

CONSENT TO PSYCHOLOGICAL SERVICES

By signing this **Consent to Psychological Services**, the undersigned hereby consents to receive psychological services from Fusion Care Group, a Psychological Professional Corporation.¹ This Consent to Psychological Services (this “*Consent*”) contains important information about our services and business policies. Please read it carefully and write down any questions you have so we can discuss them at our next meeting.

Initial Expectations. Psychotherapy is a collaborative process that requires effort from both the psychotherapist and the client. Successful outcomes can never be guaranteed. However, you can improve your chances of a satisfactory outcome through your commitment of time to the process, as well as your active involvement, honesty and openness to change in your thoughts, feelings, and behaviors.

The psychotherapeutic relationship is often personal. Therefore, it is important that you and your psychotherapist both feel that the relationship is a good fit. During the first few sessions, your psychotherapist will conduct a psychological evaluation of your needs including discussing your history and current concerns. At the conclusion of their evaluation, they will provide you with their initial impressions which will allow the two of you to establish mutually agreed upon treatment recommendations and goals. If they determine based upon their clinical judgment that you and they are not a good fit, or that you would benefit from another provider or an alternative level of care, they will inform you of their decision and provide you with appropriate referrals. It is also important that you tell them if you have any concerns regarding being a good fit. They will discuss your concerns with you and provide you with appropriate referrals if needed.

If you decide to continue with therapy, treatment will consist of regular psychotherapy sessions, and may include, if indicated and with your consent, the administration of psychological tests, review of background records, and interviews with individuals who are familiar with you such as other providers and family members.

Meetings. Initial sessions are typically 60 minutes. Subsequent sessions are usually scheduled for 45 minutes (one “appointment hour”) at a time to be agreed on. The frequency of appointments may vary depending on your situation, but appointments are typically scheduled at one or two-week intervals. Sessions may be longer than 45 minutes or occur more or less frequently if indicated.

Once an appointment hour is scheduled, your appointment time will be reserved for your exclusive use, and you will be expected to pay for the session unless you provide at least 24-hours advance notice of cancellation. You will be responsible for paying for any cancellations made with less than 24 hours’ notice and missed appointments unless we *both* agree that you were unable to provide enough notice due to circumstances outside of your control. At your psychotherapist’s sole discretion, the late cancellation/missed appointment fee may be waived if they are able to fill your slot. Be aware that insurance companies do not provide reimbursement for late cancellations or missed appointments.

Benefits and Risks of Treatment. Participation in psychotherapy can be very beneficial. Benefits may include a reduction of the symptoms that caused you to seek therapy, the resolution of specific concerns and greater insight and improvement in your interpersonal relationships. There are also risks to participation in psychotherapy. Remembering or talking about unpleasant events, feelings, or thoughts can result in considerable discomfort

¹ The pronouns you/your(s) refer to Client and Client’s legal guardian or financially responsible person. Fusion Care Group refers to Fusion Care Group, a Psychological Professional Corporation which may be referred to throughout this agreement as the “Center”, using the pronouns we/us/our(s), except that where context allows, the pronouns we/us/our(s) refer also to Client. While your psychotherapist may be male, female, nonbinary or transgender, we will use the pronouns they/them/their for the sake of convenience without regard to gender.

including strong feelings of anger, guilt, sadness, worry, fear, anxiety, depression, or insomnia. Attempting to resolve issues that brought you to psychotherapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Change may at times be easy and quick. More often, it will be slow and even frustrating. Sometimes, clients report feeling worse before they feel better. It is important if you have any questions about your progress, or feelings of frustration, that you raise those questions with your psychotherapist.

Psychological services may also be provided to prevent future deterioration. Such “maintenance” services may be provided over an extended period of time. Thus, it is difficult to estimate how long psychotherapy will take. The length of treatment depends largely upon the goals of treatment, the complexity of issues involved, your own motivation, honesty and openness to creating change in your life. Our experience has been that the more a client is invested and motivated to create and maintain daily change, the quicker and more effective therapy is.

