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OFFICE POLICIES & AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome to my practice. Your introduction to a new psychologist is important and you may have questions for me. This letter is to give you information about my professional services and business policies. It will also help you decide if we can work together. Please take time to read it carefully, jotting down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES: THE PROCESS OF THERAPY & EVALUATION

During our initial phone consultation, I will evaluate whether I can be a benefit to you. I do not accept clients that I believe I cannot help. For this reason, I may recommend a referral to someone who might be more helpful. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular issues you may have. There are various methods and techniques I may use to deal with the issues that you present. In order for therapy to be most successful it involves your active participation during both our sessions and out of my office.

BENEFITS & RISKS OF PSYCHOTHERAPY

Participation in psychotherapy can result in many benefits to you. Some of these include improving interpersonal relationships, healing, restoration and resolution of the particular issues that brought you to therapy. Psychotherapy necessitates your willingness to be open, honest, and to be self-reflective in order to change your thoughts, emotions, and behavior. My approach to therapy is collaborative in nature; for this reason, I will ask questions, get your feedback, and thoughts as we move along in the therapeutic process.

Sometimes therapy involves discussing unpleasant aspects of your life. At times you may experience uncomfortable or strong feelings like depression, anxiety, guilt, anger, loneliness, or helplessness. If this happens, I will be available to help you process and work through any arising issues. I may assist by giving you a different perspective to consider, challenge some of your assumptions, or provide you with specific ideas or tools. It's important to realize that there is no guarantee that psychotherapy will be effective for everyone. Many variables exist regarding a positive outcome for treatment (i.e., client motivation, willingness to make changes, showing up).

INTENSIVE COUPLES THERAPY

Intensive Couples Therapy (ICT) involves meeting for 3 consecutive days of intensive therapy, 5 hours per day. ICT is a type of therapy that is concentrated and short-term. The structure of each therapy day may vary according to the issues and needs presented. The ICT approach has demonstrated to have benefits for couples that undertake it. It often leads to a reduction of feelings of distress, acceleration of healing, resolution of specific problems, and a stronger more connected relationship. In some instances, it has moved couples from conversations about ending their relationship to recommitting to it in new ways. Issues may include communication, chronic fighting, infidelity, intimacy, family, or career conflicts. ICT does not serve as an on-going, long-term couples' therapy.

PROFESSIONAL FEES & PAYMENTS

The fee for Intensive Couples Therapy is \$7,500.00. Dr. Bisignano sets aside a large block of time for only you, and you do the same for each other. You both commit to the therapeutic process, as Dr. Bisignano commits to helping you. For this reason, scheduling ICT requires full payment at the time of scheduling. If for any reason you decide to cancel your ICT, a 50% refund will be given up to 30 days prior to the scheduled start date. If you cancel less than 30 days prior to the scheduled start date of your Couples Intensive, your fee is non-refundable.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

TERMINATION & FOLLOW-UP

Intensive Couples Therapy is considered finished upon completion of the 3rd day. If you are unwilling to comply with therapeutic recommendations this may necessitate early termination of services. I will review your issues with you and exercise my best judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations that have been discussed and agreed upon. If you have any reservations or concerns about my therapeutic suggestions, I strongly encourage you to let me know so that we can discuss any miscommunications or misunderstandings. If at any time during our work together I assess that I am not helpful for you in obtaining your therapeutic goals, I will discuss this with you. If I feel it is necessary to terminate treatment, I will provide you with a referral to someone who may be of help to you. If you request it and authorize it in writing, I may discuss your case with another psychotherapist to allow for a smooth transition.

CONTACTING ME: PHONE CALLS, EMAILS & EMERGENCIES

I am often not immediately available by telephone. While I may be in my office, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail that I frequently monitor. I will make every effort to return your call on the same day you make it or within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please give me some specific times when you will be available. I will try my best to reach you during those times.

If you should have small administrative matters for example checking appointment times or rescheduling, you are welcome to email me at DrAngela@DrAngelaSouthBay.com. I try and return emails within 24 hours with the exception of holidays and weekends. If a more serious matter should arise between sessions about a clinical concern, please leave a voice mail for me at (424) 206-9055. I check my messages throughout the day.

If an emergency comes up and you need to speak with me, please indicate it clearly in your voice mail. If your emergency is acute in nature and you need to speak with someone right away, contact the nearest 24-hour emergency facility, psychiatric service or call 911.

Harbor-UCLA Medical Ctr. 1000 West Carson St, Torrance, CA 90502	(310) 222-3137
Del Amo Hospital 23700 Camino Del Sol Torrance CA 90505	(310) 530-1151
Torrance Memorial Medical Ctr. 3330 Lomita Blvd. Torrance, CA 90505	(310) 325-9110

DUAL RELATIONSHIPS

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment, therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that may affect our work together. If this occurs, I will do my best to resolve these situations ethically, but this may entail the need to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

CANCELLATIONS & LATENESS

Cancelled and missed sessions can present issues for both of us. First, it is important to recognize that at times therapy can be challenging and difficult work. You may feel like you want to avoid or not come to your session for this reason. If this occurs, I would prefer we discuss this as opposed to you missing or avoiding your session. Secondly, I hold your appointment time specifically for you. I see a limited number of clients. I do this so that I can give you the quality time needed to focus on your issues.

CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a psychologist and I can only release information about our work to others with your written permission. But there are a few exceptions. When Disclosure May be Required: In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, for instance those involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. When Disclosure is Required: There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or dependent person is being abused or neglected, I must file a report with the appropriate state agency. Additional instances include, but are not limited to, a reasonable suspicion of financial abuse, abandonment, isolation, or abduction of an elder or dependent adult.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. Consultation: In order to provide my clients with the best possible service, I may consult with other professionals. During a consultation, names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. If I think it is important to have an in-depth consultation with another professional and identifying information about you may be shared, I will have you sign a release of information giving me permission to share this information.

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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Release of information: Considering all of the aforementioned exceptions to confidentiality, upon your request and with your written authorization, I may release limited information to any person/agency that you specify, unless I believe that releasing such information might be harmful to you. If that is my conclusion, I will provide you with a reason for denying your request.

COMPLAINTS

If you have a concern or complaint about your treatment, please discuss this with me. I will take your concerns seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners (Board of Psychology: 1625 Nth. Market Street, Ste., N-215, Sacramento, CA, 95834, (866) 503-3221, bopmail@dca.ca.gov) that oversees licensing and they will review the services I have provided. You are also free to discuss your complaints about me with anyone you wish, and you do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want kept confidential. I hope this answers some of your questions. Please let me know if you have concerns or questions about any of these policies, procedures or this agreement for working together in psychotherapy. While I have taken training in the Gottman Method Couples Therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

I, _____, do hereby give consent for (myself)
Print name of adult

I, _____, do hereby give consent for (myself)
Print name of adult (for couples counseling print for both)

counseling, psychological assessments and treatments, which now or during the course of treatment are advisable. I understand that the purposes of these services will be explained to me and subject to my agreement. I understand the limits of confidentiality pertaining to said counseling.

_____ Signature of Adult	_____ Date
_____ Signature of Adult	_____ Date
_____ Dr. Angela Bisignano	_____ Date