



## Inclusivity Clinical Consulting Services

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### Office Policies and Agreement for Clinical Services

Welcome to ICCS and thank you for choosing us as your provider. Your initial visit to a new provider is very important, and you may have many questions. This document is designed to assist you in deciding if ICCS will be the best fit for you. Please take time to read the content carefully and thoroughly. We are happy to address any questions for you. When you sign this document, it will represent an agreement between us.

#### **Qualifications**

Our ICCS clinical team is comprised of California licensed psychologists. Team members have been trained within doctoral programs, internship placements, and residency fellowships accredited by the American Psychological Association. We uphold the legal and ethical policies of the American Psychological Association. We may also work with clinical social work interns as a part of their training; however, they will always be directly supervised by one of our licensed psychologists and you will always be informed ahead of time if your therapist is an intern.

#### **Clinical Evaluation and Assessment**

During our first meetings, we will assess together how ICCS may be able to benefit you. When it is determined that ICCS may not be the idea choice of clinical services for any given client, we will refer you to other mental health providers who appear to be a better match for your presenting issues.

#### **Course of Treatment and Follow-Up**

Our ICCS team takes a collaborative approach to psychotherapy; we consider ourselves the psychology experts and you as the expert of your life experience. We will work together on goals of your choosing, which may change over the course of treatment. We value your ideas and feedback and we will always work with you to develop treatment goals in addition to explaining our treatment recommendations.

Since ICCS works as a team of clinicians, we consult with each other about cases when appropriate. This is an added benefit for clients of ICCS, as you are benefitting not only from the expertise of your

provider, but of our whole team. Of course, we will never discuss your case with anyone outside of ICCS without your written permission (see Confidentiality section below).

Deciding when to end clinical services is a decision that is usually based on the response to treatment and a consensus between the ICCS provider and the client. Before treatment completion, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" mental health maintenance visits might work best for you.

**If you have concerns or reservations about treatment recommendations, we strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.** If during our work together we assess that our services were not effective in helping you reach your therapeutic goals, we are obligated to discuss this with you and, if appropriate, end treatment and give you referrals that may be of help to you.

You have the right to terminate treatment at any time. If you choose to do so, we will offer to provide you with names of other qualified professionals whose services you might prefer.

### **Safety Policy**

If you commit violence to, verbally or physically threaten or harass any ICCS team member, the office, or our families, we reserve the right to terminate your treatment unilaterally and immediately.

### **Fees**

You are expected to pay for services at the beginning of each session. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact us to make arrangements any time your financial situation changes.

### **Dual Relationships**

Therapy never involves sexual, business, or any other dual relationships that could interfere with therapy in a negative way. It is possible that during the course of your treatment, we may become aware of other preexisting relationships that may affect our work together, and we will do our best to resolve these situations ethically. If we unexpectedly encounter you in public, we will not initiate any communication in an effort to protect your privacy. If you choose to acknowledge us in any manner, we will certainly respond to you but will not say anything that could identify you as an ICCS client.

### **Benefits and Risks of Psychotherapy**

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to better understand and change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your therapy and its progress. More than one treatment

approach can be helpful at times; if we think that combining approaches may benefit you, we will discuss this issue with you during your session.

Sometimes remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort. We may gently challenge some of your assumptions, suggesting different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Change can sometimes be quick and easy, but sometimes it can be gradual and even frustrating.

### **Emails, Phone Calls, and Emergencies**

For administrative matters such as checking appointment times or changing them, you are welcome to email us at [info@inclusivityconsulting.com](mailto:info@inclusivityconsulting.com). Your ICCS provider will give you her/his direct e-mail address during the first session and you can contact your therapist regarding administrative questions. Email is read and returned within 24 hours of receiving it.

If you need to contact us between sessions about a clinical matter, please leave a message at 310.594.9605. In order to focus on our work with clients, we do not answer the phone when we are in session, so it is likely you will get our voicemail. Messages are checked throughout the day and returned within 24 hours of receipt by an ICCS team member. We will also let you know who will be covering for your provider if she or he plans to be out of town or is unexpectedly unavailable.

