

Melanie Bierenbaum, Psy.D.
Licensed Psychologist
706 E Bell Rd, Suite 126
Phoenix, AZ 85022
Office: 602-769-2773

Service Agreement and Treatment Consent

Welcome and thank you for choosing to work with Dr. Bierenbaum. This document contains important information about professional services, the psychologist-patient working relationship, and business policies. Please read this document carefully.

Benefits and Risks of Psychological Treatment

Like many things, psychological treatment has both risks and benefits associated with it. Given people often seek psychological services when they are experiencing emotional distress about certain aspects of their life, it is possible that patients may initially experience increased emotional distress when they start to address these issues during therapy. However, there are many benefits of psychological treatment, including but not limited to, decreased emotional distress, increased feelings of self-efficacy in managing problems, and improved health-related behaviors.

Initial Appointment

The initial appointment is reserved for parents/legal guardians and the identified patient. However, there are times where it is appropriate for parents/legal guardians to attend the initial appointment without the identified patient in need of services (if the child is under age 18). This provides an opportunity for caregivers to openly discuss concerns about your child or teenager. This is at the discretion of the patient's legal guardian(s). Biological or adoptive parents with joint custody or shared custody must **both** provide written consent to treatment prior to or at the initial appointment. Please bring any previous counseling records, neuropsychological testing reports, psychological testing reports, or other helpful documentation to the initial appointment. Dr. Bierenbaum will meet with the patient during the second appointment. Together, a treatment plan will be created, treatment goals will be set, and progress towards your goal attainment will be continually tracked.

Privacy

The Privacy Rule is a federal regulation under the Health Insurance Portability and Accountability Act (HIPAA). The Privacy Rule sets standards for which psychologists are able to disclose patient information to third parties. It also increases patient rights regarding their health information, including the right to amend information in your record, receive notice prior to the disclosure of your information, and access to your health information (with certain restrictions). Detailed information regarding the Privacy Rule and its implications for your mental health treatment can be found in the document you have been provided entitled "HIPAA Privacy Practices."

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By signing below, I acknowledge I have received the HIPAA Privacy Practices notice.

Signature of Parent or Patient

Date

Confidentiality

The law protects the confidentiality of all communications between a client and a psychologist. In most situations, information can only be released to others regarding your treatment if you sign a written authorization form. The following situations **do not** require an authorization to release information:

- Cases in which there is reason to suspect a parent or child is an imminent safety risk to himself or herself or to someone else. The law also requires that potential harm towards others, including threats of harming someone, be reported to the potential victim, as well as to the police.
- Under Arizona law, health care professionals who know of or suspect physical abuse, sexual abuse, neglect, or domestic violence must report their concerns to AZ Department of Child Safety or the proper law enforcement authorities.
- If a court of law issues a subpoena (signed by a judge), psychologists may be required to provide the information specified by the subpoena.
- There may be occasions when psychologists find it helpful to consult with another professional about your child's treatment. Consultations occur in a private location with other professionals who are also bound by the same confidentiality laws.
- Insurance companies often require information about your child and his or her treatment for benefit determination and payment when you submit a claim. Such information can include: Diagnosis, treatment plan, and progress notes. Please contact your insurance carrier if you have questions about its privacy practices.
- Please be aware that Dr. Bierenbaum utilizes support services (i.e., accountant) to run her business. Any information shared is for business purposes such as managing finances. This person has been trained on Privacy Practices.

Teenagers (Ages 13-17) & Confidentiality

The law may give you or your teenager's legal guardian the right to receive information about treatment progress, including access to medical records. Teenagers may be less likely to disclose information within the therapeutic relationship if they know their parent/guardian will have open access to the information they share with their psychologist. Dr. Bierenbaum's policy is that only general information about your teenager's progress will be shared.

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- However, if it is determined there is imminent risk for 1) Your teen harming themselves, 2) Your teen harming another person, 3) Someone harming your teen, or 4) Your teen engaging in destructive behavior, Dr. Bierenbaum will work with your teen and inform you of the situation together.
- Disclosures by teenagers that will be immediately be shared with parents/legal guardians include:
 1. Plan or attempt to kill or injure oneself or someone else
 2. Pattern of self-injurious behavior such as cutting or disordered eating
 3. Pattern of alcohol and/or drug use
 4. Plan to run away from home.

