

**SCOTT SYMINGTON, PH.D.**

CLINICAL PSYCHOLOGY

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## **Agreement and Consent to Receive Psychological Services**

**From Scott Symington, Ph.D.**

*This document contains important information about my professional services and business policies. The section on privacy practices describes how information about you may be used and disclosed and how you can get access to it. Please read it carefully. When you sign this document, it will represent an agreement between us regarding the psychological services and the privacy practices.*

### **PSYCHOLOGICAL SERVICES**

I provide a variety of psychological services consisting primarily of individual, couple, family, and group psychotherapy, and psychological evaluations. Psychotherapy treats a variety of emotional and interpersonal problems. It intends to reduce or eliminate certain psychological symptoms, and to improve social and occupational functioning. Unlike medical consultations, it proceeds by having all parties work actively to gain awareness of and alter certain maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the psychologist and patient, and the particular problems brought forward. Psychotherapy calls for an active effort on your part.

Psychotherapy can have benefits and risks. Since it typically involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. Psychotherapy has also been shown to have significant benefits—solutions to specific problems, reductions in distress, and improved relationships.

Psychotherapy involves a large commitment of time, money, and energy, so you should be careful about the psychotherapist you select. You have the right to ask about other treatments and their risks and benefits. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you obtain a second opinion.

If at any point during psychotherapy either of us assess that I am not effective in helping you reach therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will refer you to other individuals or clinics that may be of help to you. 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, and, if you provide a written consent, I will provide the essential information needed. You have the right to terminate psychotherapy at any time.

Psychological evaluations consist of using a variety of techniques to establish information about your psychological status. When conducting these evaluations, I typically use a combination of intensive interviews, reviews of relevant records, psychological testing, and clinical observations to draw inferences regarding diagnosis, psychological and emotional functioning, or other issues.

### **SESSIONS**

Psychotherapy sessions last 50 minutes. Psychological evaluations are conducted in blocks of time lasting several hours each.

If a minimum of 48-hour notice is not given to cancel an appointment, then the full fee is charged. Insurance does not cover this expense. Group therapy sessions are not cancelable.

## **PROFESSIONAL FEES**

Psychotherapy services are billed at a rate of \$300 for a 50 minute session (Initial here: \_\_\_\_). Group therapy runs \$70 per 90 minute session. Psychological evaluation fees will be determined, in advance of services, on a case by case basis. Other miscellaneous services, such as correspondence, etc., will be billed at the same rate as the associated service unless otherwise negotiated.

## **BILLING AND PAYMENTS**

I request that you pay at the time of each session, unless you have a credit card on file. If I am seeing you regularly, I request that you pay that month's total on the last session of the month. If you have a credit card on file, your card will be charged once at the end of the month for the therapy balance from that month. Each month you will also be mailed a statement which reflects your balance. If you carry health insurance (PPO), I will provide you with a filled-out universal insurance form which you can submit to your insurance company for out-of-network reimbursement. However, you will be personally responsible for all charges. You are acknowledging that I am neither a Medicare provider nor a member of any HMO or PPO insurance panel.

If your account has not been paid for more than 60 days and other arrangements have not been made, I may use legal means to secure payment. This may involve hiring a collection agency or going through small claims court at which time costs will also be included in the claim. All disputes arising out of or in relation to this agreement to provide psychological services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement will be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fee.

## **CONTACTING ME**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by the Office Manager and transferred to a voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I am not available by pager so, in the case of a true emergency, please call 911 and/or proceed to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in case you need to consult a psychotherapist urgently.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep professional records. These are maintained, under lock and key, for a minimum of seven years. You are entitled to receive a copy of the records unless I believe that doing so would endanger the life of you or another. I may recommend that you review them in my presence so we can talk about them.

## **CONFIDENTIALITY**

In general, the privacy of all communications between patients and psychologists is protected by law. I can usually only release information about our work to others with your written permission. (Should this be necessary or desired, I will have you sign a separate Authorization form). But there are a few exceptions, such as: Whenever you enter your psychological status as an issue in a legal proceeding, you have waived the right to past, present, or future confidentiality of any psychological services provided to you. This results from legal precedent, and is not a choice for either of us. I might therefore be ordered to provide this information by a judge.

Some situations legally require that I take action to protect others from harm, even if I have to reveal information about your treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that you are threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for you. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact others who can help provide protection. If such a situation were to occur to you, I would make every effort to fully discuss these possible interventions with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case at which time I make every effort to avoid revealing patients' identities. 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.

