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818-763-3361

CONSENT FOR PSYCHOLOGICAL TREATMENT
(Six Pages) Please initial each page and sign the last

Welcome to the office. This document will provide you with important information regarding professional services and business practices. Please read it carefully and make note of any questions that you might have so that we can discuss them. Once you sign this, it will constitute a legal agreement.

About Psychotherapy: Psychotherapy is a psychological treatment intended to alleviate emotional and behavioral problems of living. Active participation and a sense of shared responsibility on the part of the client are required to achieve the treatment goals. Because psychological issues are complex, psychotherapy cannot be guaranteed to resolve the presenting problems. During the course of treatment, emotional discomfort can be aroused which exceeds that experienced prior to therapy. Factors such as the severity and nature of the problem, the client's motivation, the client's compliance with treatment recommendations, and the length of treatment pursued can affect results. Some patients may benefit from medications in conjunction with psychotherapy. If this would be a possibility for you, you would be referred to a psychiatrist with whom you would be able to discuss the potential benefits and risks of medications..

Client's Rights: Psychotherapy can be time-limited or can continue for an unspecified length of time. The client is free to terminate treatment or request referral to another clinician at any time. It is encouraged that thoughts about termination or referral be discussed with the psychologist in person in advance. Termination will be preceded by at least one closure session in which progress can be reviewed. The psychologist will not engage in any personal or business relationships with the client outside the treatment setting.

Sessions: Unless you are specifically requesting crisis intervention, our work together will begin with a clinical interview which normally lasts from one to two sessions and involves questions regarding your problems, symptoms and background history. Selected instruments of psychological testing may be administered at this time (or later in treatment at the psychologist's discretion.) After the initial sessions I will be offering you clinical impressions and recommendations regarding your treatment. During this time we can both/all decide whether I am the best person to provide the services which you will need. You should consider this information together with your own feelings regarding whether you feel comfortable working with me. If you have any questions about our treatment, we should always discuss them promptly as they arise.

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Limits of Confidentiality: Confidentiality of information and respect for client privacy is fundamental to the psychotherapeutic process. However, under certain legally defined situations involving threats of self-harm to another, and in cases of child abuse, elder abuse or abuse of otherwise dependent individuals, confidentiality must be broken. In case of danger to others, the psychologist is required by law to notify the police and to inform any intended victim(s). If I discover during the course of treatment that you are a danger to yourself, I am legally bound to inform your nearest relative, significant other or friend, or to otherwise enlist methods to prevent your self-harm or suicide (e.g., I can hospitalize you against your will.) In instances of child abuse, or dependent abuse, I must notify the proper authorities.

The laws and standards of my profession require that I maintain treatment records and hold them safely for approximately seven years after your treatment ends. (The amount of time may vary according to changes in ethical practice and/or state law.) Records usually contain information regarding your symptoms, issues, history, diagnosis, treatment plan and progress. These records are protected by therapist-client privilege and are not accessible to anyone except you (or in some cases your insurance company) unless you give me written permission or I receive a court order from a judge. Be aware that if you make your mental health an issue before a court of law, you have waived the right to confidentiality, and all psychological records may be subject to subpoena. If I need to prepare records for release, I need at least two weeks notice and you will be charged a preparation fee.

If treatment is being received at an inpatient facility, progress notes will be recorded in a medical chart, and confidentiality is automatically extended to all members of the hospital treatment team. If treatment has been court-ordered, the court is entitled to receive a report and may be entitled to access treatment records. If insurance is billed, the insurance company is entitled to receive a description of services provided, dates of service, fees charged and diagnosis. Depending upon the insurance provider, treatment plans and/or progress reports may be required.

Some information regarding the client may need to be revealed to a back-up psychologist on call when Dr. Calaba is out of town or otherwise unavailable to respond to calls. Consent is also being given to supply the office manager with such information as your name, address, telephone number, birthdate, insurance company and account number, social security number, and diagnosis for billing purposes.

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Please be aware that if you are on social security disability and want Dr. Calaba to complete evaluation forms, sensitive information regarding your clinical case which might affect your disability status (e.g., current drug abuse, employment or HIV status) may be requested. Once you have signed the social security release form for Dr. Calaba to fill out an evaluation form, you have waived your right for this information to remain confidential. It is recommended that you speak with Dr. Calaba and social security administrators regarding confidentiality issues before initiating your paperwork.

Minors: In order for a minor to be seen for psychotherapy, written permission must usually be granted by all parties who have legal custody of the minor. For older children or teenagers who are being seen for individual as opposed to family therapy, treatment is usually more successful if parents will agree not to insist on access to the minor's entire treatment record. If parents will agree, I will provide them only with general information on how their child's treatment is progressing unless the child discloses abuse or unless I feel that there is a high risk that the child will harm themselves or another, in which case the parents will be notified of my concern as well as the reasons for it. **Please be aware that I cannot make custody recommendations, act as a witness nor have any clinical involvement in a custody dispute.**

Couples: In couples therapy, both individuals sign the consent for treatment form. Couples therapy focuses primarily on relationship and communication issues between individuals. In some cases, one or both people may be referred for concomitant individual therapy in order to explore personal issues in more depth. Occasionally, in the context of couples therapy, I may see each person individually one or more times. In these sessions it is important to be aware that the psychologist will encourage partners to divulge sensitive information to each other.

