

David M. Brooks Ph.D., FIPA

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PSYCHOLOGIST-PATIENT SERVICES AGREEMENT
Effective 06/01/2021

Introduction

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care services. A Separate “Privacy Notice” explains HIPAA and its application to your personal health information in greater detail.

The law requires that I obtain your signature indicating that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session, sign and return the signature page at the end. It is important to keep in mind that effective psychotherapy involves a dialogue between us. Therefore I encourage you to discuss any questions or concerns you may have as they arise.

When you sign this document it will represent an agreement between us. You may revoke this agreement at any time. That revocation will be binding on me unless I have taken action in reliance on it already – for example, in order to process or substantiate insurance claims, or if you have not satisfied any financial obligations you have incurred.

Psychological Services

I am a psychologist with specialized training in psychoanalytic psychotherapy. Even when I am not conducting psychoanalytic psychotherapy per se, it informs all of my work. Psychoanalytic and psychodynamic therapy are unique forms of psychotherapy that foster personal development and liberation from unsatisfying or painful patterns of living. Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. The general “goal” of our work will be cultivating a more robust sense of self by expanding your capacity for work, love and creativity. 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. During evaluation or therapy, exploring the meaning of your emotional experiences, thoughts, dreams memories and sensations can involve remembering or talking about unpleasant events. At times you may experience considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, and so forth. During therapy I 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 a decision that is positive for one family member is viewed quite negatively by another family member. 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. Although primarily psychoanalytic in orientation, I may, during the course of therapy, draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, cognitive, psychodynamic, existential, developmental (adult, child, family), or psychoeducational.

Our first few sessions will involve an evaluation of you and your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include should you decide to continue in therapy with me. Therapy involves a large commitment of time, money and energy, so I encourage you to evaluate this information along with your own experience of whether you feel comfortable working with me. If you have questions about my procedures, I want you to feel comfortable enough and know that I encourage you to discuss them with me whenever they arise. Often times these questions and mixed feelings may be related to the progress we are making, so addressing them can only facilitate your treatment.

Sessions

During our initial sessions, we can both decide if there is good “fit” between your needs and my expertise in order to meet your goals. My therapy sessions are 45 minutes long and are scheduled at a frequency of one to four times per week. Therapy is a skill, like learning to play the piano, dance, or surf - the more you practice the better you become and more likely you are to achieve the results you desire. So, we will also discuss the frequency of our session during our initial sessions. **Payment for services is important in any professional relationship. This is even truer in therapy. One treatment goal is to**

make relationships and the duties they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

Remote Sessions (“telepsychology”)

Since I maintain practices in Los Angeles and Chicago, there will be periods through the year that our appointments will be conducted through remote sessions (telepsychology). Remote sessions refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. Most research shows that remote sessions are about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. So, you and I will need to be open and honest with each other about how our use of remote sessions affects our work as we go along.

One of the benefits of remote sessions is that the client and clinician can engage in services without being in the same physical location. Meeting through remote sessions, however, requires technical competence on both our parts to be helpful. There are some differences between in-person psychotherapy and remote sessions, as well as some risks. For example:

Risks to confidentiality. Because you will not be inside of my private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact having remote sessions. For example, technology may stop working during a session. If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait attempt to re-contact you via the remote sessions platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, call my office phone 310-498-0555.

In addition, I will provide you with a list of suggestions for making the most of teletherapy sessions and avoiding the kinds of risks or downsides mentioned here (SEE APPENDIX after signature pages at the end of this document).

Crisis management and intervention. Usually, I will not engage in remote sessions with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in remote sessions, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our remote sessions work. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in

addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

Lastly, remote sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

COVID-19

By have agreeing to work together you are acknowledging that a many of our meetings may be in person in the office of David M Brooks PhD Psychological Services PC. If there is a resurgence of the pandemic or if other health concerns arise, however, we may return to remote only sessions.

If you decide at any time that you would feel safer staying with, or returning to, remote (telepsychology) services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure. To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in starting / returning to a telehealth arrangement. By signing this document (see signature page below) you acknowledge that you understand and agree to these actions:

- I will only keep my in-person appointment if I am symptom free.
- I will not enter the waiting-room earlier than 5 minutes before our appointment time.
- I will wash my hands or use provided hand sanitizer when you enter the waiting-room.
- I will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. For example, I won't move chairs.
- I will wear a mask until I have entered the waiting-room.
- I will maintain appropriate social distance while within the office.
- I will refrain from touching my eyes and face. If I do, I will immediately wash or sanitize my hands.

