



Lorraine Wong, , PhD, Licensed Psychologist, CA PSY 27739
OUTPATIENT SERVICES AGREEMENT/INFORMED CONSENT

This document contains important information about my professional services and business policies. I look forward to discussing any questions with you so that I can be clear on the policies and expectations.

PSYCHOLOGICAL SERVICES

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 tremendous benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. All experiences differ.

Our first few meetings will involve an evaluation of your needs. Within a reasonable period of time after starting treatment, we will discuss my working understanding of your issues, my proposed treatment plan, and therapeutic objectives and possible outcomes of therapy. I will also assess whether I can be of benefit to you. I do not accept clients who I believe I cannot help, and if this is the case, I will refer you to others who work well with your particular issues. You should evaluate this information along with your own opinions of whether you feel comfortable working together. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment in general, please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. I am happy to provide outside referrals if your concerns persist.

Psychological counseling varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. Counseling will frequently involve discussing your personal concerns, thoughts, and feelings. In order for the therapy to be most successful, you will have to work on things I talk about both during our sessions and between sessions. I believe that homework assignments are a necessary part of the recovery process, thus I only work with clients who are willing to engage in homework assignments.

MEETINGS & CANCELLATION POLICIES

I offer both 50-minute “traditional” appointments as well as 80-min and 110- minutes sessions. The exact timing of sessions will be determined in consultation with you, based on your needs.

A phone consultation is recommended prior to arranging treatment. The 15 minute consultation will be done free of charge. During the consultation, we can both decide whether I am the best match to provide the services you need. If an appointment of 50 minutes, 80 minutes or 110 minutes duration 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 are unable to attend due to circumstances beyond your control). If it’s possible, I will try to find another time to reschedule the appointment.

TELEMENTALHEALTH

In some instances, it may be clinically indicated to provide follow-up services via telephone or video service. Note that therapy is not provided primarily via telehealth; only follow-up services are provided in this manner). My license may preclude me from providing this ongoing service with patients located outside of the state of California, where I am licensed to provide treatment. Telementalhealth has been defined as the use of technology (e.g., phone, video technology) for the delivery of psychological services. A potential benefit of this format is that sessions can be provided when clients are not able to attend in-person sessions due to various reasons including physical limitations, physical distance, or lack of transportation. Ample research indicates that telementalhealth has led to effective treatment of various disorders (Journal of Technology in Human Services, 2008, Vol. 26, No. 2; Clinical Psychology: Science and Practice, Vol. 16, No. 3). However, some potential risks of telementalhealth include: less control over confidentiality, decreased emotional connection between therapist and client due to lack physical proximity, reducing the likelihood of insurance reimbursement, and necessity of using different forms of crisis intervention (e.g., client is required to visit a local emergency room, support person is more likely to be contacted). Telementalhealth requires you to be familiar with technology and requires that paperwork be submitted via electronic means or postal mail (instead of face-to-face). I will use initial evaluation, as well as the first few sessions, to recommend whether telementalhealth is appropriate for your needs. Evaluation of appropriateness for telementalhealth will continue throughout the treatment. If I determine that it no longer seems appropriate to



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provide telementalhealth, then I will inform you of this and make local referrals. You are welcome to decline telementalhealth services. If I recommend telementalhealth and you prefer not to accept these risks, then local referrals will be provided. Signing this consent indicates that you understand the potential benefits and risks.

HOMEWORK

I practice a model of psychotherapy that requires weekly homework. It is my experience that clients who do homework make significantly more progress toward their goals than clients who do not do homework. If you are not comfortable completing weekly homework, I would be happy to refer you to a clinician who does not require homework. **Please initial here to indicate your willingness to complete homework assignments:** _____

ENDING THERAPY

My hope is to help you end therapy as soon as you have met your goals and are feeling ready to do so. If you experience a readiness to end therapy, I ask that you commit to a final session together so that I can understand your decision, assist with solidifying gains, and support your transition. Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to expose them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the psychotherapist of your choice (with your permission only) in order to help with the transition. 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. You have the right to terminate treatment at any time. If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately.

PROFESSIONAL FEES

Fees are as follows:

50-minute Session \$225

90-minute Intake/Initial Appointment \$300

80-minute Session \$330

110-minutes Session \$450

In addition to appointments, I charge these amounts (pro-rated) for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 15 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.

