Vision Neuropsychology
& Psychology Services
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Informed Consent for Psychotherapy Services

Purpose

This document provides information about the nature of psychotherapy services and related business practices. It is intended to help clients make informed decisions regarding participation in treatment. Questions about the content of this document are encouraged prior to providing consent.

Nature and Scope of Psychotherapy

Psychotherapy is a collaborative process aimed at helping clients address emotional, behavioral, or psychological concerns. The specific goals and methods of treatment will be determined based on individual client needs and circumstances.

Participation in psychotherapy may involve discussion of personal experiences and can elicit uncomfortable emotions. While positive outcomes are possible, no guarantees can be made regarding results or progress.

Therapist Credentials and Services Provided

Services are provided by a licensed psychologist in the state of California (PSY26611). Services offered include individual psychotherapy for adults, with a specialization in supporting individuals with neurological or medical conditions, as well as general psychological concerns, such as depression and anxiety.

Services ***do not include*** the prescription of medication or medical treatment.

Confidentiality and Its Limits

All communications between client and psychologist are confidential and protected under California law and the Health Insurance Portability and Accountability Act (HIPAA), with the following exceptions:

- If there is reasonable suspicion of abuse or neglect of a child, elder, or dependent adult (including self-neglect).

- If the client presents an imminent risk of serious harm to self or others.

- If required by court order or applicable law.

- If disclosure is necessary for billing purposes to third-party payers, including insurance or Medicare, subject to the minimum necessary standard.

Further details are provided in the separate HIPAA Notice of Privacy Practices, which clients are provided and must acknowledge.

Telehealth Services

Psychotherapy services may be provided via secure video conferencing platform. Telehealth sessions require that the client be physically present within the state of California at the time of service unless otherwise arranged in accordance with applicable regulations.

The same confidentiality protections apply to telehealth services. However, clients are responsible for ensuring that their location provides a private and secure environment during telehealth sessions.

Appointments, Fees, and Billing

Session length and frequency will be determined in collaboration with the client and based on clinical need. The fee for psychotherapy services will be communicated separately in writing.

Vision Neuropsychology & Psychology Services accepts private-pay clients, Medicare beneficiaries, and clients whose services are covered by participating insurance plans.

For insured clients, claims will be submitted directly to the insurance carrier where applicable. Clients are responsible for any copayments, deductibles, coinsurance, or services not covered by insurance.

Medicare clients are advised that services will be billed in accordance with Medicare regulations. Clients are responsible for any applicable coinsurance and deductibles under Medicare.

If services are not covered or if the client opts out of using insurance, clients may request a Good Faith Estimate of expected charges in accordance with the federal No Surprises Act.

Payment is due at the time of service unless prior arrangements have been made.

Cancellation and Missed Appointment Policy

Clients are expected to provide at least 24 hours' notice for appointment cancellations. Appointments canceled with less than 24 hours’ notice, or missed without notice, may be subject to the full session fee. Insurance does not typically cover missed appointments.

Voluntary Participation and Termination of Services

Participation in psychotherapy is voluntary and may be discontinued at any time by the client. The psychologist reserves the right to terminate treatment when it is clinically appropriate or necessary, including in cases of non-payment or consistent non-attendance.

In the event of termination, referrals to other qualified providers will be offered when possible.

Consent to Treatment

By signing below, the client acknowledges having read and understood this document, having had the opportunity to ask questions, and voluntarily consents to receive psychotherapy services under the terms described.

Additionally, by signing below, the client acknowledges that they have received and had the opportunity to review the HIPAA *Notice of Privacy Practices* for Vision Neuropsychology & Psychology Services.

Client Name (Printed): _____

Client Signature: _____

Date: _____