



# Better Being

Psychological Services, Inc.

1151 Dove Street, Suite 105, Newport Beach, CA 92660  
Office: 949-706-4889; website: [www.betterbeingpsych.com](http://www.betterbeingpsych.com)

## Client Service Agreement

### **Service Offered**

Better Being Psychological Services, Inc. offers an array of psychological and substance use services, including, but not limited to, individual psychotherapy, group therapy, and psychological assessment. Each service varies greatly based on many factors, some of which are the personalities of both you and your psychologist, your presenting problem, and your strengths and areas that are in need of some work. One important commonality among all services is they require active participation and effort on your part!

These services can have both risks and benefits. Psychotherapy, in particular, involves discussing unpleasant/painful aspects of your life, which generally results in experiencing painful emotions. While experiencing these emotions is difficult, it is moving through these emotions where we find healing. Research has provided evidence that those that actively participate in psychotherapy, one of the benefits is this healing. Furthermore, these benefits include improvement in emotional well-being, relationships, and ability to address the problems one encounters in life. It is important to note; however, there are no guarantees as to what you will experience as every individual is different.

Your psychologist will provide you with a detailed description of the nature of services, expected benefits, and potential risks. More information is available on our website at [www.betterbeingpsych.com](http://www.betterbeingpsych.com).

### **Fee Schedules\***

#### *Clinical Services*

Service	Fee
Intake Appointment	\$250
Individual Psychotherapy (50-60 minutes)	\$200
Time over 60 minutes	Based on hourly rate in 15 minute increments
Group Therapy (75-90 minutes)	\$60
Psychological Assessment	Based on referral question
Off hours appointments (not typically available)	\$100 per hour + fee for service rendered

### *Ancillary Services*

Service	Fee
Phone Calls (e.g. rescheduling, consultation with other mental health professionals, etc.)	<10 minutes: No charge (2 calls per week) 10-15 minutes: \$50; 16+: based on length
Emails	To coordinate appointments: No charge Others: Based on time to complete; Minimum \$50
Letters and Form Completion	Based on time to complete; Minimum \$50
Document Copy Service	Based on time to complete (\$25 minimum) + \$0.15 per page
Court Appearances, Testimony, Deposition (including travel, waiting, and time of service)	\$400 per hour
No Show/Late Cancellation Fee (less than 24 hours notice)	Cost of service scheduled, Due before next session

\*All fees for clinical services and ancillary services are subject to change/increase beginning January 1st of each calendar year.

### **Billing and Payment**

Payment in-full is expected at the time of service, including any fees for ancillary services that remain unpaid. Accepted forms of payment include cash, credit card, or checks. If a check is returned a \$35 fee will be charged and Better Being Psychological Services, Inc. will no longer accept this as a form of payment.

***Better Being Psychological Services, Inc. requires you to provide a credit card to be kept on file (via a secure method). This card will be used as payment for all clinical services, ancillary services, and late cancellation or no show fees, unless you specifically request otherwise. This credit card will be charged for late cancellation or no show fees at the time of the missed appointment.***

If your account has not been paid for more than 30 days, collection procedures will be implemented. First, we will attempt to contact you directly to obtain payment and/or make payment arrangements. If your account remains delinquent after 90 days, Better Being Psychological Services, Inc. will seek legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. This will require disclosure of otherwise confidential information, typically including client's name, nature of the service provided, and amount due. If such legal action is necessary, its costs will be included in the claim. Additionally, accounts delinquent over 30 days will incur interest of 1.5% (18% per year) added monthly to the outstanding balance.

Currently, Better Being Psychological Services, Inc. does not accept insurance. Upon request, you will be provided with a Superbill with all information necessary for you to submit to your

insurance company for reimbursement of services provided. However, you (not your insurance company) are responsible for full payment of fees at the time of service.

Due to the rising costs of health care, insurance benefits have become increasingly complex. This has resulted in difficulty determining accurate benefit information. Some things to note when considering utilizing your insurance: the benefits quoted may be inaccurate; preauthorization may be required; there may be a limit on services (for example limiting the number of psychotherapy sessions per year). Additionally, the rate insurance companies pay for services is generally less than the amount charged for that service and insurance companies do not pay for no show/late cancellation fees. It is ultimately your responsibility to know and understand your insurance benefits if you chose to utilize them for the services you receive.