Psychotherapeutic Approach. Over the course of treatment, we may use different methods and various psychological approaches based on our professional assessment of what will best benefit you under the circumstances. From time to time, we may ask for your open and honest feedback regarding your psychotherapy and its progress. Based on your feedback, we may make adjustments with you to treatment approaches and goals. You always have the right to ask about other treatments, as well as their risks and benefits. If you are interested in treatment approaches that we do not provide, we will be happy to assist you in obtaining appropriate referrals.

The process of psychotherapy involves a team approach. If you are working with other providers, such as a psychiatrist or other physician, we may ask you to sign a written authorization allowing us to communicate with those other providers to more fully assist you. It may also be valuable, with your permission, for us to speak with collateral sources, such as family members or if indicated, school personnel. We will discuss the benefits of such communication and obtain a written authorization from you before doing so.

Termination. By performing an initial psychological evaluation, your psychotherapist is not yet committing to an ongoing psychotherapeutic relationship with you. We will use our first few sessions together to assess whether we believe we can benefit you. We do not accept patients who in our opinion we are not able to adequately help. Therefore, it is possible that during our first few sessions together, we may refer you for other treatment options. Moreover, if at any point during treatment, we assess that we are not effectively helping you reach your therapeutic goals, or determine that you are not complying with treatment, such as by missing two or more consecutive appointments, or refusing to follow our treatment recommendations (including recommendations for a higher level of care), we will discuss those concerns with you. If indicated, we will terminate treatment and assist you in finding an appropriate referral.

We may also refuse service, including terminating a session early, if we determine that a client is under the influence of drugs or alcohol, verbally abusive or threatening, or actively psychotic.

You also have the right to terminate therapy at any time. However, it is important that such decisions not be made impulsively. It is our hope and expectation that you will let us know if you believe we are not a good fit or if you believe the treatment is not being effective, so we can discuss your concerns. If appropriate, we will provide you with referrals and assist you in transitioning care to another professional of your choosing.

Confidentiality. All individually identifiable information, whether in electronic or physical form, that is in the possession of or derived from information you share in confidence with us regarding your medical or mental health history, a mental or physical condition, or mental or physical health treatment, is confidential and may not be used or disclosed without your written authorization, except where disclosure is required or permitted by law.

When Disclosure Is Required by Law.

Abuse. Some of the circumstances where disclosure is required by law are as follows: where we reasonably suspect physical, emotional or sexual abuse, neglect or abandonment of a child, dependent adult or a

person 65 or older. For the purpose of triggering a mandated child abuse report, sexual abuse of a child includes creation of or streaming, downloading, storing or transmitting electronic images sexually depicting a child. Minors should be aware that as defined in the law, reportable sexual abuse of a child includes sexting and other conduct involving the creation, sending or storing of electronic sexually explicit images of a minor even when the subject of the images is the person creating them. If this section raises any concerns for you, we should discuss those concerns before commencing therapy.

Danger to self or others. If at any time we believe that disclosure of confidential information is necessary to prevent or lessen a serious and imminent threat to the health or safety of another person, we are required to take protective action. Protective action may include disclosing limited necessary confidential information to someone who is in a position to prevent or lessen the threat such as law enforcement and the target of the threat. Protective action may also include seeking hospitalization for you. If you threaten to harm yourself, we may be obligated to seek hospitalization for you or to contact family members or others who can help provide you with protection.

When Disclosure May Be Required. Disclosure may be required pursuant to a legal proceeding that is initiated by or brought against you. For example, if you place your mental status at issue in litigation, such as by filing a lawsuit seeking damages for severe emotional distress, the defendant may have the right to obtain your psychotherapy records and/or the testimony of your psychotherapist by issuing a subpoena. If your personal health information is made available in a lawsuit, it may then be shared with the parties and their experts in the case. Potentially, that information may even be shared with a judge or jury.

We will not release your confidential information in response to a subpoena without your written authorization, unless ordered to do so by a court, except in cases where the records are sought for a workers' comp determination or proceeding or otherwise required by law. When possible, we will limit the disclosure of your information to the least information necessary to comply with the demand. Please see this office's **Notice of Privacy Practices** for a more detailed description of when treatment information about you may be used or disclosed without your consent.

