

**Albert Modad, Psy.D.**

Licensed Psychologist #PSY29697

Tele (858) 450-1101

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**The Cognitive Therapy Institute, A.P.C.**

A Psychological Corporation

3262 Holiday Court, Ste. 220

La Jolla, CA 92037

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**CLIENT ADVISEMENT FORM**

Albert Modad, Psy.D. is a Licensed Psychologist (#PSY29697), with a Psy.D. in clinical psychology from the University of Riverside, Riverside California. In 2016 Dr. Modad completed his Psy.D. in clinical psychology. Dr. Modad is employed by The Cognitive Therapy Institute, a Psychological Corporation

The following information clarifies issues relevant to the professional relationship and contract between you and your therapist. I will go over these issues with you again when we meet. Please let me know if any of these points are unclear to you or if you have any other questions about treatment. ***Please initial each blank space if you understand and agree with what is stated.***

**CONFIDENTIALITY**

In accordance with California law, the information disclosed by you in therapy is confidential and is not released or accessible to anyone else without your written permission. By law, the following exceptions apply and may require that relevant information is given to others: 1) danger to self, or risk of suicide; 2) danger to others; 3) indications of current/ recent child or elder abuse, and sometimes indications of past abuse when someone may be at risk of such abuse presently. In other rare situations (such as a court order from a judge, or as indicated below) confidentiality may be limited.

\_\_\_\_\_ I acknowledge that I have received a copy of the Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices, which informs me of my rights regarding Protected Health Information (PHI).

\_\_\_\_ I understand that information regarding appointments, payments, diagnosis, address and telephone, and other information required for insurance billing, will be communicated to the Office Manager and to the billing contractor, Linda Griebel at Griebel Billing Services (she can be reached at (619) 224-6343). I also understand that progress notes from my therapy sessions will be dictated for typing by the Office Manager, who is trained and clearly instructed to assure absolute confidentiality.

**In Case of Emergency:** Please page Dr. Modad at (858) 740-4058 or call the San Diego Crisis Line at **(800) 479-3339** for general emergencies. For all life threatening or medical emergencies please dial 911 or go to the nearest hospital.

**CLIENT-THERAPIST RELATIONSHIP**

The relationship you have with your therapist is for professional and therapeutic purposes only. In order to maintain the professional and therapeutic relationship, it is imperative that the therapist not enter into any other type of personal or business relationship with you, that such could have a negative effect on the therapeutic relationship. As a result, my role is strictly limited to that of being your therapist. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

**THERAPIST'S INCAPACITY OR DEATH**

I acknowledge that in the unexpected event that Dr. Modad becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this advisement form, I give my consent to allowing another licensed mental health professional selected by Dr. Modad to take possession of my file and records, provide me with copies upon my request, and deliver them to a mental health professional of my choice.

**TERMINATION OF THERAPY**

The therapeutic relationship can be terminated at any time by either the therapist or the client for a variety of reasons, including but not limited to: The client or therapist believes the client is not progressing or is no longer benefitting from therapy, client is not compliant with the agreed-upon treatment plan, outstanding balance of unpaid session fees, completion of all treatment goals, failure to show for scheduled appointments or frequent cancellations. In the event that our therapy is terminated and I feel that further mental health treatment is warranted, I will provide you with referrals to other providers

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**PAYMENT FOR SERVICES**

\_\_\_ I understand that my fee will be **\$150** for each individual or couples therapy session (45-50 minute face to face consult, plus prep and/or review of session notes) and **\$60** for group therapy sessions, and that extended sessions or additional consultations (phone or email) will incur a prorated fee. I agree to pay in full for services rendered by Dr. Modad. Any checks that are returned due to insufficient funds will incur a **\$25.00** return check fee.

\_\_\_ I understand that I must make cancellations for therapy and group appointments 24 hours in advance and that for individual or couples sessions I will be charged a fee of **\$75.00** for late cancellations of therapy appointments and a fee of **\$90** for missed (or forgotten) sessions. The late cancellation or no show fee for group therapy is **\$30**. These fees are for reservation of that appointment time. (Insurance companies will not reimburse for late cancels.)

\_\_\_ I understand that if I cancel appointments twice in any 30 day period, I will be required to pre-pay 50% of a session fee before scheduling the next appointment. I also understand that this pre-payment will be non-refundable, and will be forfeited if I cancel that next appointment, regardless of the reason for such cancellation.

\_\_\_ I understand that any preparation time for letters or reports, communications with other treating professions (past or present), or a requested review of documents (if more than 5 minutes) will be charged at the normal hourly rate of **\$150**, prorated.

\_\_\_ I understand that any uncollected fees for services or missed appointments may result in disclosure of my name, telephone number, SS#, and address to a collection agency or small claims court. I also understand that I am responsible for any fees that my insurance does not reimburse.

TREATMENT OUTCOME: Participation in psychotherapy is voluntary (unless court-ordered), and can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anxiety, anger, and frustration. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. There are no guarantees that treatment will be successful, although most clients do make significant progress. The length and outcome of treatment is based on your motivation for treatment, how long you have had the symptoms, the skill of the therapist, and other factors.

I (WE) HAVE READ AND I UNDERSTAND THE INFORMATION ON THIS PAGE AND HAVE RECEIVED A COPY OF THE HIPAA NOTICE. I (CLIENT) WILL REQUEST A COPY OF THIS ADVISEMENT FORM IF SO DESIRED.

\_\_\_\_\_  
Signature of Client (or parent of a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Albert Modad, Psy.D.

\_\_\_\_\_  
Date