Lisa Jo Cohen, Ph.D.
Licensed Psychologist
PSY #21832

Office Policies & General Information Agreement for Psychotherapy Services and Informed Consent for Psychotherapy

This form provides you, the client, or parent/guardian of a minor client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED, OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Dr. Lisa Cohen that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Lisa Cohen. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Lisa Cohen will use her clinical judgment when revealing such information. Dr. Lisa Cohen will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Dr. Lisa Cohen becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Dr. Lisa Cohen only the minimum necessary information will be communicated to the carrier. Dr. Lisa Cohen has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

LITIGATION: Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Dr. Lisa Cohen's disclosure of the records, Dr. Lisa Cohen will do her best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records anytime. (See also relevant section above: "WHEN DISCLOSURE IS REQUIRED, OR MAY BE REQUIRED BY LAW")

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: Although Dr. Lisa Cohen uses HIIPA compliant software for communication, it is 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. Lisa Cohen's computer is encrypted, emails, texts and e-fax coming into the office are often not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Dr. Lisa Cohen's computer 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. Please notify Dr. Lisa Cohen 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, Dr. Lisa Cohen will assume that you have made an informed decision, 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, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Dr. Lisa Cohen's profession require that she keep treatment records for at least seven years (or in the case of minors, seven years after they turn age 18.) Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Dr. Lisa Cohen retains clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with Dr. Lisa Cohen. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Lisa Cohen assesses that releasing such information might be harmful in any way. In such a case, Dr. Lisa Cohen will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Lisa Cohen will release information to any agency/person you specify unless Dr. Lisa Cohen assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Dr. Lisa Cohen will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Lisa Cohen between sessions, for non-emergency related matters, please leave a message on her telephone (805) 370-1455. Dr. Cohen returns calls as soon as possible, always within one business day, unless she is away from the office. Clients are notified in advance when Dr. Cohen will be away. If you are having a psychiatric emergency and need law enforcement support call the Police at 911 and ask for a Crisis Intervention Team (CIT) officer. CIT officers have been trained to deal with mental health crises. If you are in a psychiatric emergency, but do not need law enforcement support, you can call the Ventura County Crisis Team at 1-(866)-998-2243. They will assess your needs over the phone and respond accordingly. Please do not use email or faxes for emergencies. Dr. Lisa Cohen is often unable to check her email for many hours at a time.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of $200.00 per 55 minutes, or $275.00 per 90-minute session at the conclusion of each appointment. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the rate of $200.00 per hour. Please notify Dr. Lisa Cohen if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Dr. Lisa Cohen will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records,* you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your

account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Lisa Cohen can use legal or other means (courts, collection agencies, etc.) to obtain payment.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy for you or your minor children. Working toward these benefits, however, requires effort on your and your young person's part. Psychotherapy requires clients' active involvement, honesty, and openness in order to change their thoughts, feelings, and behavior. Dr. Lisa Cohen will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Dr. Lisa Cohen may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, other times it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Lisa Cohen is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you and/or your young person. These approaches include, but are not limited to, behavioral, cognitive-behavioral, parent child interaction therapy, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Dr. Lisa Cohen **provides neither custody evaluation recommendation** nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

MINORS IN THERAPY: If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is my policy to request a verbal agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, I will provide them only with general information about our work together subject to a conversation between the two of us, or, if I feel it is important for them to know in order to make sure that you and people around you are safe. If I think it is appropriate, I will involve them if I feel that there is a high risk that you will seriously harm yourself or another/others. Before giving them any verbal or written information, I will discuss the matter with you, if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, Dr. Lisa Cohen will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Lisa Cohen's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your or your dependent minors condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, Dr. Lisa Cohen will assess if she can be of benefit to you. Dr. Lisa Cohen does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Dr. Lisa Cohen either assesses that she is not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Lisa Cohen will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Lisa Cohen will give you a couple of referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Dr. Lisa Cohen will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS: Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Lisa Cohen's objectivity, clinical judgment or can be exploitative in nature. Dr. Lisa Cohen will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, small communities, military bases, university campuses, spiritual and rehabilitation communities, etc., multiple relationships are either unavoidable or expected. Dr. Lisa Cohen will never acknowledge working with anyone without his/her written permission. Many clients have chosen Dr. Lisa Cohen as their therapist because they knew her before they entered therapy with her, and/or are personally aware of her professional work and achievements. Nevertheless, Dr. Lisa Cohen will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships (if you know or have interactions with Dr. Cohen in another context) can either enhance or detract from the trust and effectiveness of a therapeutic relationship; however, often it is impossible to predict which. It is your responsibility to advise Dr. Lisa Cohen if the dual or multiple relationship becomes uncomfortable for you in any way. Dr. Lisa Cohen will listen carefully and respond to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES: Dr. Lisa Cohen does not accept friend requests from current clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

AUDIO OR VIDEO RECORDING: Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Dr. Lisa Cohen.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. The same is true for insurance payments. Late cancellations for clients whose insurance pays for their service will be expected to pay the insurance rate.

I have read the above Office Policies and General Information Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 6 pages); I understand and agree to comply with them.

Client's Name (print)

_____

Signature _____ Date _____

Initial: Initial:

If client is a minor:
Client's Parent/Guardian Name (print)

_____

(Relationship to minor)

Signature _____ Date

Client's Parent/Guardian Name (print)

_____

(Relationship to minor)

Signature _____ Date

Psychotherapist's Name (print)

_____

Signature _____ Date _____

Initial: _____ Initial:_____