Minors in Therapy. If you are under eighteen years of age, the law may grant your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is our policy to request a written agreement from your parents or guardians indicating that they consent to waive access to such information and/or access to your records. If they agree, we will provide them only with general information about our work together subject to your approval. If we feel it is important for them to know something to make sure that you and others around you are safe, we will encourage you to share the information with them during a family session, or we will share the information with them with your permission in the context of a scheduled session. However, if we think it is clinically necessary, we will involve them even without your permission if we have reason to believe there is a risk of harm to you or others or if another is harming you in any way.

Emergencies. Confidential treatment information may also be released in the rare event of a medical or psychological emergency, meaning a sudden change in condition that may result in physical or psychological harm to you if left untreated.

Health Insurance and Confidentiality. Your health insurance carrier or Managed Health Care plan (i.e. HMO/PPO) may require us to disclose confidential information to process claims for payment. Most insurance companies require that we provide a clinical diagnosis to obtain reimbursement. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or in rare cases, copies of the entire record. If you allow this office to share your confidential information with your health insurance carrier for reimbursement purposes, only the minimum information necessary will be communicated. Once shared, we have no control over what your insurance company or other third-party payor will do with the information and no control over who will have access to the information. Mental health information may be shared by your insurer with the Medical Insurance Bureau ("*MIB*"), which may make your information available through the use of codes to its member insurers. You may request a copy of your MIB file at:

https://www.mib.com/request_your_record.html or by calling **1-866-692-6901**. You have the right to withhold information regarding your treatment from your insurer. In that event, however, claims for reimbursement cannot be submitted, and you will be personally liable for payment.

Litigation Limitation. Maximizing the effectiveness of treatment requires a relationship of trust and often involves disclosing to your therapist matters that are confidential and highly sensitive. If you involve your psychotherapist in a legal proceeding (such as custody proceedings or a personal injury lawsuit), they could potentially be court-ordered to produce your psychotherapy records and testify regarding your treatment. This could have significant consequences to you and disrupt our therapeutic relationship. To preserve the confidential nature of the therapeutic relationship, we ask that if you anticipate becoming involved in a legal proceeding of any nature, that you discuss that with your psychotherapist, and that neither you nor your attorney, or anyone on your behalf, attempt to compel your psychotherapist's testimony or disclose your psychotherapy records without first discussing the risks of doing so with us.

Consultation. During the course of treatment, your psychotherapist may consult from time to time with other psychotherapists without disclosing patient identifying information so that your confidentiality is maintained.

Communication via Email, Phone or Text. Text and email are convenient for communicating brief messages. However, communication using text and email can also be problematic due to the risk of misinterpretation, the creation of a lasting record, unauthorized access and distribution of private information by others and other forms of abuse. It is our experience also that when using such media, individuals may be less careful, sometimes saying things reactively, and sometimes including content or copying recipients they did not intend. Moreover, such communications made on public or employer-owned devices may not be confidential or be protected by the patient-psychotherapist privilege. Therefore, it is our policy that all substantive communications regarding your treatment, such as discussions of symptoms, events or experiences, be limited to telephone or face to face discussion (either in person, or via Telehealth with your consent). Text, email and other electronic messaging technology should be limited to administrative communications only. Administrative communications include requests for appointment changes, appointment confirmations, notifications that you are running late for an appointment and simple billing questions. Clinical matters are best discussed in therapy sessions or expressed over the phone. Communication with your psychotherapist should never be through social media.

Do not use email, text messaging or faxes for emergencies. If you believe you are having a medical or psychiatric emergency, call 911 or go to the nearest emergency room.

Social Media. We do not communicate with clients through social media platforms of any kind (e.g. Twitter, LinkedIn, Facebook, Instagram or Snapchat). Out of respect for the privacy and security of your personal and health information, and to protect against the risk of blurred boundaries, we do not accept friend or contact requests from current or former clients, or engage in the exchange of photographs, documents or other communications on any social networking sites.

