

NEWPORT PSYCHOTHERAPY

CINDY MAY, PH.D. CLINICAL PSYCHOLOGIST

1101 Dove Street, Suite 155
Newport Beach, CA 92660

INFORMED CONSENT FOR RECEIVING PSYCHOTHERAPY

Welcome to my practice. A clear framework of the work we provide can avoid misunderstandings and facilitate the working relationship between us. The following are policies under which I operate my practice. Please feel free to discuss any of these issues with me.

Psychological Services

The decision to begin psychotherapy is one that may have important consequences for the rest of your life. Psychotherapy generally addresses psychological distress and problems in life. Psychotherapy is a collaborative process. My intent is to build a relationship with you where you feel free to explore your thoughts, feelings, and behaviors, particularly those aspects that may be causing you distress and impeding progress toward your life goals or getting in the way of your ability to find fulfillment in your life.

Appointments

Psychological services are most effective when meeting times are regular and consistent. The time scheduled for your appointment is assigned to you and you alone. Psychotherapy sessions are 50 minutes in length and meetings are held at least once a week. More frequent meetings may be arranged to facilitate more intensive work on deeper psychological issues, or may be recommended in meeting your particular needs.

Cancellation

If you need to cancel or reschedule a session, it is required that you provide more than 24 hours notice. **If you miss a session without canceling, or cancel with less than 24 hours notice, you must pay the full fee (or negotiated late cancellation fee) for the missed session.** For individuals receiving a reduced fee,

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you may cancel up to four sessions per year (or four weeks of sessions for multiple sessions per week) provided you give at least 24 hours advance notice, without a fee increase.

Limits of Confidentiality

Information revealed within sessions will remain confidential between the client and therapist unless disclosure is required by law. Everything about your therapy, from what you say to me, to the very fact that you are in therapy in my practice is known as “Protected Health Information” (PHI) and is guarded by state and federal laws. As a rule I will not release any information about you to any party without a consent form signed by you.

You should be aware, however, there are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- Reasonable suspicion of child, dependent, or elder abuse; when you are a danger to others; or when you are likely to harm yourself unless protective measure are taken. If there is ever a time when you enter your emotional status as an issue in a legal proceeding, i.e., child custody evaluation, Workmen’s Compensation claim, etc., then you may be waiving your right to the confidentiality of this relationship. To the extent necessary, confidentiality may be breached to make a claim on a delinquent account via a collective agency or in the case of a medical emergency.
- You should be aware that I employ administrative staff. In most cases, I need to share protected information with these individuals for administrative purposes, such as scheduling, billing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice.
- 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 patient. The other professionals are also legally bound to keep the information confidential. If you don’t

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object, I will not tell you about these consultations unless I feel that it is important to our work together.

Professional Fees

At the outset of treatment, a fee will be set. The fee will either be my full fee of **\$230** or in extenuating circumstances, a reduced fee based on a negotiated agreement. As noted early, individuals are not eligible for fee reductions if sessions are frequently missed. Session fees are payable at the time of service unless alternative arrangements have been arranged. Fees will be reevaluated periodically throughout the year. Bank charges on returned checks are the patient's responsibility. Other services may include extended telephone conversations (lasting longer than 10 minutes), consulting with other professionals (upon your request and with your consent), preparation of records or treatment summaries, and the time spent performing other services you may request. If you become involved in legal proceeding that require more 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 complexities of legal involvement, I charge \$750 per half day (minimum) of legal involvement, and \$350 per hour for each additional hour.

If you become involved in legal proceedings that require therapist participation you will be expected to pay for the professional time even if the request is given by another party. Because of the difficulties involved in attending to legal matters, the fee for participation differs from the customary rates.

Insurance Reimbursement

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You should be aware that most insurance companies require the therapist to provide a clinical diagnosis. At times, they also require therapist to provide additional information such as treatment plans or summaries. **By signing this Agreement, you agree that I can provide requested information to your carrier.**

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Vacations

I will generally take between two and four weeks of vacation during the year. You will be given advance notice as to when I will be away. An on-call therapist will be available during prolonged vacations.

Professional Records

Both California Law and the standards of our profession require that we keep appropriate records of services provided. The confidentiality of these records is closely safeguarded.

Contact Information

I can be reached by calling (949) 207-3447. I am in the office from Tuesday- Friday and on these days, I will make every effort to return your call on the same day you make it. Calls received after 6:00pm will be returned the following day that I am in the office. If you are calling regarding an emergency, please leave a message indicating so and your call will be returned as soon as possible. In case of a life-threatening emergency in which I cannot be reached, please go to your local emergency room and ask for the psychologist or psychiatrist on call, or dial 911.

Patient's Rights

You have the right to end therapy at any time, for whatever reason. You also have a right to question any aspect of treatment, and to expect that you are provided with a referral to another qualified therapist for adjunctive treatment, or alternative treatment, if you request.

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Please feel free to contact me if you have any questions or concerns. Your signature below acknowledges that Cindy May, Ph.D. has discussed this information sheet with you and that you have read and understand these policies.

Patient Signature

Date

Patient Name (PRINT)