

Michael DiPaolo, Ph.D.

Licensed Psychologist (PSY16269)

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310-268-7792

Welcome to my office! ! The decision to enter psychotherapy is a courageous one. I am grateful that you have made this commitment to yourself. I am committed to see you follow through on your convictions, and achieve peace and harmony in your life and relationships.

As we begin our work together, there are two primary forms that you will need to complete –

1. **Consent for Services.** The consent for services provides some of the legal and ethical guidelines for our work together, such as confidentiality, emergency procedures, fee structure and cancellation policy.
2. **Admission Form.** The admission form asks for personal information, such as your presenting concerns and goals for therapy.

Based on your presenting concerns, there may be additional questionnaires that I will ask you to complete. These tools will help us better assess, understand and ultimately treat these concerns.

Consent for Services

Welcome to my office. As a licensed psychologist, I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may affect you. These policies are established in order to best serve you, however, many of them will be unrelated to our work together.

Psychological Services & Patient's Rights. Psychotherapy is not easily described in general statements. It varies on the personalities of the patient and psychologist, and the particular problems you bring forward. It calls for a very active effort on your part, working on things we discuss both during and between sessions. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience painful feelings like sadness, guilt, anxiety and frustration. On the other hand, psychotherapy has been shown to have benefits for people who go through it, often leading to better relationships, improved quality of life and significant reduction in the feelings of distress. But there are no guarantees of what you will experience. Our relationship is strictly voluntary and you may leave the psychotherapy relationship at any time you wish.

Limits of Confidentiality. *Sessions between a psychologist and patient are strictly confidential, except under certain legally defined situations including:*

- A danger to self, e.g., threats of self-harm or suicide.
- A danger to another person, e.g., threats of violence against another person.
- Actual or suspected child abuse or elder/dependent abuse

If any of these situations arise, I am required to take specific action, such as notifying the proper authorities, in order to take the necessary steps to protect the reported parties.

Release of Information. As stated, our sessions are strictly confidential. In particular situations, you may choose to voluntarily waive confidentiality by signing a Release of Confidentiality form, stipulating to which party(ies) information may be released. Examples include to coordinate treatment with other parties such as another doctor or to provide information to an insurance company. In other situations, I may ask you to release information, such as records from previous treatment, to assist in our work. In making these contacts, e-mail and phone will be used. For a couple, both parties must provide consent in order for any information to be released.

Consultation. In order to provide you with the best possible treatment, psychologists often engage in receiving consultation from colleagues. Please know that your confidentiality is held in high regard during the course of consultation, and no identifying information, e.g., your name, is used.

Phone Accessibility & Emergency Procedures. I will return calls as soon as possible should you need to speak with me between sessions. You may leave a voice message when you call my office number. ***My voicemail will also provide you with my cell number which is 310-403-7792. I cannot guarantee an immediate return call. If you have an emergency, call 911 or go to your nearest emergency room for help.*** Only in the event of a lengthy telephone session will you be charged at our determined fee.

Policy on Social Media. In today's world communication and information can come through various sources. In considering the use of social media, my primary concerns are protecting your privacy and the integrity of our relationship. While the use of these communication tools may be advantageous to our work, I cannot guarantee the privacy of your communication through means of text messaging, e-mail, or video communication (e.g., Facetime, Skype). We may use SMS (mobile phone text messaging) and e-mail in our communication for administrative purposes, e.g., setting and appointment time, and for sharing limited clinical information. I check these forms of communication while in the office; I often do not check e-mail outside of the office. If your communication requires a response from me and you need to reach me after hours or on weekends, please contact me on my cell number – 310-403-7792.

It is not my practice to communicate through other sources such as Facebook or Twitter, nor is it my practice to Google clients; although extremely rare exceptions may be made during times of crisis. On the other hand, it is common practice for clients to seek out information about their therapists on the internet. If you come across anything of concern, please speak with me directly. In working together, I hope that you will bring your feelings and reactions directly into the therapy process.

Commitment of Time & Finances

I highly value the commitment of both time and money that it takes to work with a psychologist. Therefore, it is important to be clear about what this commitment means.

Session Lengths. Standard individual sessions are 50 minutes in length. Couple sessions and some family sessions are 80 minutes in length. Your initial session will be either 80 or 105 minutes in length, depending upon presenting circumstances; I will speak with you about this when we set the appointment.

Fees. *It is customary to pay our agreed upon fee for sessions at the beginning of the session.* My hourly (50 minute) fee is \$175. The fee for 80 minutes sessions is \$250. Fees may increase, no more than once yearly, but this matter will be discussed with you prior to any such change. You may pay by cash, check or credit card (Visa, MasterCard, Discover). To pay by credit card, complete the "Credit Card Authorization Form."

Deciding the best course of treatment is a decision that should be made between you and I. So that such decisions are not influenced by an insurance company, I have chosen not to be an in-network provider for any carrier. This further protects my clinical independence and your confidentiality.

As a licensed clinical psychologist, my services are covered under most insurance plans for which you can utilize out of network coverage. Should you wish to bill your insurance, I will provide you with monthly statements ("superbills") with the necessary information for you to seek reimbursement. You may want to consult your insurance provider as reimbursement rates vary from plan to plan, and may change based on diagnosis.

Any fees which remain unpaid for over 60 days are subject to legal action, which may involve hiring a collection agency or going through small claims court.

Cancellation. Appointments are considered confirmed when they are scheduled. *If you need to cancel or reschedule an appointment, please notify me as soon as possible, at least 24 hours in advance. This is necessary because a professional time commitment is set aside and held exclusively for you. You will be charged for cancellations within 24 hours and/or no-shows.*

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Credit Card Authorization Form

Client Name:	_____
Cardholder Name (if different than client)	_____
Billing Address	_____ _____
Credit Card Type	_____ Visa _____ MasterCard _____ Discover
Credit Card Number	_____
Expiration Date:	_____
Security Code (last 3 numbers on back of card)	_____

I authorize Michael DiPaolo, Ph.D. to charge the agreed upon amount to my credit card provided herein. I understand that my card will be billed the day of the session, including days of missed sessions and/or cancellations within 24 hours notice, as explained on the Consent for Services. I agree to pay for this amount in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____