It is also important for you to be aware that if you choose to utilize your insurance, they require your diagnosis be provided. They may also require additional clinical information, such as treatment plans, progress notes or summaries, or copies of your entire medical record. This information will become part of the insurance company files and they may share it with a national medical information data bank, which is used by health and life insurance companies to determine benefits, rates, etc. ***By using your insurance, you authorize Better Being Psychological Services, Inc. to release such information to your insurance company. While we make every effort to keep the released information limited to the minimum necessary, we will be required to release some information.***

#### **Attendance and Cancellation Policy**

Your appointment time begins at the agreed upon scheduled time. If you know you will be late, it is your responsibility to contact your psychologist no later than 15 minutes past your appointment time in order to inform him/her you are attending session. Failure to do so will result in assumption that you are not coming to your appointment, hence a no show fee will be charged. It is also important to stress that your session time begins at the agreed upon time; therefore, your session will end at the pre-arranged time regardless of how late you arrive and your session fee will not be reduced based on the time of your arrival (meaning you are responsible for the full cost of the scheduled session regardless of how late you are to your appointment). ***The credit card you provided and authorized for use will be charged the late cancellation or no show fee at the time of the missed appointment.***

If you are unable to attend your scheduled appointment, Better Being Psychological Services, Inc. requires 24 hours advanced notice of cancellation of appointments. All voicemails are time-stamped, so even if you cancel during non-business hours there will be record of when you cancelled. If you provide less than 24 hours advanced notice or do not provide notice and do not attend your session (no show), you will be charged for the full amount of your scheduled appointment. ***The credit card you provided and authorized for use will be charged the late cancellation or no show fee at the time of the missed appointment.*** Please note that the late cancellation/no show fee is charged regardless of the reason you missed your appointment. The rationale for this policy is based on the fact that your appointment time is reserved especially for you and you alone (appointments are not “double-booked”). This ensures that you have the undivided attention of your psychologist for the time that you have agreed upon. If you must reschedule with less than 24 hours advanced notice, your psychologist will reciprocate the respect that s/he asks of you by making his/her best effort to find another time during the same week of your original appointment to reschedule your appointment, and thus allowing you to

avoid the late cancellation fee (*only if you attend the rescheduled appointment*). However, it should be noted that this is not always possible; therefore, if your psychologist does not have another appointment time open, you will be responsible for the late cancellation fee.

If you late cancel and/or no show 3 times in a 3 month period, Better Being Psychological Services, Inc. reserves the right to terminate services. The rationale behind this policy is based on the fact that clinical services require commitment and consistent active participation. Frequently missing appointments is often an indicator that one is not committed to his/her treatment. Prior to termination of services, your psychologist make reasonable efforts to address this with you and, if services are terminated, referrals will be provided unless you chose to decline these referrals.

### **Electronic Communication Policy**

As the use of various types of electronic communications have become more popular, many individuals believe this is the preferred method of communication with others, whether personally and professionally. Many of these modes of communication place your privacy at risk and can be inconsistent with the laws and standards we are committed to honoring. Consequently, this policy is presented to assure the security and confidentiality of your treatment, as well as to assure practices that are consistent with the applicable ethics and laws.

### **Telephone**

The preferred method of contact with your psychologist is the phone; however, your psychologist is often not immediately available by phone. When your psychologist is unavailable, please leave a voicemail, as this is frequently monitored. Your psychologist will make every effort to return your call the same day you leave the voicemail, with the exception of weekends and holidays. If you are unable to reach your psychologist and feel you cannot wait for a return call, you may reach out to a local crisis center (contact information below), call 911, or go to your nearest emergency room. If your psychologist is going to be unavailable for an extended period of time, s/he will provide you the contact information of a colleague to contact, if necessary.

### **Email**

In accordance with HIPAA, email communication will only be used with your permission and only in a very limited way. Generally, email will only be used for administrative purposes, such as for appointment scheduling, rescheduling, and reminders, billing matters, etc. Email will not be used for clinical issues, which is based on the fact that email is not a secure form of communication. Therefore, if you choose to disregard this policy, please understand that your psychologist will not respond to an email containing clinical issues; instead s/he will wait for your next appointment to discuss the issues presented and the policy regarding email communication. If you feel you need to discuss a clinical issue with your psychologist, you may call him/her to schedule an appointment.

### **Text Messaging**

In accordance with HIPAA, text messaging will only be used with your permission and only in a very limited way. Generally, text messages will only be used for administrative purposes, such as appointment scheduling, rescheduling, and reminders. As with email, text messaging is not a secure form of communication; therefore, clinical issues should not be communicated via text

message. If you feel you need to discuss a clinical issue with your psychologist, you may call him/her to schedule an appointment.

### **Social Media**

Your psychologist will not communicate or connect with you in anyway through any social media platform. There are several reasons for this, one being that these platforms are not secure and create significant security risks for you. Another reason for this policy is any communication between client and psychologist on these types of platforms has a high potential to compromise the professional relationship, which is the foundation of the treatment.

While your psychologist may participate on various social media platforms, the vast majority of the time it is not in a professional capacity. If you have an online presence, there is a possibility that you may encounter him/her accidentally. If this occurs, please do not contact your psychologist on that platform, instead discuss it with him/her during your appointment. Any connection via social media (i.e. accidental connection, messages sent by you, “friend” suggestion, etc.) will be terminated immediately, without response, by your psychologist.

### **Websites**

Better Being Psychological Services, Inc. has a website ([www.betterbeingpsych.com](http://www.betterbeingpsych.com)) that you are free to access. This website is used for professional purposes to provide information about the practice, associated psychologists, workshops, group therapy offerings, and other material related to clinical psychology.