BILLING AND PAYMENTS

Payment is collected for the first appointment at the time it is booked. Each additional session can be paid at the time the appointment is held. I am able to accept cash, check, or credit cards (visa or mastercard). 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. (If such legal action is necessary, its costs will be included in the claim). In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and 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. I am not currently listed on any insurance panels, which means that I am not "in-network" for any insurance



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provider. I will give you a receipt and you are welcome to apply for reimbursement of a portion of the fee through your insurance provider. I cannot guarantee whether your insurance provider will cover this expense. Many carriers will provide only very limited coverage. Please consult with your insurance carrier prior to starting services.

Many 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. 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.

CLIENTS WITH MEDICARE

I have opted out of Medicare under under §§1128, 1156 or 1892 of the Social Security Act. If you are eligible for Medicare but choose to work with a clinician who has opted out of Medicare, then you will have to complete the Patient's Contract For Private Care Contract (<https://med.noridianmedicare.com/documents/10525/2052366/Opt-Out+Private+Contract>). Signing this contract indicates an understanding that you (or your legal guardian or representative) will be solely responsible for all costs of treatment and that you will not seek reimbursement from Medicare. Seeking services from a provider who accepts Medicare may lead to less total cost for you. For more information about Medicare, you can visit www.noridianmedicare.com

THE FEELING GOOD INSTITUTE

I, Dr. Lorraine Wong, work with a group of independent mental health professionals under the name Feeling Good Institute (FGI). This group is an association of independently practicing professionals who share certain expenses and administrative functions. While the members share a name and space, Dr. Lorraine Wong is completely independent in providing clinical services and she alone is fully responsible for services provided. Many clients at FGI work with multiple clinicians. By signing this document, you are giving Dr. Lorraine Wong permission to consult with those clinicians at FGI who may be involved in your treatment. You should be aware that if you choose to use our online booking system (Bookeo.com) other clinicians at FGI may have access to your name and appointment times. These clinicians are bound by confidentiality under professional ethics codes. Professional records (with details of your case) are separately maintained and no member of FGI can have access to them without your written permission.

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. If you wish to see your records, I recommend that you review them in my presence. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under 18 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. 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'm prepared to discuss. In addition, at the end of treatment, I may 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 (described below). 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, dependent elder, or disabled person is being abused, I may be required to file a report with the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include



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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.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I will not reveal the identity of my patient. The consultant is also legally bound to keep the information confidential. California law allows us to consult with your medical and mental health treatment providers in order to provide you with the best possible care.

The Health Insurance Portability and Accountability Act (HIPAA) requires that I provide you with a Notice of Privacy Practices (The Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which you should download with this document, explains HIPAA and its application to your personal health information in greater detail. Your signature on this document indicates that the HIPAA policies have been made available to you.

COMPLAINTS OR CONCERNS

I ask clients to complete weekly evaluations to provide feedback on whether you are getting your needs met in therapy. I hope you will discuss any concerns with me. You may also report any concerns you have to the Board of Psychology at 866-503-3221 and/or the U. S. Department of Health and Human Services at 877-696-6775.

Board of Psychology
1422 Howe Avenue, Suite 22
Sacramento, CA 95825
bopmail@dca.ca.gov

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:

It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Dr. Lorraine Wong's laptop is encrypted, emails, texts and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Dr. Lorraine Wong's laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Also, be aware that phone messages are transcribed and sent to Dr. Lorraine Wong via unencrypted emails. Additionally, email messages are unencrypted on Dr. Wong's smart phone. Please notify Dr. Lorraine Wong if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, she will assume that you have made an informed decision, she will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Please do not use texts, email, voicemail, or faxes for emergencies.

CONTACT INFORMATION

I am not able to provide crisis mental health treatment outside of regularly scheduled sessions. I keep a separate telephone line that is answered by a confidential voicemail box, although I cannot guarantee its confidentiality. I will make every effort to return your call within two business days, with the exception of weekends and holidays. **In the case of an emergency, please call the Santa Clara County Crisis Line (855-278-4204), dial 911, or go to your local emergency room.** If you are seeking regular contact or crisis mental health services, I can provide referrals to clinicians who can provide this service. Email is a convenient method for scheduling purposes and arranging treatment, however the confidentiality of email cannot be guaranteed. I can be reached at 650-382-2064 or info@drlorainewongl.com.

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

Printed Name: _____



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Signature: _____ Date: _____

If different from above:

Party Responsible for Payment (Name): _____

Signature: _____ Date: _____