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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL 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. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. 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.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. 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 set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. [If it is possible, I will try to find another time to reschedule the appointment.]

PROFESSIONAL FEES

My hourly fee is \$150. In addition to weekly appointments, I charge other professional services you may need such as phone calls. I charge \$40 per every 15 minutes for phone calls. . I will also charge for other services include report writing, 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.

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. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 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. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare

cases). This information will become part of the insurance company files and will probably be stored in a computer. Though 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. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

CANCELATIONS

If you need to make a cancelation, I require a 48 hour cancelation notice. If you call less than 48 hours, you will be charged the full fee. If you bill the insurance through out of network, insurance does not reimburse for canceled or missed appointments and you will be responsible for the full fee.

If you have Aetna Insurance and payment is billed through them, Aetna insurance does not cover for canceled appointments. You will be responsible for the full fee of the session not the co-pay.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by an answering service voice mail. I will make every effort to return your call on the same day you make it but may not get back to you until the next business day, including weekends and holidays. If you call after 5pm or on weekends I will not return you call until the next business day. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

TEXTING AND EMAILING

I will only use email and texting for scheduling purposes. You can email me or text me, however, I will respond via phone. This will insure that nothing is misinterpreted or compromised via email or text.

Note: Email and text are unsecure and not confidential means of communication. If you choose to email please make note of this.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. I will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are 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. 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 with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I am mandated to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. 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.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date

Rev. 06/10

Vanessa Isetta, Psy.D.
PSY 20941

Confidential Client Information

Date of Initial Appointment _____

Client's Full Name _____

Address _____ City _____ State _____ Zip _____

Phone (Main) _____ Phone (Other) _____

Email Address _____

Date of Birth _____ Age _____ Gender F M Ethnicity _____

Name of Primary Physician _____ Phone number _____ Date of last exam _____

If using insurance, please complete the following:

Name of Insurance: _____ Plan Name: _____ Phone number: _____

Name of Primary Insured: _____ Relationship to Patient: _____ Employer of Insured: _____

Subscriber ID: _____ Group Number: _____ DOB of Primary Insured: _____ Deductible: _____

If client is an adult, please complete the following information:

Occupation _____ Highest Level of Education _____

Marital Status Single Married Partner/Significant Other Divorced Separated

Spouse/Significant Other/Partner's Name _____

Is your spouse supportive of you seeking counseling? _____

Do you have children? _____ Names and Ages _____

If client is a child, please complete the following information:

Name of Parent(s) or Guardian(s) _____ Phone _____

Name of Noncustodial/Other Parent _____ Phone _____

Names of Siblings _____ Others in the House? _____

Child's relationship with Other Parent/Guardian: _____

Is the Other Parent/Guardian aware of and supportive of counseling? _____

Child's School and Grade Level _____

Child's School Performance/Behavior _____

Emergency Information

In case of emergency, contact:

Name _____ Relationship _____ Phone _____

Referral Source

How did you hear about Dr. Isetta (or from whom?) _____

If from another person, initial here _____ if it is ok for me to contact that person/referral source to thank them for their referral.

If you are using insurance to pay for therapy, I need the following statement to authorize direct payment of benefits.

I authorize my insurance benefits be paid directly to the psychologist. I understand that I am financially responsible for any balance. I authorize my psychologist and my insurance company to release/exchange information required to process my claims.

Client/Parent/Guardian Signature

Date

Vanessa Isetta, Psy.D.
PSY 20941

Confidential Client Information, Page 2 - Client Name: _____

Please complete the following information regarding the person who is seeking services:

Medical History:

Please list any major health problems, allergies, significant injuries, and history of head injury or chronic illnesses:

Please list any prescription or nonprescription medicines that are taken regularly:

Counseling History:

Have you previously seen a counselor/therapist/psychologist/psychiatrist? _____

If Yes, what was helpful or unhelpful about that experience? _____

Briefly describe why you are seeking therapy: _____

How long have these concerns been causing you distress? _____

How do you hope counseling will help? _____

Please list anything else you feel that is important for us to know: _____

Please check any of the following difficulties that apply to the person seeking services:

<input type="checkbox"/> Abuse/Neglect	<input type="checkbox"/> Health Problems	<input type="checkbox"/> Relationship Difficulties
<input type="checkbox"/> Acting Out Behaviors	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> School problems/Poor Grades
<input type="checkbox"/> Alcohol/Drug Use	<input type="checkbox"/> Insomnia/Sleep Difficulties	<input type="checkbox"/> Self Control
<input type="checkbox"/> Anger/Temper Issues	<input type="checkbox"/> Irritability	<input type="checkbox"/> Sexual Problems or Sexuality Issues
<input type="checkbox"/> Anxiety, Nervousness or Fears	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Shyness
<input type="checkbox"/> Career Difficulties	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Social Skills Deficits
<input type="checkbox"/> Concentration Problems	<input type="checkbox"/> Low Self Esteem	<input type="checkbox"/> Stress
<input type="checkbox"/> Depression	<input type="checkbox"/> Memory	<input type="checkbox"/> Suicidal Thoughts or Actions
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Tiredness
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Odd Behaviors	<input type="checkbox"/> Thoughts of Hurting Others
<input type="checkbox"/> Eating Problems/Disorder	<input type="checkbox"/> Panic	<input type="checkbox"/> Trauma History
<input type="checkbox"/> Family Conflicts/Dysfunction	<input type="checkbox"/> Parenting Difficulties	<input type="checkbox"/> Truancy
<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Promiscuity	<input type="checkbox"/> Weight Gain/Loss
<input type="checkbox"/> Gang Involvement	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Other: _____

