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Office Policies and Consent for Treatment

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you might have so we can discuss them. Once you sign this, it will constitute a binding agreement between us.

Psychological Services: My practice consists of psychotherapy services and psychological assessment. I am a licensed psychologist, and my license is regulated by the State of California Department of Consumer Affairs, Board of Psychology. If you have any questions about the status of my license or the practice of psychology, please feel free to contact the Board of Psychology at either www.psychboard.ca.gov or (916) 263-2699. The Board of Psychology is located at 1422 Howe Avenue, Suite 22, Sacramento, CA 95825.

Professional Fees: Psychotherapy services are charged at a rate of \$150 per hour. Any contacts that exceed 10 minutes in length will be charged on a pro-rated basis. Payment in full is requested at each session unless prior arrangements have been made. Please let me know if any problems arise that makes it difficult for you to make payments in a timely manner.

Billing records will all be managed within a HIPPA-compliant medical billing program. Insurance companies will be billed weekly. It is understood that the insurance company will send their payment check directly to Dr. Januszewski. Should there be a balance due, any payment not made by the insurance company is the responsibility of the patient.

Credit card processing is available at this office. For self-pay evaluations, there is a discount for cash and check payments, to be discussed at the time of service. Please note that by signing this document and using this office's credit card processing, a receipt may be emailed to you directly.

Contacting Me: Please contact me at my office phone number (642-3648) for routine matters. If this is an urgent issue, please use my cellular phone number at (805) 216-3633. I typically respond to these calls within 1-2 hours. If you feel that you cannot wait for me to return your call, you should call 911 or go to the nearest emergency room. When on vacation, I will provide you with the name of a colleague whom you can contact if necessary.

Cancellation Policy: Please contact me immediately if you believe that there will be a scheduling or attendance problem. Because my time cannot be rescheduled on short notice, all notifications of cancellations must be made at least 24 hours before the scheduled appointment. All failed appointments and cancellations with less than 24 hours' notice will be charged \$100. Please note that insurance policies typically do not reimburse late cancellations and no-shows.

Confidentiality: Normally, all information discussed in therapy is confidential, and the only way private information can be released is if the patient gives written consent. However, there are certain

legal exceptions to confidentiality that patients should understand in advance. Under California law psychologists are “mandatory reporters”. Under certain conditions Dr. Januszewski may be required to report information that would otherwise be considered confidential if the patient is believed to be:

- A danger to others (threatening to harm or kill another person).
- A danger to self (threatening to harm or kill him or herself, or gravely disabled). In these cases reporting could include warning the patient’s family or friends, or warning the police or other appropriate authorities.
- Child abuse: If there is suspicion of physical or sexual abuse, or neglect, of a child, I am legally required to report this information to the authorities. Sexual abuse includes use of child pornography (including internet porn) even when there is no hands-on sexual contact with children.
- Elder and dependent adults abuse.
- Court proceedings: If the patient becomes involved in court proceedings a therapist can be compelled to testify and/or release information by court order.

Most insurance companies require that the client authorize Dr. Januszewski to provide a clinical diagnosis and, in some cases, copies of treatment records. I need your written permission to release pertinent and required information to the insurance company or designated third party to process a claim. Please be aware that Dr. Januszewski does not have control over what happens to records after their release to other parties. Non-payment for 90 days constitutes a breach of contract and appropriate information may be released to collect payment.

Therapy with Minors: Parents/legal guardians may have the right to examine a minor’s treatment records. However, in order to establish a therapeutic relationship with the minor, it is my policy to ask parents to not access treatment records. Instead, I ask that the guardian allow me to use my discretion in providing general information (e.g., level of participation, psychiatric diagnoses, treatment goals, and referrals and recommendations) and information about behaviors that may compromise safety. Efforts will be made to discuss the matter with the minor client prior to revealing appropriate information.

If your child is from a divorced family, I require consent for psychological treatment from both parents, regardless of the custody status. We will discuss this prior to my meeting with your child. I will not make recommendations about custody or visitation arrangements. By signing this contract, you indicate your agreement that I will not be called as a witness and information from intakes and psychotherapy sessions will not be used in custody or divorce related matters.

Professional Consultation: It is a common professional practice for therapists to consult with other therapists about their cases. During consultation, every effort is made to avoid revealing the client’s identity. The consultant is legally bound to keep the information confidential. I will not reveal information from such consultations to the client(s) unless I believe it is important for treatment.

The Therapy Process: Therapy is often helpful to people who are in distress. Benefits include helping you gain a better understanding of your personal goals and values, improving relationships, and helping solve many kinds of problems. Of course, there are no guarantees. But effort on your part, a willingness to be honest with yourself and your psychologist, and a desire to improve some part of your life will make therapy more effective.

Undergoing psychotherapy also has risks. For example, sometimes you may feel discomfort in therapy as you discuss painful issues, and sometimes trying to resolve issues between you and important people in your life may result in changes that were not originally intended (such as a divorce or remaining in a relationship you thought you would leave). And like any professional service, therapy may not work for you. Even so, many people find that therapy is worth the discomfort that may occur during the process.

In regard to your treatment, please note that therapy sessions are typically 50 minutes in length. Initially, you will meet with me for two to four sessions to complete an intake. Once the intake is completed, I will give you initial impressions and recommendations for referral and treatment. I utilize a combination of psychodynamic and cognitive-behavioral treatment models.

Because therapy may involve a substantial commitment of time, money, and energy, it is important that you feel comfortable with the psychologist you choose. If you decide that you or your child are not comfortable working with me, I strongly encourage you to discuss that with me in session. If you still feel uncomfortable, I can make recommendations for other treatment providers whom may be a better “fit.” If you do decide to work with me, we will develop goals and a treatment plan together.

I have read and understand the above provisions and agree to them.

Print name of patient

Date

Signature of patient or parent/legal guardian

Printed name of parent/guardian