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NEW CLIENT INFORMATION AND CONSENT FOR TREATMENT

Welcome to my practice. I am pleased to have the opportunity to work with you or a member of your family. This document contains important information about my professional services and business policies. Please read it carefully and be sure to ask any questions during your initial appointment or as they arise. When you sign this document, it represents an agreement between us. My name is Dr. Sven Schild, and I am a licensed clinical psychologist (California License #: PSY 22339).

General Information & Psychotherapist-Client Services Agreement

Both law and ethics require that I provide you the following information before we begin working together. It may be a bit daunting to read through all this but it is important that you understand the parameters of our working together to create and sustain a clear and productive therapeutic relationship. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices, which accompanies this document. The law requires that I obtain your signature acknowledging that I have provided you with this information and that you agree/consent to let me use your information as specified in the Notice. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Limits of 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 that meets certain legal requirements imposed by state law and/or HIPAA. But, there are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If a 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.
- If a patient communicates a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. I may also seek hospitalization of the patient, or contact others who can assist in protecting the victim.
- Disclosures may be required to health insurers or to collect overdue fees.

- I occasionally find it helpful to consult other health and mental health professionals about a case.
- During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are 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. I will note all consultations in your Clinical Record.
- In cases of alleged criminal or civil liability, I may be court ordered to release treatment information and/or records. In addition, if a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a government agency is requesting the information for health oversight activities pursuant to their legal authority, I may be required to provide it for them.
- If a patient files a worker's compensation claim, I must, upon appropriate request, disclose information relevant to the claimant's condition to the worker's compensation insurer.
- I am required by law to report any suspected child abuse, neglect, or sexual abuse to protect the child/children involved.
- I am obligated by law to report any suspected abuse, neglect, or sexual abuse of an elderly person or dependent adult to protect the elderly person or dependent adult involved.
- In couples or family treatment, please be aware that information shared with me will be disclosed to your partner or family if they are participating in treatment. I will not agree to hold secrets on any one partner's behalf. If you feel something should not be shared with your partner, please don't tell me your secret(s). At such times, it may be most appropriate for you to seek the support of an individual therapist who is independent of your couple's treatment, and who will consult with me regarding the broad issues, and not the specifics of your secret(s).

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 now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

(Please initial)

Psychological Services: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. 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 many benefits. 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. Because clients often disclose to their therapists many deeply felt personal thoughts and experiences, the relationship can become very close and important. Sometimes clients come to want the relationship to become more than a therapeutic relationship. Although these feelings are understandable, it is necessary for all clients to recognize that I cannot at any time, during or after your course of therapy, be friends or engage in any business endeavors. Should we meet by chance

on the street or at a social gathering, I will keep our conversation to a minimum.

Your physical health can have a profound influence on your emotional well-being. I urge you to have a physical examination to rule out any physical conditions causing or exacerbating your current emotional state. You are also strongly encouraged to follow up on referrals for any additional services we may discuss. Similarly, it is your responsibility to keep current with your physical condition by receiving medical check-ups and/or care. Please understand that my commitment to working with you extends only as far as you agree to work toward keeping me informed of your health decisions and your willingness to follow the advice of your healthcare providers. I agree to work with you only if you cooperate with the prescribed medical treatment deemed necessary by the professionals you have chosen, and keep me informed of any changes in your condition(s) or treatments, without my needing to ask. If you are not willing to work with professionals when you are seriously physically or mentally ill, I typically cannot supply you with the treatment you need in an outpatient psychotherapy setting. Therefore, under these circumstances, I reserve the right to terminate our relationship and refer you to other sources to help you obtain a higher level of care.

I do not provide custody evaluation recommendations, medication or prescription recommendations, or legal advice as these activities do not fall within the scope of my practice.

(Please initial)

Meetings: I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I can provide the services that you need and whether our therapeutic working alliance is a good “fit” for each of us. If you have questions about my procedures, we can discuss them at any time. You also have the right to choose not to receive therapy from me at any time, and I will provide you with names of other qualified professionals whose services you might prefer.

If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be more or less frequent. In a sense, we have a contract whereby you have the exclusive use of my time for your scheduled appointment. In the event that you are unable to keep your appointment, I ask that you cancel as soon as possible. If cancellation is received less than 24 hours before your scheduled appointment time, you will be charged \$100 for the missed session. **Please be aware that insurance companies do not compensate me for appointments you miss. Therefore, you will be personally charged \$100 for no shows or late cancellation.**

You are asked to refrain from being under the influence of alcohol and/or recreational drugs during our meetings. If you choose to come to a session intoxicated, I might end our session early. I also may re-evaluate the feasibility of continuing our work together.