- If I am bringing my child, I will make sure my child follows sanitation and distancing protocols.
- I will take steps between appointments to minimize my exposure to COVID.
- If I suspect any contact I have had with others may have exposed me to other people who are infected, I will immediately let me know and we will resume therapy via telehealth.

The above precautions may change if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure. My office has taken significant steps to reduce the risk of spreading the coronavirus including the use of anti- viral air purification machines in every room, wiping down all patient contact surfaces (furnishings, doorknobs, etc.) with anti-viral wipes or disinfectant spray between every appointment, and maintaining at least 6 feet between persons within the office. Please let me know if you have questions about these efforts.

If You or I Are Sick. You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

In the service of your informed decision making, I have already had the corona virus (2020) and have been fully vaccinated against it as of 03/2021. Everyone working in my office has also been fully vaccinated.

Professional Fees & Financial Policies

Professional Fees

My current fee is \$ 250.00 per 45 minute session. Depending upon individual needs and circumstances I am willing to discuss the possibility of a lower fee to be worked out between us, subject to insurance restrictions if you use insurance (see below). After hour phone calls may or may not be charged depending on the situation which would be discussed and agreed upon as needed. The fee for any duplication services (providing copies of your record) is \$ 0.25 in accordance with California state law. Please note I work with only with insurance companies that are PPO's – that allow you to choose providers outside their network. Network therapists are paid substantially less, generally have less training, and are required to weight the insurance companies interests when planning treatment.

Fees for remote sessions are the same as in-person psychotherapy. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Cancellation Policy

Unlike doctors' or dentists' offices, I do not overbook appointments to make up for cancelled appointments. In effect, you are 'leasing' your appointed time and therefore "own that time" and are responsible for that time. If you need to cancel and I can fill your time, or, if I can find another time during the week to reschedule your appointment, then you will not be charged for the cancelled appointment. Otherwise, you will be charged for cancelled appointments.

In fairness, since I take time off per year, you will also be able to take off the equivalent of 4 weeks of sessions off per year at your discretion without charge (If you come four times per week, that is 16 sessions per year; if you come once per week that is 4 sessions per year, etc.).

Billing and Payments for Services

You will receive a monthly invoice for services rendered. **Payments are due by the 10th of each month. A 15% service charge per month will be charged for accounts 30 days past due, unless you have made prior arrangements with me in advance.** Payment methods include check, cash, Mastercard, VISA, DISCOVER, or American Express. For your convenience you can pre-authorize payment through the use of a credit or debit card. Please Complete the "PRE-AUTHORIZED HEALTH CARE AGREEMENT" at the end of this packet.

If you are covered by an insurance policy such as Medicare, your fee will be dictated by the amount covered by the policy. As a service to help you receive insurance benefits to which you may be entitled, I will bill your insurance company for you. **However, it is you and not your insurance company who is responsible for the full payment of my fees when you are billed for services rendered,** unless otherwise stated in the contract between myself and the insurance company (see below). When you sign this agreement you accept responsibility for payment and for any and all collection fees/costs or other costs that may be reasonably incurred in the collection of any unpaid balance outstanding on your account (see below).

Insurance

I do not participate in any insurance networks, however, as a service to you, my billing service will bill insurance companies and other third-party PPO plans, but cannot guarantee such benefits or the amounts covered, and is not responsible for the collection of such payments. Because insurance companies do not guarantee coverage until the first claim is processed, you will be expected to pay monthly as explained above (fee for service) for all services rendered until the first claim is processed and payment is received from your insurance company. At that time you may request a refund check for the

credit balance on your account, otherwise it will be carried over for payment of future service co-payments.

In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases you will be responsible for payment of these services. I charge the usual and customary rates for the area. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that were prior to the first session at the clinic), this amount will be collected by the clinic until the deductible payment is verified to the clinic by the insurance company or third-party provider.

Past Due Accounts

Payments not received after 120 days are subject to collections. The 30% fee for collection services will be added to the outstanding balance. After 30 days, my billing service will contact you to discuss payment options. However, it is your responsibility to inform me of any problems or changes that affect the financial arrangements that secure your treatment. I have some flexibility to work with extraordinary changes to ensure continued treatment, but, as is true of therapy and life, it requires a proactive stance on your part.

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 that 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 (the patient) nor your attorney, nor anyone else acting on your behalf will call on Dr. Brooks to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If, however, you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$ 600.00 per hour for preparation, travel, and attendance at any legal proceeding.

Contacting Me, Electronic Communications, & Communications Between Sessions.

