

ROBERT PERL, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST

2000 ALLSTON WAY #524
BERKELEY, CALIFORNIA 94701
WWW.ROBERTPERL.COM

PSY 18500
(510) 595-4609
RPERL@ATT.NET

PSYCHOLOGICAL SERVICES CONTRACT AND INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and policies. Please read it carefully and feel free to ask for clarification or additional information at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life. The process of change often begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty, and developing new skills and healthy attitudes about yourself and others. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. The most important factor in the success of therapy is good communication between therapist and patient.

RISKS AND BENEFITS

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships, greater self-awareness, reductions in feelings of distress, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and behavior. I will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions, or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

In our first sessions I will assess whether I can be of benefit to you. I do not accept patients who I believe I cannot be helpful to. If this is the case, I will refer you to others who I believe will

work well with your particular issues. Within a reasonable period of time after starting treatment, I will be able to offer my working understanding of your issues, my proposed treatment plan and therapeutic objectives, and possible outcomes of therapy. If you have questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan in general, please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION AND FOLLOW-UP

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the therapist of your choice (with your permission only) in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

DUAL RELATIONSHIPS

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or 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, and I will do my best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

MEDICAL AND PSYCHIATRIC CHECK-UP

When beginning psychotherapy, I generally recommend you have a medical check-up that includes laboratory work. This will help to rule out any medical factors that may be interfering with your wellbeing. If you are taking any psychiatric medications, I recommend meeting with your psychiatrist or physician on a regular basis to maintain a proper and effective medication regimen. Please keep me informed of any significant findings or changes in your health.

MEETINGS AND CANCELLATIONS

I typically schedule one 50-minute session per week at a time we agree on, although sessions may also be more frequent. If you feel that more frequent sessions would benefit you, please discuss this with me.

Missed and cancelled sessions pose some issues for both of us. First, the work of psychotherapy is sometimes challenging and when we hit a difficult place together, it can feel easier to want to avoid coming in for treatment. I would prefer we speak about this intentionally rather than your canceling sessions. Also, I hold your scheduled appointment time specifically for you and you alone. I also see a limited number of patients so that I can give you the focus and attention you deserve. It is extremely difficult for me to fill your last minute cancelled session on a short notice.

Once an appointment hour is scheduled it will be held for you. **You will be expected to pay my professional session fee in full (see below) unless you provide at least 24 hours (1 day) advance notice of cancellation.** If it is possible, I will try to find another time to reschedule the appointment. Please note that I am unable to bill your insurance for missed or cancelled sessions and that these are “out-of-pocket” fees.

If you are running late for your appointment, please phone, message, or email me as soon as you can to let me know you will be late. If I do not hear from you by 15 minutes into your session, I will call to check on you and may assume you do not plan to attend your session. If you are late for your session, we will still end at our regular time so I have time to prepare for my next appointments.

CONTACTING ME

I am usually not immediately available by telephone or other means. You may leave me a voicemail or send me a secure text message 24 hours a day, seven days a week, in order to cancel an appointment, notify me of lateness, or discuss a clinical matter. My voicemail line is **(510) 595-4609**. This line is answered by voicemail that I monitor daily. Secure messages may be sent through my client portal (<https://robertperl.clientsecure.me/>), which I also monitor daily. You may email me at rperl@att.net. However, email is not a secure form of communication so you should limit your emails to administrative (e.g., scheduling, billing) matters only.

I will make an effort to return your call or message on the same day you make it or within 24 hours, with the exception of weekends, holidays, and planned vacations. If you might be

difficult to reach, please inform me in your message of some times when you will be available. If an emergency situation arises, please indicate this clearly in your message. If you are unable to reach me and feel that you can't wait for me to return your call, call 911 or go to the nearest emergency room and ask for the psychologist on call. You should also contact your psychiatrist or physician to inform them of your emergency. If I will be completely unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL FEES

My current standard hourly/session fee is \$200. In addition to weekly appointments, I charge this amount for most other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. In the event telephone sessions are necessary, your bill will be prorated according to the length of the call. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time and services even if I am called to testify by another party. Because of the difficulty of legal involvement and the interruption to my regular practice, I charge \$400 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. I accept cash, personal checks, and credit card payments. However, I only accept credit cards for telehealth appointments.

In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. I generally do not permit clients to carry a balance of more than two sessions. If you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments.

If your account has not been paid for more than 30 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 collection situations, the only information I expect to release regarding treatment is the patient's name, the nature of services provided, and the amount due.

INSURANCE AND HEALTH SAVINGS ACCOUNTS

I take only certain insurance plans. If you are paying out-of-pocket and wish to seek reimbursement from your insurance company, I can provide you with a monthly billing

statement for that purpose. You may only seek reimbursement for out-of-pocket expenses if I am not an in-network provider on your plan. Billing statements may also be submitted to obtain reimbursement of out-of-pocket expenses from your health savings account. This monthly statement is your receipt for tax or insurance purposes. Please keep in mind, that insurance payments and reimbursements require a formal diagnosis and other information that will be disclosed to your insurance company and to any other parties they choose to disclose to. Be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

Some or all your fees may be covered by your health insurance if you have outpatient mental health coverage. However, insurance companies do not reimburse all conditions that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided to you, so you are ultimately 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.

CONFIDENTIALITY

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy Practices.

When Disclosure Is Required by Law: Disclosure is required when there is a reasonable suspicion of child, dependent, or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

Couples, Relationship Therapy, and Minors: In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

If you are a minor under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. If requested, I will also provide them with a summary of your treatment when it is complete.

Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another and to ensure that you receive appropriate medical care. For this purpose, I may contact the person whose name you have provided on your Patient Information form.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Confidentiality of Email and Voicemail Communication: Email and voicemail communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication methods. Please do not contact me via email for emergencies or to discuss clinical matters.

Consultation: I may occasionally consult with other professionals regarding my patients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

COMPLAINTS

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I have been

unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Psychology which oversees licensing, and they will review the services I have provided.

Board of Psychology
1625 North Market Street, Suite N-215
Sacramento, CA 95834
1-866-503-3221
bopmail@dca.ca.gov

You are also free to discuss your treatment with anyone you wish and do not have any responsibility to maintain confidentiality.

ACKNOWLEDGEMENT OF NOTIFICATIONS

Please let me know if you have concerns or questions about these policies or this agreement for our work together in psychotherapy. I understand that Robert Perl, Psy.D., is a licensed psychologist (PSY 18500) in the state of California.

I acknowledge the receipt of Dr. Perl's Psychological Services Contract and Informed Consent, Dr. Perl's Social Media Policy, and the HIPAA Notice of Privacy Practices. I understand and agree to comply with these policies. I understand that these policies will be available to me on Dr. Perl's client portal and website, but that I may always request a hard copy if I am unable to access them.