

In general, the privacy of all communications between patients and psychologists is protected by law. I can usually only release information about our work to others with your written permission. (Should this be necessary or desired, I will have you sign a separate Authorization form). But there are a few exceptions, such as in a legal proceeding in which your psychological health is at issue; you may be ordered to disclose information concerning past, present, or future psychological services provided to you. In such a case, I might be ordered to provide this information by a judge.

Some situations legally require that I take action to protect others from harm, even if I have to reveal information about your 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. If I believe that you are threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for you. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact others who can help provide protection. If such a situation were to occur to, I would make appropriate efforts to fully discuss these possible interventions with you before taking any action.

As of January 1, 2015, AB 1775 requires me to report to the authorities if I learn that “a person who depicts a child in, or knowingly develops, duplicates, prints, or exchanges a film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except as specified. Failure to report known or suspected instances of child abuse, including sexual abuse, under the act is a misdemeanor. This bill provides that sexual exploitation also includes a person who downloads, streams, or accesses through any electronic or digital media, a film, photograph, videotape, video recording, negative or slide in which a child is engaged in an act of obscene sexual conduct.”

This new bill now requires me to report to the authorities e.g., if a 19 year old shares with me that his 16 year old girlfriend sent him a sexually explicit picture. Therefore, if you inform me that you have knowingly downloaded, streamed or accessed such pictures of a minor, I am required to report you. If you inform me that you knowingly accessed any such websites/media/means of communication, I am required to report you. \_\_\_\_\_\_\_ (Your initials). \_\_\_\_\_\_ (Spouse’s/partner’s initials).

I may occasionally find it helpful to consult other professionals about a case at which time I make every effort to avoid revealing patients’ identities. The consultant is also legally bound to keep the information confidential. You hereby conset to such consultations asn I determine appropriate, and you agree that I may disclose the consultation and the outcome of the consultation if and how I deem appropriate.

If you are a minor, please be aware that the law may provide your parents the right to examine your treatment records. In such a case if your parents seek to review such records, I may permit them to inspect your records only, or 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.

ACKNOWLEDGING SIGNATURES

I have read and understand this Agreement and Consent to Receive Psychological Services from Sibylle Georgianna, Ph.D. carefully. I understand and agree to comply with them.

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Patient(s) Name(s) (print) Signature(s) Date(s)

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Signature of Sibylle Georgianna, Ph.D. Date