

RAKEFET BENDERLY, Ph.D.
Clinical Psychologist – PSY 15064

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Carlsbad, CA 92011
(760) 930-0886

Name _____

Home Phone: _____

Address: _____

City _____ State _____ Zip _____ Date of Birth: _____

Employer: _____ Work Phone: _____

Cell phone _____

Person to contact in case of emergency:

Name _____

Phone (day) _____ Phone (eve) _____

Name of Primary Care Physician: _____

Address _____ Phone _____

How were you referred to me? _____

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. Once you sign this, it will constitute a binding agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems which the client brings. There are a number of different approaches which can be utilized to address the problems you hope to address. It is not

like visiting a medical doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our session and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, and loneliness. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions to specific problems. But there are no guarantees about what will happen.

By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

MEETINGS AND FEES

My normal practice is to conduct an evaluation, which will last 2 to 4 sessions. During this time, we can both decide whether I am the best person to provide the services, which you need in order to meet your treatment objectives. If psychotherapy is initiated, I will usually schedule one 55-minute session per week at a mutually agreed time. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide a 24-hour advance notice of cancellation. You will be expected to pay for each session at the time it is held, unless we agree otherwise. I only accept payment by check or cash.

I am an “out of network” provider. If you have a PPO you may choose your own therapist in or out of your insurance

network. I can provide you with a super bill so that can collect your reimbursement directly from your insurance provider. I do not accept HMO health insurance.

Your reimbursement depends on the terms and conditions of your insurance contract.

I recommend that you call your insurance company to find out what benefits you have for therapy. I can assist you with information and questions to ask. At the end of the month, upon request, I will provide you with a billing invoice with dates of service, diagnosis and other information insurance companies need to process the claim. You submit the claim to your insurance company.

I will provide you with whatever assistance I can in facilitating you receipt of the benefits to which you are entitled by filling out forms as appropriate. However, you and not your insurance company are responsible for full payment of the fee, which we have agreed to.

You should also be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, I will provide you with a copy of any report, which I submit.

If your account has not been paid for 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going to 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 client's treatment is his/her

name, the nature of the services provided and the amount due.

CONTACTING ME

A message for me can be left on voice mail at any time at (760) 930-0886. These messages will be checked several times each day between 9 AM and 6 PM and calls will generally be returned within the same day with the exceptions of weekends and holidays. Special arrangements can be made ahead of time to reach me after hours. A 24 hour crisis number is available on my voice mail for unforeseen emergencies. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging (in such cases review with a mental health professional is required). As part of the therapy process we may go over your file to evaluate the progress being made.

CONFIDENTIALITY

In general, law protects the confidentiality of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission. However, there are a number of exceptions.

In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues

before him/her demands it.

There are situations in which I am legally obligated to take action to protect others from harm, even if I reveal some information about a client's treatment. For example, if I believe that a child (elderly person or disabled person) is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am (may be) required to take protective actions. This information could also come when a family member/s communicates to me that the client presents a danger to others (or self). These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, 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 arisen in my practice. Should such a situation occur, 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 client. 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 for our work together.

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 read and understood the extents and limits of confidentiality.

Agreement and Consent for treatment: I consent to procedures, treatment, and services rendered to me (or client, if minor)

Rakefet Benderly, Ph.D.

Agreement and Consent for Information Release: I authorize the release and exchange of information between Rakefet Benderly, Ph.D. and any insurer for the purpose of remuneration.

Agreement to Financial Responsibility: I assume responsibility for all charges for my (or client's, if minor) care. I understand that an appointment commits the therapist's time to me, and unless 24-hour advance notice is given, I am responsible for cancelled or missed appointments.

I have received a copy of "Notice of Privacy Practices".

Signed _____ Date _____