



ROSE CITY CENTER

595 E. Colorado Blvd., Suite 418, Pasadena, California 91101 (626)793-8609

INFORMED CONSENT

Agreement to and Informed Consent for Psychological Treatment and for Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations At Rose City Counseling Center

This document contains important information about Rose City's professional services and business policies. Please read it carefully. Your first session at Rose City is a consultation to assess whether or not we would recommend our services to you. Once this document has been signed by you, your therapist and his/her supervisor, you enter a contractual agreement between you and Rose City. Please refer to the Notice of Privacy Practices for important additional information.

PSYCHOLOGICAL SERVICES

Rose City Center (Rose City) provides individual, couple, family, and group psychotherapy. Psychotherapy seeks to treat a variety of emotional and interpersonal problems. It intends to reduce or eliminate certain psychological symptoms, and to improve social and occupational functioning. Unlike medical consultations, it proceeds by having all parties work actively to gain insight into and alter certain maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the psychotherapist and patient, and the particular problems brought forward. 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. On the other hand, psychotherapy has also been shown to have significant benefits. It often leads to better relationships, solutions to specific problems, and reductions in distress.

You have the right to ask about other treatments and their risks and benefits. Psychotherapy involves a large commitment of time, money, and energy, so you should be careful about the psychotherapist you select. If you have questions about procedures, please discuss them with your therapist whenever they arise. If your doubts persist, Rose City will help you obtain a second opinion.

If at any point during psychotherapy it becomes evident that you are not reaching your therapeutic goals, Rose City will discuss this with you and, if appropriate, terminate treatment. In such a case, Rose City will give you a number of referrals that may be of help to you. If at any time you want another professional's opinion or wish to consult with another therapist, Rose City will assist you in finding someone qualified, and, if you provide a written consent, will provide the essential information needed. You have the right to terminate therapy at any time.

SESSIONS AND CANCELLATION POLICY

Psychotherapy sessions last 45 minutes. If a minimum of 48-hour notice is not given to cancel an appointment, then the full fee is charged. Group Therapy sessions are not cancelable.

PROFESSIONAL FEES

Psychotherapy services are billed depending on your ability to pay, and are determined by a Fee Determination Matrix. This matrix computes your financial means of support against your number of dependents in order to arrive at an accurate fee.

PLEASE NOTE: Research shows that the more financially invested you are in your treatment, the more involved you will be which will more than likely lead to better results.

Fees determined today are subject to change based on changes to your financial means of support. **Your fee has been set at \$ _____ per session (please initial here _____).**

BILLING AND PAYMENTS

Rose City has two simple missions: To provide the highest quality mental health services, and to train postdoctoral clinicians in psychology. In effort to reduce overhead costs and, even more importantly, to protect your privacy and any intrusion into the treatment process by third party payers, **NO INSURANCE** of any type is accepted, whether from a private insurance company or a government-sponsored insurance company such as Medicare or Medical.

Fees are collected at the time of service or weekly. In some cases, arrangements can be made to be billed monthly.

If your account has not been paid for more than 60 days and other arrangements have not been made, Rose City may use legal means to secure payment. This may involve hiring a collection agency or going through small claims court at which time costs will also be included in the claim.

All disputes arising out of or in relation to this agreement to provide psychological services will 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. The cost of such mediation, if any, shall be split equally unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fee.

CONTACTING YOUR PSYCHOTHERAPIST

Rose City Psychotherapists are often not immediately available by telephone. When they are unavailable, the Rose City telephone is answered by voice mail that is monitored frequently. Your psychotherapist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If they will be unavailable for an extended time, they will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of the psychology profession require that professional records be kept. These are maintained, under lock and key, for a minimum of seven years. You are entitled to receive a copy of the records unless Rose City believes that seeing them would be emotionally damaging, in which case the center will send them to a mental health professional of your choice.

CONFIDENTIALITY

As was noted above, privacy and confidentiality are of utmost importance to Rose City.

In general, the privacy of all communications between a patient and a psychotherapist is protected by law. Sometimes confidential information must be disclosed, for example in cases of suspected Child or Elder abuse, or for some other legal reasons. The provisions explaining when the law requires disclosure are described to you in the Notice of Privacy Practices that you received with this form.

Here are the major exceptions to Rose City maintaining your confidentiality:

Whenever you enter your psychological status as an issue in a legal proceeding, you have waived the right to past, present, or future confidentiality of any psychological services provided to you. Rose City might therefore be ordered to provide this information as part of a court proceeding.

Some situations legally require that Rose City takes action to protect others from harm, even if it has to reveal information about a patient's treatment. For example, if the Center believes that a child, elderly person, or disabled person is being abused, it must file a report with the appropriate state agency. Existing law, the Child Abuse and Neglect Reporting Act, defines sexual abuse as sexual assault or sexual exploitation for purposes of mandating certain persons to report suspected cases of child abuse or neglect. Under the act, sexual exploitation refers to, among other things, a person who depicts a child in, or who 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. This law also includes sexual exploitation a person who knowingly 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. Your therapist will discuss these situations with you before taking action.

If your psychotherapist believes that a patient is threatening serious bodily harm to another, he or she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, Rose City may be obligated to seek hospitalization for him/her or to contact others who can help provide protection. These situations rarely occur at Rose City. If such a situation occurs, every effort will be made to fully discuss it with you before taking any action.

Since they are in training, Rose City Psychotherapists will be regularly consulting other professionals for consultation and supervision. However, every effort will be made to avoid revealing patients' identities. The consultant is also legally bound to keep the information confidential. If you don't object, your psychotherapist will not tell you about these consultations unless they feel it is important to the treatment.

If you are a minor, please be aware that the law may provide your parents the right to examine your records. Your psychotherapist will typically either request that they relinquish access to your records, or will provide them only with general information about the treatment, unless it is felt that there is a high risk that you will seriously harm yourself or someone else.

If you desire, for example for the benefit of your physician or a future mental health provider, Rose City can release information to other parties, but only with your written permission. Should these be necessary or desired, you will be asked to sign a separate Authorization Form.

YOUR THERAPIST

Rose City therapists are Registered Psychological Assistants to the California Board of Psychology operating under the license and insurance of Rose City Center. Each Clinician is under the Primary Supervision of a licensed Clinical Psychologist who is contracted with Rose City to offer weekly supervision, meeting the requirements set forth for Primary Supervisors by the Board of Psychology.

Your therapist's Primary Supervisor is _____.

His/Her phone number is: _____

ACKNOWLEDGING SIGNATURES

I have read and understand this Agreement, Informed Consent for Psychological Treatment and for Uses and Disclosures to Carry out Treatment, Payment, and Health Care Operations carefully. I understand and agree to comply with them. I understand that Federal regulations (HIPAA) allow health service providers to disclose Protected Health Information (PHI) from your records in order to provide you treatment services, obtain payment for the services provided, or for other professional activities known as “health care operations”. How, why, and where Rose City might release your PHI is described in the Notice of Privacy Practices. This consent is voluntary and you may refuse to sign it now or revoke your consent later. I consent to the use or disclosure of my Protected Health Information as specified.

I understand that I will be receiving the following psychotherapy:

- Individual Couples Family/Group

Patient(s) Name (print) Signature Date

Patient(s) Name (print) Signature Date

Patient(s) Name (print) Signature Date

Parent or Guardian Name Signature Date

Clinician Name Signature Date

Supervisor’s Name Signature Date