Custody Concerns

In cases of joint-custody, Dr. Bierenbaum requires written consent for treatment from both parents/legal guardians before an initial appointment is scheduled. Dr. Bierenbaum does not address issues related to custody disputes. Therapy needs to be a safe place for children and teenagers. If parents intend to utilize their child's treatment records in a court of law to address custody disputes, Dr. Bierenbaum is not an appropriate fit for your family.

Record Keeping

A clinical record will be kept, which includes your medical and mental health history, reason for initiating treatment, diagnosis, treatment plan and goals, treatment progress, outside records or documentation, consultations with other providers, billing records, and contact information. This record will be stored in a secure location with additional safeguards in place (i.e., encrypted files) in compliance with HIPAA. The clinical record is available to you and anyone you provide written authorization for. I also keep a separate set of therapy notes, which is separate from the clinical record. These notes are also stored in a secure location with safeguards in place in compliance with HIPAA. These notes will not be released without your written authorization.

Meetings/Cancellation

Generally, at the beginning of treatment, services will be provided on a weekly basis for 55 minutes. There is a 24-hour notice required to cancel an appointment. To cancel an appointment, please call 602-769-2773. You can choose to email Dr. Bierenbaum at drbierenbaum@outlook.com. Please understand that email may be convenient but this is not a secure form of communication. Confidentiality cannot be guaranteed regarding information shared via email. If you cancel an appointment with less than 24 hours notice or you simply do not show for an appointment, you will be charged a no show fee. After school appointments (3 pm and later) and appointments that occur during a school

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break/holiday are highly desirable. As a result, if 3 or more “desirable” appointments are missed or cancelled for any reason (non-emergency or emergency) you will be asked to schedule future visits in the morning or early afternoon (9 am – 2 pm). See detailed information about fees in the section below.

Fees & Payment

Dr. Bierenbaum is a fee-for-service provider. She does not file insurance claims for you. However, you will be provided with all of the information you should need to make a claim in the form of a “super bill” invoice. If you have out of network benefits, you may be reimbursed for services. This has been successful for a number of patients. Plans vary so you will need to discuss reimbursement with your insurance provider if you would like to pursue this option. Full payment is due at the time of service. Missed therapy sessions without cancelling 24 hours prior to the appointment will be charged to the credit card on file. Delinquent accounts are referred to collections. The following fees will apply:

Initial Intake Evaluation	\$180 (60 min)
Individual & Family Therapy	\$150 (55 min)
Biofeedback	\$175 (45 min)
Letters, Reports, Consults, Other Services	\$180 (per hour)
Failure to Cancel Appointment 24 Hours Prior	\$75
Court Testimony/Legal Proceedings (including transportation)	\$500 (per hour)
Returned Check Fee	\$35

Hours/Availability

The phone number for Dr. Bierenbaum’s office is (602) 769-2773. The voicemail associated with this phone number is checked regularly Monday-Friday between the hours of 8:00am-5:00pm. Every effort to return your phone call within the same day will be made. After 5:00pm, please leave a message and your call will be returned during the following business day. Email should never be utilized to communicate a clinical emergency or crisis situation. If you experience a clinical emergency outside of normal business hours, please do one/any of the following:

- Call 911 and report your emergency to the 911 dispatcher
- Proceed to the closest Emergency Department at your local hospital

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- Call 1-800-SUICIDE (National Hotline) or 1-800-631-1314 (Maricopa County Crisis Hotline)

Coverage

When Dr. Bierenbaum is unavailable, another mental health professional may provide coverage to assist patients in the event of a clinical emergency or crisis situation. Your information may be shared with the covering mental health professional to ensure you receive appropriate support and treatment in Dr. Bierenbaum’s absence.

Dual Relationships

The psychologist-patient relationship does not extend beyond the receipt of clinical services. Dr. Bierenbaum cannot attend family events, social activities, or engage on social media sites with patients and/or families (Facebook, Pinterest, etc.).

By signing below, you are consenting to have Dr. Bierenbaum treat your son/daughter/foster child/family. Further, by signing below, you agree to comply with all of the policies and procedures set forth in this document.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Date

Signature of Patient

Date

Signature of Treating Psychologist

Date