

**Angela Bisignano, PhD**  
Clinical Psychologist PSY 26894  
2516 Via Tejon, Ste. 303 Palos Verdes Estates, CA 90274  
P / (424) 206-9055 E /DrAngela@DrAngelaSouthBay.com

### **OFFICE POLICIES & AGREEMENT FOR PSYCHOTHERAPY SERVICES**

Welcome to my practice. Your first appointment with a new psychologist is important and you may have questions for me. This letter is to introduce myself and 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 first session together, 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 many different 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 at home.

### **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. Change at times comes quickly; often however, change is gradual and takes time. This can lead to feeling frustrated or discouraged; this is normal. 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 regularly for appointments).

### **MEETINGS**

I normally conduct an evaluation for individual or couples' therapy that will last from 2 to 4 sessions that will involve an assessment of your needs. I will provide you with some of my preliminary impressions of what our work may entail, including a proposed treatment plan, therapeutic goals and objectives, and possible outcomes of therapy. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If you have any specific questions about my procedures, possible risks, my expertise in employing any therapeutic techniques you should ask me whenever they arise. If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45-minutes duration) per week at a time we agree, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment in the week.

### **PROFESSIONAL FEES & PAYMENTS**

My standard fee is \$295.00 for a 45-minute individual session, \$325.00 for a 45-minute session with couples. Prorated fees are offered for extended sessions at the same rate (e.g. 60-minute sessions with individuals for \$395.00 and 60-minute sessions with couples for \$435.00). The relationship assessment fee for couples is \$195.00 per individual (e.g., which includes administration, analysis of completed questionnaires and treatment plan). After hour appointments are available at \$395.00 for 45-minute sessions and \$435.00 for couples. Group therapy fees are variable. The fee is to be paid at the beginning of each session unless other arrangements have been

made. I have found that payment at the beginning of each session works best. I reserve the right to increase rates annually. You will be notified. I do not allow clients to carry a balance of more than two sessions. If you are unable to pay your session fees, we can discuss whether it makes sense to pause your therapy or come up with an alternative so that you can avoid incurring additional debt.

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.

Occasionally clients experience financial hardships. I generally hold a limited number of spots for current clients experiencing difficulties impacting their ability to pay full fees. If my fees are a concern for you, feel free to discuss this with me. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. If I am unable to accommodate your financial situation, I will provide you with referrals.

### **INSURANCE**

I am considered an out-of-network provider. If you wish to submit a bill to your insurance company for reimbursement, I can provide you with a billing statement at the end of each month. This statement is your receipt for insurance purposes or tax purposes. Depending on your health insurance some or all of your fees may be covered. Insurance companies vary in reimbursement practices for psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return.

### **HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS**

You should also be aware that your health insurance company may require disclosure of confidential information at times in order to process claims. Only the minimum necessary information will be provided, including diagnosis, the date and length of therapy sessions, and what services were provided. Generally, the billing statement and your company's claim form are sufficient; however, sometimes more information regarding summaries or progress toward therapeutic goals is required. Although insurance companies claim to keep your information confidential, once it leaves my office, I have no control over it.

### **TERMINATION & FOLLOW-UP**

Making the decision when to stop therapy is meant to be a mutual process. Prior to stopping therapy, we will discuss how you will know if or when to return to therapy or whether a regularly scheduled "check-in" might work best for you. If phasing out of therapy is not a possible option for you, I recommend that we have at least two termination sessions, so that we have closure.

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 of your choosing to allow for a smooth transition. At any time, you also have the right to terminate treatment. If you choose to do so, I will provide you with referrals. If I do not hear from you after 3 weeks without notification, I will consider our therapeutic agreement, legally and ethically, null and void.

### **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 I will be unavailable for an extended period or traveling outside of the country, I will provide you with the name of a colleague to contact, in the event of an emergency.

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 unless I am out of town. If I schedule a trip out of town, I will notify you in advance.

If an emergency comes up and you need to speak with me, I provide consultations of five minutes or less for free. If, however we spend more than five minutes in a week on the phone, or if you leave more than 5 minutes' worth of phone messages in a week, or if I spend more than 5 minutes of time reading emails or corresponding to coordination of care, I will charge you on a prorated basis for that time. If you have a need for many phone calls to me and feel your concerns cannot wait until your next session, we may want to reevaluate and add more sessions to accommodate your needs. If an emergency arises, 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	(424) 306-5310
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 appointments 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. It is difficult for me to fill your last-minute cancelled session or short notice. For this reason, I charge for appointments cancelled **with less than 48-hour notice**, unless we can find another time in the week that works for both of our schedules. If you should run late for your appointment, please email or phone me as soon as possible and let me know. If I do not hear from you **within 15 minutes** into your session, I will not check on you and assume you are not coming to your appointment. If you are late for your appointment, we will end our session at the regularly scheduled time. This allows me to get ready for my next appointment and not cause my next client's session to run late.

#### **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.

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) (my child)

Print name of adult

I, \_\_\_\_\_, do hereby give consent for (myself)

Print name of adult (for marital or couples counseling, print and sign for both individuals)

\_\_\_\_\_, to be seen for services, including individual, couples or group

Print name of child

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 / Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult / Parent / Guardian

\_\_\_\_\_  
Date