Even when I am in my office, I am often not immediately available by telephone, since I do not answer the phone when I am with patients. I do not check messages, answer, or return calls **after 9 pm on weekdays**, and I check for messages less frequently on weekends. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call on the same day. **Unfortunately, I do not have a 24-hour answering service or the staff to provide 24-hour emergency service.**

If you having a clinical emergency are unable to reach me and feel that you cannot wait for me to return your call, call the police (911), your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended period of time I will provide you with the name of a colleague to contact, if necessary. Please do not attempt to contact me by fax or email in the event of an emergency. Under certain circumstances emergency phone consultation work may be subject to charge.

We will decide together which kind of remote sessions service to use. You may have to have certain computer or cell phone systems to use remote sessions services. We will only be using secured platforms (video or phone) to communicate and have our meetings.

For communication between sessions, however, ***I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters.*** This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods should not be used if there is an emergency.

Limits on Confidentiality and Professional Records

The law protects the privacy of all communications between a patient and a psychologist. In most cases, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. **Your signature on this Agreement provides consent for those activities, as follows:**

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patients. The other professionals are also legally bound to keep the information confidential. If you do not

object, I will not tell you about these consultations unless I feel that is important to our work together. I will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of your Health Information).

- Disclosures required by health insurers or to collect overdue fees discussed elsewhere in this agreement.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization. In the following cases I will make every effort to discuss the situation with you before taking action:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without you your legal representative’s written authorization, a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker’s compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient’s employer, the insurance carrier or an authorized qualified rehabilitation provider.
- In the event that I believe you are in imminent danger of harming either yourself or another person seriously, I am required by law and my professional ethics to take steps to ensure that you or the other person will be safe from harm. In such circumstances I may have to inform that person or the police if you and I are unable to secure the safety of you or the endangered person. In extreme cases, this may include encouraging and working with you to hospitalize yourself, and if that fails, trying to hospitalize you involuntarily.
- In the event that I believe or suspect the abuse of a child, elderly, or disabled person is occurring. I will encourage and work with you to report such violations yourself. If that

fails, State law requires that I file a report with the appropriate state agency. “Abuse” means to neglect, hurt, or sexually molest the child, elderly adult or disabled person.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. It is also essential, that before you agree to any consent for access to your information that we discuss the nature and scope of the request, so that you are fully aware of your rights to maintain the privacy of your mental healthcare record.

As the privacy officer for my practice, as required by HIPAA, if you have any questions regarding my privacy practices not addressed in “Notice of Privacy Practices,” complaints or concerns, please contact me to discuss them.

Finally, the laws and standards of psychology require I keep Protected Health Information (PHI) you in your Clinical Record. Except in unusual circumstances that I believe might reasonably cause substantial harm to you or another person, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your records, you have the right of review, which I will discuss with you upon request.

Patient Rights

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include: requesting amendments to your record; requesting restrictions of scope and content in disclosures of information to others; requesting an account of disclosures of your PHI that you have neither consented to nor authorized; determining the location to which PHI has been released; having complaints about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Minors and Parents

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child’s treatment records. Children between 13 and 17 may independently consent to (and control access to the records of) diagnosis and treatment in a crisis situation. Because privacy in psychotherapy is so crucial to successful progress, particularly with

teenagers, and, parental involvement is also often essential, it is usually my policy to request and agreement with minors and their parents about access to information. The agreement provides that during treatment, I will provide parents with only general information about the progress of treatment, and the patient's attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving the parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections s/he may have.

Insurance Considerations

As you may know, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" often requires authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning rather than expanding or increasing the breadth of one's experiential possibilities. It may be necessary to seek approval for additional therapy after a certain number of sessions, which the insurance company may or may not be willing to provide. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case I will do my best to secure another provider who will help you continue with your psychotherapy.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment summaries, plans or even your entire clinical record. In such circumstances I will make every effort to release the minimal amount of information about you that is necessary for the purpose requested. This information will become part of the insurance company's files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is processed by them. In some cases it is shared with a national information databank that other insurers may use in the future to determine your eligibility for health insurance, and in some cases people have been denied health coverage for having used mental health benefits.

I will provide you with a copy of any report I submit, if you request it. By signing this agreement, you agree that I can provide requested information to your carrier. It is important to

remember that you always have the right to pay for my services yourself to avoid the problems described above unless specifically prohibited by contract.

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Brooks and you, the patient, or your legal guardian or representative. 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 Los Angeles County, California in accordance with the rules of the American Arbitration Association, that are 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' fees. In the case of arbitration, the arbitrator will determine that sum.

Termination

As set forth above, after the first couple of meetings, I, Dr. Brooks, will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I do not believe the treatment is effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. Furthermore, if you request it and authorize it in writing, I 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, I will assist you in finding someone qualified, and, if you have provided written consent, I will provide her or him with the essential information needed.

