

*Ada Ispas, PsyD*  
*Cell # 925-487-8455*  
*Email: adaispastherapy@gmail.com*

## POLICIES & GENERAL INFORMATION AGREEMENT FOR INDIVIDUAL PSYCHOTHERAPY SERVICES CONFIDENTIALITY

All information disclosed within your sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure are described to you in the lengthy Notice of Privacy Practices that you will receive with this form.

The short version of Exceptions to Confidentiality and additional information is as follows:

- If there is "reasonable suspicion" that a child or elderly adult (over 65) has been abused, or if you are in danger of hurting yourself or another person.
- I may consult with other professionals regarding my clients for the purpose of delivering the best quality of services; however, clients' names or other identifying information is never mentioned. Clients' identities remain anonymous, and confidentiality is fully maintained.
- I am currently healthy, and I do not foresee any problems; however, in the event that I suffer a personal emergency, a delegated representative would notify you and would be responsible for all of my confidential written records.

## TELEPHONE CALLS & EMERGENCY PROCEDURES

My voice mail is confidential and available to you at all times. I check my voice mail every day during the workweek. Return calls exceeding 10 minutes will be charged my hourly fee, pro-rated. All non-emergency weekend and evening calls (after 8pm) will be returned on the following Monday or work day. In an emergency, you may call the 24-hour crisis line for Contra Costa County at 925-472-0999, for Alameda County at (800) 309-2131, go to the nearest hospital, or call 911.

## PAYMENTS AND INSURANCE REIMBURSEMENT

My fee is \$ 180 per session. Payment is made at the time of each session. If you have insurance that you may like to use for payment, you must still pay for the session and you will be given a monthly statement to send to your insurance company at the end of every month. Any reimbursement will go directly to you. We will discuss details or alternate arrangements in session. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. They do require me to provide a diagnosis. It is your responsibility to verify the specifics of your coverage. If you request that I provide anything in writing, discuss your case at length with another professional, schedule a telephone session or anything else that requires time outside of your therapy session, there will be a charge based on the time it takes for me to complete the work (based on my session rate). I do not provide any information to the courts except for proof of attendance. If you are

anticipating that there would be a need for communication with the courts, please seek services with a provider that specializes in providing such services. I may provide a few of such referrals if needed.

#### THE PROCESS OF THERAPY/EVALUATION

Change in therapy will sometimes be easy and swift but can also be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what might benefit you as well as minding best practices recommendations for your condition. These approaches include cognitive-behavioral, psychodynamic, somatic/emotional, family systems, developmental, or psycho-educational.

#### CANCELLATIONS

Our work requires commitment, consistency, and responsibility. When you make an appointment, you are reserving a specific time with me and this time will be yours. If you cancel anytime less than 48 hours (two working days), before your scheduled session, you will be charged for the session, unless we are able to reschedule the appointment within the same week. If you do not call or come to a scheduled session, you will be charged the full fee. Most insurance companies do not reimburse for missed sessions. The California State Department of Consumer Affairs, Board of Quality Medical Assurance, and the Code of Ethics of the American Psychological Association prohibit any and all sexual acts between therapists and clients. If you are aware of any violations of this rule of conduct, then you should report it immediately to the Department of Consumer Affairs, 1422 Howe Avenue, Sacramento, CA 95825, 1- 866-503-3221.

I read, understand, and agree to comply with the above policies and conditions:

Client Name or Guardian (print): \_\_\_\_\_

Date Signature : \_\_\_\_\_

Client Name or Guardian (print): \_\_\_\_\_

Date Signature: \_\_\_\_\_