(Please initial)

Contacting Me: Due to my work schedule, I am often not immediately available by telephone. You may leave messages for me 24 hours a day at 858-602-2847. I retrieve and return messages Monday through Friday. Messages left after 5 PM Friday will be returned the following Monday. If you do not hear from me, assume my voicemail was not working properly and call again. 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 or psychiatrist on call. You can also call the 24-hour Crisis Team at (888) 724-7240. If I will be unavailable for an extended time, I will provide information on my outgoing voicemail message regarding the name of a colleague to contact in case of emergency.

Professional Fees: Payment is due at the time of service, unless we have agreed to other arrangements prior to our meeting. I accept cash payments, personal checks, or any major credit card. In the event that a check bounces, you will be charged an additional \$50 fee in addition to the original fee.

Services involving additional fees include report writing, telephone conversations lasting longer than 10 minutes, 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 responsible to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, my fees for preparation and attendance at any legal proceeding are substantially higher than for psychotherapy sessions, and are not reimbursable by your health insurance.

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 which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If legal action is necessary, its costs will be included in the claim.

Insurance Reimbursement: 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.

It is sometimes difficult to determine exactly how much mental health coverage is available until payment arrives. Furthermore, "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 much can be accomplished in short-term therapy, some clients 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.

Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. 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. By signing this Agreement, you agree that I can provide requested information to your carrier. It is important to remember that you always have the right to pay for my services yourself to avoid the procedures described above, unless I am prohibited by contract with an insurance company to render such services to you.

(Please initial)

Patient Rights: HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement along with the attached Notice form.

Professional Records: Pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances in that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider), you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. There will be a copying fee of 25 cents per page, and mailing costs, if mailing is requested. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your Clinical Records, you have a right of review (except for information supplied to me confidentially by others), which I will discuss with you upon request.

In addition, I also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy, and particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. They also include information from others provided to me confidentially. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

Termination: Termination of therapy is inevitable. Either of us may terminate our work together if we do not think it is in your best interest, or we can make that decision together if your work is

complete. However decided, termination can and ought to be made a valuable part of the psychotherapy experience. I typically will ask that **we meet for one or two sessions after an agreement to terminate**. Such sessions are usually quite rewarding, allowing us to review your goals and accomplishments, outline any further work to be done, and examine your options for the future. It is also important to discuss if you would like to take a vacation from therapy. We often can arrange for such time to be maximally productive if discussed in advance.

One more bit of legalese: Your signature below indicates that you have read this agreement and agree to its terms and also serves as an acknowledgment that you have received the HIPAA Notice Form described previously. By signing this Agreement, you also agree that I can provide and obtain requested information to your insurance carrier.

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

Print Your Name: _____

Signature: _____

Date: _____

Your Child's Name (if applicable): _____

Therapist's Name & License Number: Sven Schild, Ph.D. (CA Lic.#: PSY22339)

Therapist Signature: _____

Date: _____

I have received copies of the "Psychological Services & Policies Contract" and the "HIPPA Privacy Notice Form."

(Please initial)

Now that you've taken the time to read this information, I would like to end by welcoming you to my practice. I look forward to a successful and therapeutic relationship with you.

Sven Schild, Ph.D.
Licensed Clinical Psychologist, PSY22339

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information.

I will use the information about your health, which I get from you or from others, mainly to provide you with treatment, to arrange payment for our services, and for some other business activities that are legally referred to as “health care operations.” After you have read this NPP, I will ask you to sign a Consent Form to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If I (or you) want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

Of course, I will keep your health information private but there are sometimes when the law requires me to share it. For example:

- When there is a serious threat to your health and safety, or the health and safety of another individual or the public, or another individual’s property. We only share information with the person or organization that is able to help to prevent or reduce the threat.
- If there is any suspicion of child abuse, neglect, molestation, or sexual abuse.
- If there is any suspicion of elder abuse or neglect.
- If you are unable to take care of basic needs for yourself.
- Some lawsuits and legal or court proceedings.
- For Workers Compensation and similar benefit programs.
- If a law enforcement official requires us to do so.

Your rights regarding your health information:

- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you.

For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.

- You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but I may charge you. Contact me to arrange how to see your records.
- If you believe the information in your record is incorrect or missing important information, you can ask me to make some kinds of changes to your health information. You must make this request in writing and send it to your therapist. You must tell me the reasons you want to make the changes.
- You have a right to copy of this notice. If I change this NPP, I will post the new version in my waiting area and you can always get a copy of the NPP from me.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide you in any way.

If you have any questions regarding this notice or my health information privacy policies, please discuss them with me.