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West Hollywood, CA 90048  
(800) 810-5743

## **Alex Yufik, J.D., Psy.D.**

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### **Forensic Assessment Consultation and Treatment Services**

#### **Outpatient Treatment Contract**

Welcome to my private practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us. At the end of our first or second session, you can expect that I will share with you among other things is;

- a. My understanding of the problems you have brought to my attention
- b. My approach to these problems
- c. What other approaches I am aware of
- d. What the possible advantages or disadvantages of each
- e. My best estimate about what might happen without treatment

#### **MY BACKGROUND AND TRAINING**

I obtained my Bachelor of Science degree from University of Massachusetts, at Amherst and graduated Magna Cum Laude and a Commonwealth Scholar. I obtained my Doctor of Psychology degree from George Washington University and my law degree from Villanova University School of Law. I am licensed to practice law and psychology by the State Bar of California (247343) and the California Board of Psychology (PSY 19520). I am also credentialed by the National Register of Health Service Providers in Psychology, which is an indication of certification above State Licensure. My training has included inpatient treatment in hospitals and outpatient clinic treatment. My experience includes the treatment of psychological and psychiatric disorders, as well as the treatment of psychological conditions that occur in the context of medical

procedures. The work that I do can be best described as psychodynamically-oriented psychotherapy. Sessions consist of my listening to what a client has to say and then responding with a comment or question. Sometimes I simply remain silent in order not to interfere with what a client is thinking or feeling. The intent is to arrive at and understanding of the possible problems and help the client work towards a solution. It is natural and expected for very strong feelings to arise during the course of psychotherapy; coming to understand such feelings is an important part of the work.

## **CONFIDENTIALITY**

Confidentiality and privacy are very important in my practice. Every effort will be made to protect your privacy and no information will be disclosed to any outside party or agency without your written authorization unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations;

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I reasonably believe that a child or an elderly person or a disabled person is being abused or neglected, I must file a report with the appropriate state agency.

If there is an emergency during our work together, or in the future after termination where Dr. Yufik becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. Possible exceptions could be; abuse of patients in a mental facility, sexual exploitation, criminal prosecutions, child custody cases, fee disputes between patient and therapist, negligence suite brought by the client

against the therapist, or filing of a complaint with a licensing board, AIDS/HIV infection and possible transmission.

Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Yufik. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Dr. Yufik will use his clinical judgment when revealing such information. Dr. Yufik will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

If I believe that a patient is threatening serious bodily harm to another, I am may be 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, or when a client's family member communicates to Dr. Yufik that the client presents a danger to himself or others, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the

laws governing confidentiality are quite complex. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

## **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. During evaluation or therapy, exploring the meaning of your emotional experiences, thoughts, dreams memories and sensations can involve remembering or talking about unpleasant events.

At times you may experience considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, and so forth. During therapy I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even

frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

## **WHAT YOU CAN EXPECT**

Our first few sessions will involve an evaluation of your needs. Please note that you will be billed the standard fee for the initial consultation. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. The number of sessions will depend on many factors and will be discussed in advance of any services provided. We will also discuss if additional services or referrals are necessary. For example, it may be prudent to see a psychiatrist or another medical doctor, or to conduct a series of psychologist tests to further ascertain your condition. These services will be discussed in detail and any additional fees will be fully disclosed and agreed upon before any services are provided.

You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. I can also provide referrals to therapist whose way of working is different than my own.

If at any point during psychotherapy, if I do not believe the treatment is effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. Furthermore, if you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if you have provided written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will also provide you with names of other qualified professionals whose services you might prefer.

## **MEETINGS**

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Please note, that if you do not cancel within 24 HOURS, YOU will be billed for the full session. You are responsible for calling to cancel or reschedule your appointment. You may call to schedule an appointment at 800-810-5743 during normal business hours.

## **PROFESSIONAL FEES**

My fee is \$150 per individual session. My fee for group sessions is \$90 per 1.5 hours. Please note that you will be billed \$150 dollars for the initial consultation. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.]