### **Internet Searches**

While your psychologist will never conduct an internet search to gather information about you without your permission, we understand that you may choose to do so when trying to decide who you would like to seek services from. It is important to remember when doing this that there is a distinct possibility that the information on the internet may be partly or completely inaccurate. It has become popular for individuals to leave reviews of their health care providers on various websites. Due to ethical and legal restrictions, psychologist cannot respond to these reviews in anyway, even if the statements within them are false and/or written by individuals who never received treatment from that psychologist. If you have any questions, please speak directly to your psychologist.

### **Minors**

\*Note to parents: In order to provide an environment conducive to psychotherapy and helps foster a sense of safety and trust, it is important for your child to have sessions be confidential regardless of age. To this end, most information provided by your child will remain between the child and his/her psychotherapist (including activities and behavior that you would not approve of); however, you will be informed of general participation/progress and any dangerous symptoms or behaviors (including violence, criminal activities, child abuse/neglect, self-injurious thoughts/actions, suicidality, and/or intentions to harm others). If there is a situation that your child’s psychotherapist believes you should know about, but does not fall into the categories described above, your child’s psychotherapist will encourage your child to tell you and help him/her find a way to do so. *Although laws may give parents/guardians the right to access a minor’s medical records, by signing this you are agreeing that your child’s treatment and associated records are confidential, and you agree not to request your child’s medical records.*

In the event of custody litigation, the role of your child's psychotherapist will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither parent/guardian will seek to subpoena your child's records or ask the child's psychotherapist to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing his/her opinion about parental fitness or custody/visitation arrangements. While your agreement may not prevent a judge from requiring the psychotherapist's testimony, s/he will not do so unless legally compelled. Also, if required to testify, the psychotherapist is ethically bound not to give his/her opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, the psychotherapist will provide information as needed, if an Authorization is signed or a court order is provided; however, the psychotherapist will not make recommendations about the final decision. Furthermore, if the psychotherapist is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for his/her participation agrees to reimburse him/her for their time at a rate of \$400 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

**Parent/Guardian of a minor client:**

Please initial each line below and sign at the end of the document, indicating your agreement to respect your child's privacy:

- I will refrain from requesting detailed information about individual psychotherapy sessions with my child. I understand that I will be provided with periodic updates about general progress and/or may be asked to participate in psychotherapy sessions as needed.
- Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's treatment.
- I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the psychotherapist's professional judgement, unless otherwise noted.

**Rights and Responsibilities**

- You have the right to see a psychologist who adheres to the professional code of ethics of their discipline.
- You have the right to receive services in accordance with federal and state regulations.
- You have the right to privacy and confidentiality. (See *Notice of Privacy Practices*)
- You have the right to informed consent regarding the service offered to you.
- You have the right to refuse services at any time.
- You have the right to withdraw consent to receive services and discontinue services.
- You have the right to information concerning your treatment.
- You have the right to know treatment recommendations and possible outcomes if you choose not to follow these recommendations.
- You have the right to express any concerns or complaints regarding services you receive. (See *Notice of Privacy Practices*)
- You have the responsibility to assist in treatment planning.

- You have the responsibility to attend and be on time for appointments. (See “Attendance and Cancellation Policy” in this document)
- You have the responsibility to provide 24 hours advanced notice for cancellation of appointments. (See “Attendance and Cancellation Policy” of this document)
- You have the responsibility to communicate to your psychologist when you intend to discontinue treatment. *Your medical record will be closed after 90 days of inactivity.* You may return to treatment at any time; however, will be required to complete another intake assessment if 1 year has passed since discontinuation.

**Limits of Confidentiality**

Under certain circumstances, your psychologist is required to disclose confidential information without your consent or authorization. These limitations to confidentiality include: abuse or neglect of vulnerable persons, serious threat to health or safety of self or others, health oversight activities, public safety, judicial and administrative proceeding. For additional information please reference *Notice of Privacy Practices*.

**After-Hours Emergencies**

*In the event of an after-hours emergency, please contact your nearest crisis center. In Orange County, the crisis center phone number is 877-727-4747. Additional resources include: National Suicide Prevention Lifeline 800-273-8255 (Spanish speaking clients: 888-628-9459, instant messaging/online “chat” available at <https://suicidepreventionlifeline.org/>); California Youth Crisis Line 800-843-5200; and The Soldiers Project 877-576-5343. You may also contact your nearest emergency room or dial 911.*

**Consent for Treatment**

**My signature below indicates:**

- **I have been informed of my rights and responsibilities as a recipient of treatment.**
- **I have been informed of how to file a complaint.**
- **I have been informed of the name, discipline, and credentials of my psychologist.**
- **I have been provided information about my treatment including fees for various services.**
- **I have been informed of privacy practices, confidentiality, and limits to confidentiality.**
- **I understand that I have the right to discuss any questions that I have.**
- **I understand that I have the right to terminate my consent, and therefore treatment, at any time.**

**Client’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client’s Printed Name:** \_\_\_\_\_

**Client’s Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client’s Guardian’s Printed Name:** \_\_\_\_\_

**Psychologist’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_