

INFORMED CONSENT

Consent to Treatment: Our psychotherapy relationship is entirely voluntary and you may decide to end it and/or consider alternative modes of treatment any time you wish. While it's expected that you will benefit from the therapy, individual responses vary and you might, at times, experience uncomfortable feelings. Should questions regarding the treatment arise during its course, I encourage you to discuss them with me.

Limits of Confidentiality: Therapy sessions between a psychologist and client are confidential and release of Protected Health Information requires your written permission, except under certain legally defined situations: If I become aware that a client intends to self-harm, harm another or if s/he is unable to provide self-care at a level necessary for basic survival, I am ethically and legally bound to take appropriate action to protect against such dangers. State law requires the report of suspected child, elder or otherwise dependent abuse or neglect when there is reasonable belief that it has occurred. In response to a court order, I must release records or testify. Regarding collection situations (see payment, below), I am permitted to release your name, the nature of services provided, and the amount due. Finally, on occasion to benefit the treatment, I may consult with another clinician. This is done with great respect for your privacy and identifying information is omitted whenever possible.

Professional Records: I am required to keep written treatment records. You are entitled to review and/or receive a copy of the records unless I believe seeing them would be emotionally damaging. In this case I would be happy to summarize them and/or send them to a mental health professional of your choice. Because they are professional records and may be written in technical language I suggest your review be done in my presence so that we can discuss the contents and I can answer any questions you might have.

Practice as Psychological Assistant: I am a registered Psychological Assistant with the Board of Psychology of the state of California, and am required to practice under the psychology license of a licensed Clinical Psychologist. My employer and clinical supervisor is Barbra Payne, Psy.D. I receive weekly supervision of my cases with Dr. Payne, and all payments by check for psychological services provided by me should be made payable to Dr. Payne.

Payment and Fees: My hourly therapy fee is \$____.* Payment for therapy, paid directly to me with cash or check, is expected at the time of the session or at the end of the month. I am not an insurance provider but a billing statement will be provided for you at the end of every month. If your account has not been paid for more than 60 days I have the option of using legal means (a collection agency or small claims court) to secure the payment.

Appointments and Cancellation Policy: Sessions are 50/60 minutes long. If you are late for a session you will be expected to pay for a full session. If you need to cancel an appointment, please notify me at least 24 hours in advance. If I do not receive such notice you will be charged for that session.

Telephone Accessibility and Emergencies: I will return calls as soon as possible or with 24 hours, should you need to speak with me between sessions. Should a phone contact exceed 10 minutes it will be considered a full therapy session and you will be billed accordingly. Please note that while I will attempt to contact you as soon as possible, I do not provide formal emergency services. In a life-threatening situation you should either call 911 or the Los Angeles County's after hours emergency line at (800) 854-7771. You can also go directly to a hospital emergency room for evaluation. If I will be unavailable for an extended time, I will provide you with the name of a qualified colleague to contact if necessary.

I read, understand, and agree to the conditions written above.

Signature _____

Date _____

Mary Spease, Psy.D., PSB 33650

Supervisor: **Barbra Payne, Psy.D., PSY 17156 323.496.6488**

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***Payment and Fees:** Individual sessions are 50 minutes, billable at a rate of \$120, and couples sessions are 60 minutes, billable at a rate of \$150. Please be aware that I will begin and end the hour according to your scheduled time and cannot add time to the end of your hour if you arrive late. Further, the following fee schedule will apply for any extensions to the 50/60 minute clinical hour:

Individual Session Fee Schedule:

50 minute session: \$120

60 minute session: \$150

75 minute session: \$175

Couples Session Fee Schedule:

60 minute session: \$150

75 minute session: \$175

90 minute session: \$200