

Robin Sakakini, Psy.D.

Licensed Psychologist PSY 25438

PSYCHOLOGICAL SERVICES CONTRACT INFORMED CONSENT

This document contains important information about the professional services and business policies of Dr. Robin Sakakini. Please read it carefully and note any questions you might have so that they can be addressed. You will only be asked to sign once you fully understand the policies. Once you sign both a copy for your file and your personal copy, it will constitute a binding agreement between you and Dr. Sakakini.

BACKGROUND AND TRAINING

Dr. Sakakini is a licensed psychologist in the state of California. Licensed psychologists have a doctoral degree in clinical psychology or a related field of psychology approved by the California Board of Psychology. Dr. Sakakini received her Psy.D. in school psychology from St. John's University in Queens, NY. She completed her predoctoral internship and postdoctoral hours at Mt. Sinai Adolescent Health Center, Las Virgenes Unified School District, and Ventura County Office of Education in 2009-2012. She specializes in the treatment of infants, toddlers, preschool-age, and school-age children along with adolescents. Her expertise includes working with children experiencing attachment problems, trauma, behavioral disorders, anxiety disorders, learning disorders, developmental delays, mood disorders, and sleeping difficulties. Dr. Sakakini also specializes in working with parents on issues involving parent training on skills including behavior management and sleep training. She also specializes in behavioral sleep medicine.

PSYCHOLOGICAL SERVICES

Dr. Sakakini provides individual/family therapy, parent training, and consultation services. The first several sessions will involve an evaluation and development of a treatment plan to address your needs.

Therapy: Individual or family therapy sessions typically involve you and/or your family and Dr. Sakakini. Once Dr. Sakakini has done her initial intake, she will recommend a treatment plan to you. She will review the rationale for the treatment plan and her recommendations concerning your emotional, social, and psychological functioning within your family and/or work setting as relevant. Recommendations for specific treatment goals and interventions will be developed with consideration of your presenting problems, strengths, personality, and interests. To be successful, psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on issues we talk about both during our sessions and at home.

Benefits and Risks: Therapy can have benefits and risks. Informed consent means being aware of both possibilities. Benefits include gaining a better understanding of the

problems you asked the psychologist to assess and resulting recommendations. Risks sometimes include you experiencing uncomfortable feelings, such as anxiety, sadness, anger, frustration, shame, guilt, loneliness, and helplessness, particularly because the goal will be to discuss Dr. Sakakini's impression about your mental health difficulties at this time. It may also require recalling unpleasant aspects of your past or present situation.

If you have questions about Dr. Sakakini's procedures or services, you should discuss them with her whenever they arise. If your doubts persist, she will be happy to refer you to another mental health professional for a second opinion. You also have the right to terminate the evaluation process or your therapy/consultation services at any time, although we recommend you do so only after discussing your concerns with Dr. Sakakini directly.

A decision on the part of Dr. Sakakini for early or premature termination of your professional relationship would be for one of the following reasons: non-cooperation with the services being provided; lack of maintaining frequency of sessions that would support timely completion of the evaluation, treatment or consultation; needed services that she is not able to provide; financial non-cooperation; or any other needs of Dr. Sakakini. Should your professional relationship end prematurely, you will be provided with appropriate referrals and recommendations about how to proceed.

*I understand the benefits and risks associated with psychological services
_____ (initials)*

MEETINGS AND CANCELLATION

All services provided by Dr. Sakakini will begin with an initial intake session. Recommended services may include individual/family therapy, or behavioral sleep/parenting consultation.

Therapy: Individual or family therapy sessions typically last for 45 minutes. Frequency of sessions will be agreed upon by you and the psychologist, but are most commonly weekly. Once an appointment for any service is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. *Cancellations made within 24 hours of the appointment should be made by email.* In addition, if you fail to come to a scheduled appointment, you will be expected to pay my hourly fee in full. My fee is \$_____ per session (enter agreed upon amount).

I understand that I must cancel the appointment 24 hours in advance or I may be billed for the scheduled appointment. _____ (initials)

PROFESSIONAL FEES, PAYMENT POLICIES AND INSURANCE

Fees: Dr. Sakakini's fee structure is outlined in Appendix A of this form. Other related billable services may include reviewing records, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, telephone conversations of over 15 minutes, consultation with other professional which you have authorized, and the time spent performing any other service you may request. If a telephone conversation will require more than 15 minutes of time, you are advised to schedule a consultation appointment. These additional fees will be discussed with you in advance.

I understand that my initial consultation is being billed at \$_____ per hour (enter agreed upon amount) and future services will be billed according to the fee schedule (or agreed upon sliding scale fee of _____). _____ (initials)

If you become involved in legal proceedings that require the participation of Dr. Sakakini, you will be expected to pay for her professional time even if she is called to testify by another party. Because of the difficulty of legal involvement, the fees for preparation and attendance at any legal proceeding are higher than the typical fees and will be discussed with you if this service becomes necessary.

Fee collection: Fees are collected at each visit for the hours of service performed that day. Fees for activities conducted between visits (e.g., record review, phone calls of more than 15 minutes, school observations) will be collected at your next visit or by invoice if you have no further visits scheduled. You will be provided with a statement itemizing the hours for which you are being billed when your services are complete. You will be expected to pay the outstanding balance at that time. Dr. Sakakini is unable to have clients run a bill for their services. She also cannot accept barter for services. Payment may be made by cash or check at the time of service.

