

**HANNAH SINGER, PSY.D.**

**CLINICAL PSYCHOLOGIST | PSY28520**

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### INFORMED CONSENT FOR THERAPY

This document contains information about my professional services and office policies. Although it is lengthy, please read it thoroughly so that you can make an informed decision about working with me. I'm happy to answer any questions during our first meeting.

#### PSYCHOTHERAPY SERVICES

Our first few meetings will involve an evaluation of your needs. I will be able to offer you some first impressions and recommend an initial treatment plan. At that point, we can both decide if I am the best person to provide the services you need and you can assess whether you feel comfortable working with me. If therapy is begun, we will generally schedule one 50-minute session per week. If you are out of town, sick or need additional support, we can arrange a phone or video session.

Psychotherapy has both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, therapy often leads to better relationships, solutions to specific problems and reductions in feelings of distress. However, there are no guarantees this will occur.

If you have any questions about my methods or are unhappy with anything that is happening in therapy, I sincerely hope you will discuss this with me. Your concerns will be taken seriously and handled with care and respect. You may request that I refer you to another therapist and you are free to end therapy at any time, although I recommend discussing this with me first so we can consolidate gains and achieve closure.

I may end treatment with you after a termination process if I determine that you are no longer benefiting from therapy with me or if you are in default on payment. If you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, I will have to consider our professional relationship discontinued.

#### CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. But, there are some situations where I am permitted or

legally required to disclose information without your consent or authorization.

- 1) If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
- 2) If you threaten to harm yourself or someone else, I may be obligated to take action. This might involve notifying a potential victim, contacting the police, pursuing hospitalization or contacting family members or others who can help provide protection.
- 3) In certain legal proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony.
- 4) I may occasionally find it helpful to consult other health professionals about aspects of your treatment. During a consultation, I will not reveal your identity and the consultant is bound by the same legal requirements for confidentiality.

#### CANCELLATION POLICY

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (exceptions will be made on a case-by-case basis). It is important to note that your insurance plan will not pay for missed sessions or late cancellations, so you will be personally responsible for payment.

#### PROFESSIONAL FEES

The standard rate for a 50-minute session is \$180. Payment is accepted in the form of cash, check, debit card, or credit card and is due on the day of service.

If you are using in-network insurance benefits, your copayment will be collected at the end of each session and your insurance will be billed for the balance. Please note that insurance companies usually require me to identify a diagnosis and there are some diagnoses for which they will not reimburse. If a claim is denied, you will be responsible for paying for services rendered at the full contracted rate.

My hourly rate of \$180 will be prorated for other professional services you may need. These 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 even if I am called to

testify by another party. Payment schedules for other professional services will be agreed to when they are requested.

## INSURANCE

I am an in-network provider for Magellan Behavioral Health and Cigna Behavioral Health.

For all other insurance companies I am considered an out-of-network provider. At your request, I will provide you with monthly Superbills which you can submit to your insurance company for out-of-network reimbursement. I recommend calling your insurance company to find out exactly what mental health services your policy covers and whether authorization is required in advance.

You should be aware that submitting a claim for insurance reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance. Insurance companies usually require the therapist to assign a diagnosis, which becomes part of your record. In addition, many insurance companies require access to clinical information such as treatment plans, summaries, or copies of the entire record. This information will become part of the insurance company's files. Although all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. You always have the right to pay for my services yourself to avoid the problems described above.

## CONTACTING ME

If you need to contact me between sessions, feel free to call or email me. I am often not immediately available, as I do not answer my phone when I am with clients or otherwise unavailable. However, I will make every effort to respond to voicemails and emails within 24 hours with the exception of weekends and holidays. Please note that if our conversation lasts longer than 10 minutes it will be considered a phone session and will be billed at your usual session rate. **In an emergency, call 911 immediately or go to your nearest hospital emergency room.**

## ELECTRONIC COMMUNICATION

The privacy and confidentiality of electronic communication cannot be guaranteed. Unencrypted email, texts, and e-fax communication can be relatively easily accessed by unauthorized people. Servers or communication companies may have unlimited and

direct access to all emails, texts and e-faxes that go through them. Additionally, e-faxes, texts, and email can be sent to the wrong address.

Please notify me if you decide to avoid or limit, in any way, the use of email, texts, or e-faxes. If you communicate confidential or private information via unencrypted email, texts, or e-fax I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted.

#### SOCIAL MEDIA POLICY

To protect your privacy and to avoid blurring the boundaries of our therapeutic relationship, I do not accept friend requests from current or former clients on social networking sites (Facebook, Instagram, LinkedIn, etc).

However, feel free to “like” my business Facebook page ([facebook.com/drhannahsinger](https://facebook.com/drhannahsinger)) for content related to mental health, as well as updates about my practice. Just be aware that others will be able to see that you “liked” it and may be able to view your profile.

#### MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.