

Pat Alford-Keating, Ph.D., ABPP, CGP
Psychologist

Welcome. For many people, seeking psychotherapy is the first major step towards resolving personal problems. Psychotherapy is an interactive process and we will be working on your concerns as a collaborative team. As we work together, your well-being will be of the utmost importance. You will be valued and respected. Your needs and concerns will be taken very seriously. During your psychotherapy sessions, you will be asked to communicate your concerns with as much candor as possible, so that we can explore problems in depth. As we work towards your goals, we may have to touch upon painful or uncomfortable areas. This will be done with support and at a pace that feels best to you. To be most helpful, therapy requires an investment on your part. You may be asked to consider things from a different perspective, to alter certain thoughts or behaviors, to experiment with different ways of communicating, or to participate in exercises designed to help you grow (e.g. journaling). While you are encouraged to stretch yourself slightly beyond the comfort level, you have a right to say “no” to any activity that you do not want to participate in.

It is important that you understand that although psychotherapy can be highly beneficial, there is no guarantee. Please communicate any concerns you may have about the therapeutic process at any point during the course of your treatment. Your thoughts, comments and concerns are welcomed.

Before we begin, please read the following:

INFORMED CONSENT:

CONFIDENTIALITY: Ordinarily, all information disclosed within our sessions remains strictly confidential and will not be revealed to anyone without your written permission. A high priority is placed on confidentiality and your right to privacy is of paramount importance. Even so, there are a few exceptions to this general policy that I want you to understand in advance of revealing any information to me.

The main exceptions to confidentiality that could result in my disclosing your information, include the following:

- 1) If there is good cause to believe that you are in danger of harming yourself or someone else, unless protective measures are taken.
- 2) If you reveal that a child, elderly person, or dependent adult was being abused or neglected or was in jeopardy of being abused or neglected, this information will be reported to the appropriate authorities as mandated by law.

- 3) If you became gravely disabled due to a mental disorder during the course of treatment.
- 4) If you are involved in a legal proceeding(s) which required disclosure.
- 5) If the Patriot Act requires disclosure of your mental health records.
- 6) To receive insurance reimbursement a minimum amount of information must be revealed (e.g. name, type of visit, diagnosis, etc.).
- 7) Failure to pay your bill in a timely fashion might ultimately require the use of a collection agency (as a last resort). In this event, only your name, address, phone number, and the amount owed would be revealed.

OFFICE POLICIES:

SESSION LENGTH: Your initial intake appointment will last for 1.5 hours. Individual, couples/family sessions last 45-50 minutes (unless prior arrangements have been made for longer sessions), and group sessions last for either 1.5 or 2 (1 hr., 50 min.) hours.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancelling appointments. Please call (310) 798-5289 for all scheduling and for routine business. You will be expected to pay for missed sessions or sessions cancelled with less than 24 hours notice.

EMERGENCIES: In the event of a life threatening emergency, immediately call 911 or go to your nearest hospital emergency room and let me know as soon as possible. After hours, for serious, but not imminently life threatening emergencies call the 24 hour Suicide Hotline at (877) 727-4747 for crisis assistance. If you experience a crisis during regular business hours, please contact me and I will make every effort to squeeze you into my schedule. Remember, however, that I am often in sessions with other clients, and hence not immediately available. If you are a person who experiences numerous crises or feels the need for frequent between session phone contacts, please let me know so that I can refer you to a more suitable treatment alternative that can better meet your needs.

PHONE CALLS: Most routine phone calls will be returned by no later than the next business day. Please restrict phone calls to arranging for appointments or for true emergencies. Phone sessions are strongly discouraged and you will be charged for them at the regular session rate. It is my philosophy that psychotherapy is most effective when carried out in person. The only instances wherein I would consider doing a phone session are: 1) in a serious emergency, and/or 2) for a client (CA resident) who is out-of-town.

ELECTRONIC MEDIA: In order to ensure the greatest level of confidentiality, I do not text message or exchange emails with clients. I do maintain a secure website and appointments can be made online via the website.

FEES: The fee for your initial intake is \$250. The fee for each 50 minute individual, couples, or family session is \$175. The fee for group sessions is \$65 per session for 1.5 hour groups (weekly) or \$75 per session for 2 hour groups (weekly). Group members are charged a monthly fee whether or not they attend all sessions (this is because each member's attendance affects the therapeutic experience for the entire group).

On a yearly basis, the fee for services will be reviewed and may increase. Current clients will be notified well in advance. You are responsible for payment of your bill on the date service is provided. You may pay by check or in cash. If you are paying by check, it is recommended that you complete the check in advance of the session, so that it will not cut into your session.

INSURANCE REIMBURSEMENT: Clients who wish to use insurance should remember that professional services are rendered and charged to the patient, not the insurance company. If I am an "out-of-network" provider for your insurance company, you will receive a receipt upon payment. You can submit this receipt to your insurance company for reimbursement. Most insurance companies require that your psychologist fill out a "provider" form, please give this to me at your earliest convenience. If I am a paneled provider for your insurance company, you will be expected to pay full fees until your deductible has been met (when applicable). Thereafter, copayments will be collected at the time of your visit.

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CONSENT FOR TREATMENT: I have read, understand, and consent to above-mentioned conditions of treatment. I authorize Dr. Pat Alford-Keating to provide psychological evaluations, assessment, treatment, and or diagnostic procedures as needed during the course of my treatment.

(clients' name)

(date)

(witness' name)

(date)