You have the right to terminate therapy at any time. Since Termination is an important aspect of therapy it is important for us to discuss the decision and bring closure to the work we have done. Thus, once you decide to terminate we will schedule the last remaining session or number of sessions, that, through joint discussion, we anticipate will provide adequate time to provide sufficient closure. On the final day of the final termination session(s) I will expect payment in full to close your account. If for some reason you decide to terminate without discussion during a regularly scheduled session, you will be responsible to pay for any outstanding balance and the final week's session(s), in lieu of the cancellation

policy described above. Otherwise, you will only be responsible for the outstanding balance and the final attended session.

Dual relationships

Not all dual relationships are unethical or avoidable. A positive dual relationship, for example, could be a situation where I am your individual therapist and the leader of a therapy group you join. On the other hand, **therapy never involves sexual contact or any other dual relationship that impairs the therapist's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature.** I will never acknowledge working therapeutically with anyone without his/her written permission. If by chance we happen to see each other about town I will not initiate contact or even recognition to protect your privacy. Some patients choose to work with me as their therapist because they know me or my position on some topic, or have met me in some other professional context. Whatever the reason, if a dual relationship is unavoidable and exists or develops, I will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. **It is your responsibility to communicate to me, Dr. Brooks, if the dual relationship becomes uncomfortable for you in any way.**

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PSYCHOLOGIST-PATIENT SERVICES AGREEMENT
Signature Page

Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgement that you understand and provide your general consent to treatment with David M Brooks PhD. Please initial each of the sections below, included in the Agreement to indicate your consent to the terms contained therein.

___ Introduction

___ Contacting Me, Between Sessions
& Electronic Communications

___ Psychological Services

___ Limits on Confidentiality &
Patient Records

___ Sessions

___ Covid-19

___ Remote sessions (telepsychology)

___ Professional Fees

___ Patient Rights

___ Billing & Payments

___ Minors & Parents

___ Insurance Considerations

___ Litigation Limitation

___ Mediation & Arbitration

___ Termination

____ Dual Relationships

Signature of Patient

Date

Print Name

Signature of Person Responsible for Payment Date

(If other than patient)

Print Name of Person Responsible for Payment

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PRE-AUTHORIZED HEALTH CARE AGREEMENT

I authorize Dr. David Brooks to keep my signature on file and to charge my credit/debit card account for services in accordance with the policies set forth in the PSYCHOLIGIST-PATIENT SERVICES AGREEMENT: Please initial.

Recurring charges (on-going psychotherapy) for the amount billed to me per month for services rendered. Charges will be processed by the 5th of each month.

***** I understand that I may revoke this agreement any time by providing a request in writing.**

Name: _____

Cardholder Name: _____ **(As appears on card)**

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Visa Mastercard Account Number: _____

Amex Discover

Expiration: _____ Security Code: _____

Signature: _____ Date: _____

APPENDIX – REMOTE SESSION GUIDELINES

Each guideline is a way to try to make a remote session as effective as possible.

1. The most important feature is to have privacy. Please do everything possible to insure you are in a private space where it is unlikely you will be heard or interrupted.
2. Try to make yourself comfortable, but not too comfortable. If you can settle into a good chair. Don't lie in bed or on your TV-watching couch, sit on the floor or walk around the house or office.
3. Put a box of tissues next to where you are sitting. If you want, pour yourself a glass of water. But don't have a snack or meal even though you may be reasonably close to your kitchen.
4. Leave yourself an additional 10 to 15 minutes both before and after the session. Before the session talk a walk outside, even if it is just down the block or around the corner. It is not a good idea to leave a meeting or end a call and then immediately call in to start a session. You need time to clear your head and get ready for the work we are about to do. Similarly, after the session is over, take the same walk in the opposite direction. This will give time for the session to resonate before jumping back into the day's activities. There is evidence that simply walking to and from a place helps with memory and deepening an experience.

5. Turn off all devices other than the one you are using to make the call. If using a smartphone or computer, do your best to quit from all programs other than the one we are using and turn off all notifications. If possible, turn off any concurrent video picture of yourself. Most platforms allow you to do this. It is best to leave your hands free by using headphones. If we are using audio-only then be sure to put your phone screen side down and if using audio-only on a computer, please either turn off your monitor or completely darken your screen.

6. Consistency is important. Have your session from the same place each time. If there is a reason this is impossible, take a moment at the beginning of session to describe where you are. I will do the same. And if you find yourself curious about where I am or hear an odd or curious sound, please feel free to ask me. I recognize that these guidelines make remote sessions a little less convenient But the benefit will be more than worth the additional effort.