Biofeedback/Neurofeedback Treatment: In order to promote self regulation, mind-body balance and stabilization of the nervous system, I frequently integrate biofeedback into my work with children and adults. I also work adjunctively with clients who are referred for biofeedback training by their primary therapist and clients who request biofeedback treatment only (without psychotherapy.) Methods employed in biofeedback treatment can include: a) education regarding behavioral, emotional and physiological self regulation principles; b) observation, assessment and/or training of brainwave functioning (i.e., EEG neurofeedback and/or Quantitative EEG); c) exploration of musical sound; and d) measurement and regulation of heart rate, breathing, muscle tension, skin temperature or skin conductance. As a Certified Neurofeedback Practitioner and Quantitative EEG (QEEG brainmapping) Technician, I will be assessing your treatment needs during our initial sessions and will offer you clinical impressions and recommendations regarding the possible use and appropriateness of these specialized methods in your individual case. If biofeedback, neurofeedback or Quantitative EEG

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brain mapping is recommended by the psychologist and agreed to by the client, a separate consent form be presented, discussed and signed.

Consultation: In the interest of increasing efficacy of treatment, I participate regularly in professional consultations groups. In these consultations, I speak anonymously of clients and avoid revealing any information which could help to identify his or her identity. The professional consultant is, of course, also legally and ethically bound to keep the information confidential. Unless you object, I will not inform you of any such consultations unless I feel that it is important to our work together. If, for some reason, I feel that it would be clinically valuable to reveal your identity to a particular consultant, this will be discussed with you in advance, and your written permission to discuss your case more fully for a designated time period will be obtained.

Payment and Fees: Payment for psychotherapy services will be at the rate of \$150.00 per 50 minute hour. Checks can be made payable to Jeannine Lemare Calaba, Psy.D. If you have Medicare, assignment will be accepted and billing/payment will be handled directly with the insurance companies. In some cases, co-payments may be required. Payments are due at the beginning of each session. Fees may be increased once yearly. Usually, further services are not provided until overdue accounts have been settled. The psychologist will gladly complete any insurance forms required for the client to receive insurance company reimbursement. Please keep in mind that if your insurance coverage terminates and you cannot pay the bill yourself, you may have to be referred elsewhere. In addition to weekly appointments, \$150.00 per 50 minute hour is charged on a prorated basis for any other professional services which you may require such as report or letter writing, consultations with other professionals (e.g., attorneys, teachers) or any other related professional service which you may request of me. Occasionally, a patient or a family may become involved in litigation which requires my participation. If this occurs, you will be expected to pay for the professional time required, even if I am compelled to testify by another party.

Cancellation and Telephone Policy: **If an appointment must be missed or cancelled, notice must be given at least 24 hours in advance or the client will be charged in full for the missed appointment.** There will be no exceptions, although in some cases, insurance company guidelines may supersede this policy. Inability to attend sessions regularly may necessitate termination of therapy and referral to another practitioner or clinic. Please note that the psychologist does not promise to offer phone time in lieu of attendance at sessions (e.g., when the client cancels due to illness), nor is she obligated to create extra time for phone sessions in between regularly scheduled sessions.

TELEPHONE CALLS BETWEEN SESSIONS WHICH EXCEED DISCUSSION OF APPOINTMENT RESCHEDULING WILL INCUR A CHARGE BASED UPON PRORATION OF THE HOURLY FEE. THIS WILL BE AN OUT OF POCKET EXPENSE SINCE INSURANCE COMPANIES DO NOT COVER TELEPHONE TIME.

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Emergencies: Dr. Calaba can be reached at 818-763-3361. In an emergency please follow this procedure: a) Leave a message on the office number stating the nature of your immediate needs and leaving your phone number (even though you know I already have it); and b) call the emergency number by dialing 818-749-3765. You will be verbally directed to leave an emergency message and enter your telephone number. Your call will be returned as soon as possible. However, long conversations may not be possible in the middle of the business day and a later time to speak may have to be arranged. Unless special arrangements are made, Dr. Calaba is available for calls only between the hours of 8:00 a.m. and 9:00 p.m. Emergency calls received after hours will be returned the next day. Be aware that your psychologist cannot be the only source of support in an emergency. In the event that you are unable to reach Dr. Calaba or a covering psychologist, you are encouraged to seek alternative support (e.g., friends, family, hotlines.) Community resources are also available, such as calling 911 or the emergency room of your local hospital.

The following is a partial list of community resources:

Los Angeles Suicide Hotline	877-727-4747
Hollywood Community Hospital (24 hr inpatient) 14423 Emelita St., Van Nuys	818-787-1511
Child Help USA Support Line (for children and adults in crisis)	800-422-4453
UCLA Neuropsychiatric Institute	310-885-8500

Treatment Provided by Psychological Assistant: By signing this form, it is understood that all of the above provisions also apply to treatment provided by any psychological assistant Dr. Calaba might have.

I/We have read and understood the information stated in this five page document. I/We have been given the opportunity to ask questions and all questions which I/We have raised have been answered to my/our satisfaction. I/We agree to accept treatment from Dr. Calaba and are voluntarily signing this form. I/We agree to abide by the terms of this document during our professional relationship and consent to initiate ongoing treatment under these conditions. I/We have been given a copy of this agreement.

(PRINT)	Signature	Date
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(PRINT)	Signature	Date
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(PRINT)	Signature	Date
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If minor, signature of BOTH Parents or Guardian:

(PRINT) Mother	Signature	Date
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(PRINT) Father	Signature	Date
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SIGNATURE OF PSYCHOLOGIST: Jeannine Lemare Calaba, Psy.D.