Telephone Calls. If you would like a call back from us, you can call the office number shown in and leave a message at **(619) 448-1216**. Please leave a message with at least 2-3 times when you will be available. If you call Monday through Friday, other than on a holiday, we will attempt to return your call on the same or next business day. We generally check messages during office hours but generally do not do so on weekends or holidays. If an urgent situation arises, please indicate that clearly in your message. If you feel you are having an emergency and you are unable to reach us, **please call 911** or the **24-hour crisis line (800) 724-7240** or go to the nearest emergency room. If your psychotherapist will be unavailable for any extended period of time, the contact information for a covering colleague will be provided to you.

Records and Your Right to Review Them. We are legally and ethically required to keep treatment records of each patient encounter for seven years following the termination of treatment, or until a patient's 25th birthday, whichever is later. Unless otherwise agreed to with you in writing, we do not guarantee that we will retain clinical records any longer than is required by California law.

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Fusion Care Group

As a patient, you have the right to review, obtain a copy, or receive a summary of your treatment records upon request and within a reasonable time, except in limited situations where we determine that releasing such information might be harmful to you. In that event, we may provide you with a statement of our decision and any options you may have including allowing us to provide your treatment records to an appropriate mental health professional of your choice. If you choose to review your treatment records, we recommend that you review them with us so that we can discuss the contents and answer any questions you may have. In accordance with California law, we charge .25 cents per page for copies. In addition, clients will be charged an appropriate fee for any professional time spent in responding to information requests.

When more than one patient is involved in treatment, such as in cases of couples and family psychotherapy, the release of records must be authorized in writing by all participants who are capable of providing consent.

You have the right to request amendments to your treatment records. Such requests must be in writing and must state the reasons for your request. In general, we must respond in writing to your request within 60 days. If we deny the request, we will provide you with the reasons for the denial and an explanation of additional rights that you may have.

Billing and Payments. Our rates are set forth on the attached Rate Sheet, which as amended from time to time, is made a part of this Consent to Psychological Services.

By signing this Consent to Psychological Services, you agree that you shall be financially responsible for all fees and expenses related to your treatment including fees and expenses that may arise from legal services related to your care.

By initialing here, you agree that we may disclose your confidential information to your health insurance carrier for reimbursement purposes. Initials _____

You are expected to pay for each session at the time it is held unless other arrangements have been made. We accept cash, credit cards, and checks. Checks should be made out to Fusion Care Group. If a check is returned due to insufficient funds, you will be charged for any actual bank charges or processing fees incurred. We may, in our discretion, request a credit card authorization form to be completed and held in your file for cancelled appointments without at least 24 hours' notice and any unpaid fees at the end of each month. If we use the credit card on file, we will document and notify you of each credit card transaction with the amount, reason, and date of the charge. Upon your request, a receipt of each transaction can be sent via unencrypted email at the time of charging your card.

If you are having financial difficulties and feel that you can't afford to continue your treatment, please discuss that with us. If continued treatment is clinically indicated and alternative payment arrangements cannot be agreed upon, we will attempt to provide you with referrals for therapists offering reduced fees.

Right to Use Collections. We will work with you to resolve any overdue and unpaid charges. However, if despite our making a reasonable effort, you fail to bring your account current, we may use any lawful means such as collection agencies, small claims courts or arbitration to obtain payment of overdue amounts. You further authorize us to use confidential information regarding your treatment to the extent necessary to collect overdue amounts. Such information may include dates and times of service, the general nature of the services provided, and communications between us regarding efforts to resolve your debt.

Insurance Reimbursement: Fusion Care accepts most types of insurance. If you have health insurance, it is important that you carefully read your policy booklet to determine what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administrator. We are happy to provide what assistance we can to help you receive the benefits provided by your insurance. However, we do not make insurance coverage determinations. As insurance coverage varies with each beneficiary's circumstances and does

not necessarily apply to all forms of treatment, it is your responsibility to verify and understand the limitations of your coverage.

Pre-authorization. Some managed health care plans such as HMOs and PPOs may require authorization before they provide reimbursement for mental health services. Upon your request, we may assist you in completing the paperwork required to obtain pre-authorization prior to providing services. In addition, some plans are limited to short-term treatment approaches designed to work on specific problems that interfere with a person's usual level of functioning. While much can be accomplished in short-term therapy, some patients feel they need more services after insurance benefits end. It may be necessary to seek approval for more therapy after a certain number of sessions. However, you will be responsible for payment of any services which are not covered by your insurance.