I understand that I must pay at the time of each visit. I understand that all services provided between visits will be billed and paid at the subsequent visit. _____ (initials)

Payment delinquencies: There will be a returned check fee of \$25.00 should there be any problems clearing your check. If for any reason you do not pay your bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that you do not pay. If you do not pay your bill for more than 60 days and suitable arrangements for payment have not been agreed to, Dr. Sakakini has the option of using legal means to secure payment, including the use of collections agencies or small claims court. If such legal action is necessary, the costs of such proceedings will be included in the claim. In most cases the only information released about a client in such a process would be your name, the nature of the services provided, and the amount due.

Insurance reimbursement: Dr. Sakakini does not accept medical or mental health insurance at this time and will not bill your services directly to your insurance carrier. If

you have a health insurance policy, however, it will usually provide some coverage for mental health treatment. Although she will not bill your carrier directly, she will fill out forms and provide you with whatever assistance she can in helping you receive reimbursement for the services you have paid for. You (not your insurance company) are responsible for full payment of my fees, as outlined above. It is very important that you find out exactly what mental health services your insurance policy covers if you wish to submit a claim for reimbursement. Authorization is often required in advance. You should call your insurance company directly to find out their policies with regard to psychological services.

Please note that insurance companies usually require the therapist to identify a diagnosis and there are some diagnoses for which they will not reimburse. Whatever information is disclosed to your insurance company will become part of the insurance company files. All insurance companies claim to keep such information confidential, but once it is in their hands, Dr. Sakakini has no control over what they do with it. If you request, she will provide you with a copy of any report which she submits.

I understand that my insurance cannot be billed directly for services provided by Dr. Sakakini. I am responsible for full payment. _____ (initials)

CONTACTING YOUR PSYCHOLOGIST

General contact procedures: Dr. Sakakini will communicate with you primarily by e-mail, and will ask for you to please sign the Communication by E-mail Consent form. If she will be unavailable for an extended time (e.g., vacation or illness), she will provide you with the name of a colleague to contact if necessary.

Emergencies: Dr. Sakakini cannot provide emergency services. In an emergency, contact your family physician, call 911, or go the nearest emergency room and ask for the psychologist or psychiatrist on call. If you are feeling suicidal or a family member is threatening violence or suicide, you need to call 911. The police are well trained to handle situations ranging from suicidal individuals to out-of-control teens. Additional numbers that may be helpful include: California Youth Crises Line (800) 843-5200, Child Abuse Hotline (800) 540-4000, Domestic Violence Hotline (323) 681-2626, Elder Abuse Hotline (800) 992-1660 and Suicide Prevention Center (310) 391-1253.

I understand that Dr. Sakakini cannot provide emergency services. In an emergency situation, I know to call 911 or go to the nearest hospital emergency room.
_____ (initials)

PROFESSIONAL RECORDS

The laws and standards of the psychology profession require that psychologists keep records of services provided. You are entitled to receive a copy of your full record; however, a summary is often more helpful than the entire record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers.

If you wish to see your full records, you must request to do so in writing. Dr. Sakakini has the right to refuse this request if she feels it would be harmful to you or may jeopardize the professional relationship between you and Dr. Sakakini. Under such circumstances, Dr. Sakakini will provide you with a written explanation of her refusal. You have the right to appeal this refusal. In the event that you do review your full records, we recommend that you do so in the presence of Dr. Sakakini so that you can discuss the contents. Patients may be charged an appropriate fee for any professional time spent in responding to information requests.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and Dr. Sakakini can only release information about your work with her to others with your written permission. Dr. Sakakini will have you sign a "Release of Information" form prior to talking to anyone else about your case with the following exceptions under California state law. There are some situations in which a psychologist is legally obligated to take action to protect others from harm, even if they have to reveal some information about a patient's treatment. These include:

- If Dr. Sakakini suspects or believes that a child, elderly person, or disabled person is being abused, she must file a report with the appropriate state agency.
- If she believes that a patient is threatening serious bodily harm to another, she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If the patient threatens to harm himself/herself, he/she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Should such a situation occur, I will make every effort to fully discuss it with you before taking any action. Although the parent of a minor is the "holder of privilege," disclosing the content of sessions with minors to parents tends to undermine therapy. Reporting to parents is kept to general progress/issues or if the minor is involved in dangerous or harmful activities.

In most legal proceedings, you have the right to seek to prevent the psychologist from providing any information about your case. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order Dr. Sakakini's testimony. These situations have rarely occurred in the experience of psychologists. If such a situation occurs, Dr. Sakakini will make every effort to fully discuss it with you before taking any action.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever Dr. Sakakini transmits information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss with Dr. Sakakini any questions or concerns that you may have as soon as they arise.

I understand that my mental health information will be kept confidential unless my psychologist believes I may harm myself or someone else, or if it becomes known that a child, elderly adult, or disabled person is being mistreated, or if a judge orders it.
_____ (initials)

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

I have received and understood the above information. I have been given a copy of this form for my records, and I consent to the agreed upon services for myself. I agree to meet all financial obligations.

Date

Signature of Parent/Guardian or Client if over 18

Date

Signature of Clinician as Witness

APPENDIX: FEE STRUCTURE

Notice: The Department of Consumer Affairs Board of Psychology receives questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact this department by calling 1-866-503-3221, on the internet at www.psychboard.ca.gov, or by writing to the following address: Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3236.

<u>Service</u>	<u>Hourly Fee</u>
Initial Intake Session	*
Consultation (including sleep training)	*
Individual Therapy	*
Family Therapy (with or without patient)	*

*Please contact Dr. Sakakini for her rates. Additionally, Dr. Sakakini does do a sliding scale fee when applicable.