## **BILLING AND PAYMENTS**

I bill once a month, on the final session of the month, unless we agree otherwise or unless you have insurance coverage which requires another arrangement, I ask that the bill be paid by the final session of the month. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment

plan.] Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Dr. Yufik if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Dr. Yufik will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. It will also become necessary to discuss and agree upon a payment plan before psychotherapy may continue. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

Although it is my goal to protect your confidentiality and the confidentiality of your records, there may be a time when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed above. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. If I receive a request from an HMO for information, my policy is not to release material until you and I have discussed the matter, and you have signed a release for the information.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract]. As a service to help you receive insurance benefits to which you may be entitled, I will bill your insurance company for

you. However, it is you and not your insurance company who is responsible for the full payment of my fees when you are billed for services rendered, unless otherwise stated in the contract between myself and the insurance company.

## **CONTACTING ME**

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail, that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you need to contact me between sessions, please leave a message on the answering service **(800)810-5743** and your call will be returned as soon as possible. I check my messages a few times during the daytime only, unless I am out of town. If you are unable to reach me and feel that you can't wait for me to return your call, or if you feel that the situation is an Emergency indicate it clearly in your message and if you need to talk to someone right away call the **Police (911)** or **EMERGENCY PSYCHIATRIC SERVICES at 800 854-7771, or go to your nearest Hospital Emergency Room.** I do not have a 24-hour answering service or the staff to provide 24-hour emergency service. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Please do not use email or Faxes for emergencies. Dr. Yufik does not always check his e-mail or Faxes daily.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] If you have concerns regarding the treatment records please discuss them with Dr. Yufik. As a patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency

circumstances or when Dr. Yufik assesses that releasing such information might be harmful in any way. In such a case Dr. Yufik will provide the records to an appropriate and legitimate mental health professional of your choice. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

## **PATIENT'S BILL OF RIGHTS**

The following is a list of your rights compiled by the California Board of Psychology:

request and receive information about the psychologist's professional capabilities, including license status, education, training, experience, professional association membership, specialization and specific areas of competence.

verify the status of the psychologist's license with the Board of Psychology and receive information about any license discipline. You can do this on the Board's Web site at [www.psychboard.ca.gov](http://www.psychboard.ca.gov).

have a discussion with the psychologist about fees, billing arrangements, and the nature and anticipated course of sessions.

be provided a safe environment, free from sexual, physical or emotional

abuse, when in the care of a psychologist.

expect that your psychologist should not involve you or anyone who is a close relative, guardian, or significant other in sexual intimacies.

ask questions about your therapy or psychological assessment.

refuse to answer any question or disclose any information you choose not to reveal.

request that the psychologist inform you of your progress.

know if there are supervisors, consultants, students, registered psychological assistants or others with whom your psychologist will discuss your case.

refuse a particular type of treatment or end treatment at any time without obligation or harassment.

refuse or request electronic recording of your sessions.

request and (in most cases) receive a copy of your records, including the diagnosis, treatment plan, your progress and type of treatment.

report unprofessional behavior by a psychologist

receive a second opinion at any time about your therapy or about your psychologist's methods.

receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.

### **CONSENT TO TREATMENT**

**I, the undersigned voluntarily agree to receive psychotherapeutic assessment, care, treatment or services and authorize the undersigned to provide such care, treatment and services as are considered necessary and advisable. I also give my consent to be billed for services rendered. I understand and agree that I will participate in the planning of my care, treatment or services, and that I may stop such care, treatment or services that I receive with the undersigned therapist at any time. Your signature below indicates that you have read and understood the information in this document, and that you have had a chance to discuss with me any questions or issues you may have about my practice and agree to abide by its terms during our professional relationship. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and that you are releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.**

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Client

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Date

As witnessed by:

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Alex Yufik, J.D., Psy.D.

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Date