Cancellation Policy. We require notice of at least 24 hours for rescheduling or canceling your appointment. If you cancel within 24 hours of your appointment or fail to show up for your appointment, you will be charged the cancellation fee shown on the attached Rate Sheet, unless we agree to waive the fee. If you are late to your appointment, we will still need to end at our regular time so that we can respect the appointment times of other clients. Payment of any late cancellation charges will be your responsibility.

Pet Policy. From time to time, you may encounter dogs or other emotional support animals in our waiting rooms. We have no knowledge of or control over the temperament of any of the dogs or other emotional support animals that are brought to the office by other patients. We request that you do not attempt to approach or touch any animal you may encounter in our office. Please be advised that should you approach an animal you may encounter, you voluntarily assume the risk of doing so and we take no responsibility for and disclaim liability for any injuries as a result. If you have discomfort or other health concerns around emotional support animals, please discuss this with us so that we can discuss reasonable accommodations.

Dual/Multiple Relationships. "Dual" or "Multiple" Relationships refer to having a treatment relationship with a psychologist while involved in some other relationship with that same psychologist. Romantic relationships between a patient and their psychotherapist are inappropriate as is any other relationship that may be reasonably expected to impair the psychotherapist's clinical judgment or potentially exploit the patient. Dual roles can occur through having mutual acquaintances or similar social interests, corresponding outside of treatment, or frequenting the same places. While not all dual relationships are unethical or even avoidable, they can detract from the quality of the treatment relationship. Therefore, we will attempt to avoid relationships with you outside of therapy. It is possible that you may see your psychotherapist out in the community such as at Starbucks or a grocery store. Please do not be offended if they do not acknowledge you. This is to protect your confidentiality and the proper limits of the treatment relationship. However, they may respond to you if you address them first. If you do encounter your therapist outside of treatment, do not attempt to discuss treatment with them. If you become aware that another relationship exists, such as finding that you and your psychotherapist participate in the same organization, it is your responsibility to notify them and communicate whether the dual relationship may be or has become uncomfortable for you in any way. They will listen carefully and respond to your feedback and will discontinue the relationship if in their judgment it potentially interferes with the effectiveness of psychotherapy or your welfare and the relationship cannot otherwise be limited.

Notice of Privacy Practices:

The Health Insurance Portability and Accountability Act ("HIPAA") is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of protected health information used for the purpose of treatment, payment, and health care operations. California's Confidentiality of Medical Information Act ("CMIA") also contains detailed privacy rights and protections with regard to the use and disclosure of your health information. We are required to provide you with a Notice of Privacy Practices (the "**Notice**") for use and disclosure of health information for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains your privacy rights with regard to your personal health information.

NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board on the Internet at www.psychboard.ca.gov, by calling 1-866-503-3221, or by writing to the Board of Psychology 2005 Evergreen Street, Suite 1400, Sacramento, California, 95815-3894.

CONSENT FOR PSYCHOTHERAPY:

I have read and fully understand this entire document. By signing below, I voluntarily agree to participate in psychotherapy and agree to comply with the terms discussed above. Moreover, in signing this Consent using electronic technology, I agree that my electronic signature will have the same force and effect as my written signature as if set forth fully below.

Patient name (print)	Signature	Date
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Name of Legal Guardian (print)	Signature	Date
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TREATMENT RATE SHEET

Initial intake evaluation (60 min.)	\$200
Individual Psychotherapy (45 min.)	\$150
Individual Psychotherapy (60 min.)	\$175
Late Cancellation/Missed Appointment Fee	\$75
Professional Consultations (per hour)	\$175
Testifying in a deposition or other proceeding (per hour)	\$450

For other professional services lasting less than 60 minutes, Client will be billed at a rate of \$175 per hour, pro-rated to the nearest 15-minute increment (rounding up). Other professional services include report writing, telephone conversations lasting longer than 9 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, time spent speaking with attorneys, and the time spent performing any other service you may request.