If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs or refer you to a higher level of care. If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, dial 911 or go to your nearest hospital emergency room.

### **Lateness and Cancellations**

If you need to cancel an appointment for any reason, please do so as soon as possible. If you cancel less than 24 hours prior to your scheduled appointment, you will be charged for your appointment.

If you are running late for your appointment, please phone or email us as soon as possible to let us know that you will be late. If we do not hear from you by 15 minutes into your session time, we will call to check on you. If you arrive late for your session, we will still end at our regular time so that we have time to prepare for our next appointments.

### **Payment and Financial Arrangements**

Our fees typically range from \$200 to \$350 depending upon the nature and length of the session. Each ICCS provider will discuss fees with you during the initial phone consultation. Sessions for more than one person are always 90 minutes minimum to allow adequate time for all parties to participate. The fee is to be paid at the start of each session. An annual fee increase may occur every January and we will begin to remind clients of this in October of this fee increase.

**Late Fee:** Full payment is expected at the time of service unless otherwise agreed upon. A grace period will be allowed with no late fee if payment is received by 6:00 pm the next business day. After 6:00 pm on the next business day, there will be a \$20 charge for late payments made within the same week, and a \$30 charge the next business week.

**Balances:** We do not permit clients to carry a balance of more than two sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let us know if any problem arises during the course of therapy regarding your ability to make timely payments.

**Fee Reduction:** ICCS offers some lower fee slots, based upon income and circumstances. If our fee is a concern, please discuss it with us. If we are unable to accommodate your financial situation, we will provide you with referrals.

**Insurance:** ICCS does not currently take insurance. We can provide you with a monthly billing statement for reimbursement if you wish to submit it to your insurance company. This monthly statement is your receipt for tax or insurance purposes. Some or all your fees may be covered by your health insurance, if you have outpatient mental health coverage, however, it is your responsibility to verify the specifics of your coverage. Please remember that our services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return or have a Health Savings Account. As described below in the section Health Insurance and Confidentiality of Records, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

**Other fees:** If you become involved in legal proceedings that require the participation of your provider, you will be expected to pay for that professional time and service, even if we have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to regular practice, ICCS charges \$450 per hour for preparation and attendance at any legal proceeding. We will provide bills/receipts at the end of each session expect to be paid upon receipt unless otherwise agreed upon.

## **Confidentiality**

As a psychotherapy client, you have privileged communication. This means that your relationship with ICCS as our client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy Practices. When Disclosure Is Required by Law: Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to

obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court. In couples or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members.

**Emergencies:** If there is an emergency during our work together or after termination in which we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose, we may contact the emergency contact person whose name you have provided on your Client Information form.

**Health Insurance and Confidentiality of Records:** Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, we have no control over the information once it leaves our office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain life insurance.

**Confidentiality of E-mail, Voice mail and Fax Communication:** E-mail, voice mail, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify us at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not contact us via email or faxes for emergencies.

**Consultation:** We consult regularly with all the professionals on our team regarding clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, we believe it is important to consult with another professional in detail about your circumstances, and we believe identifying information about you may be shared, we will request that you sign a release of information allowing us to share this information. Without such a release, we will not consult with another professional and provide information that might lead another person to be able to identify you.

**Release of Information:** Considering all of the above exclusions, upon your request and with your written consent, we may release limited information to any person/agency you specify, unless we conclude that releasing such information might be harmful to you. If we reach that conclusion, we will explain the reason for denying your request.

## **Complaints**

If you have a concern or complaint about your treatment, please talk with us about it. We will take your feedback seriously and respond with respect. If you believe that we have been unwilling to listen and respond, or that we have behaved unethically, you can contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services we have provided.

Board of Psychology  
1625 North Market Street, Suite N-215  
Sacramento, CA 95834  
1-866-503-3221  
bopmail@dca.ca.gov

We hope this document answers some of your questions about working with ICCS. Please let us know if you have concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy. We look forward to working with you.