



Beth Pearson, Ph.D.
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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES FOR ADULTS

This document contains important information about the professional services and business policies of Dr. Beth Pearson at Resilient PATHS. 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 a copy for your file, it will constitute a binding agreement between you and Dr. Pearson.

Background and Training:

Dr. Beth Pearson is a licensed clinical psychologist in the state of California (license # PSY 22977). Dr. Pearson received her Ph.D. in Clinical Psychology from Case Western Reserve University. She completed her predoctoral internship at the University of Michigan's Institute for Human Adjustment and her postdoctoral fellowship at the Children's Health Council in Palo Alto. Following her fellowship, she worked as a staff psychologist at Children's Health Council and in private practice with Barbara Brandt, Ph.D. and Associates. Dr. Pearson specializes in psychological assessment and treatment of children ages 12 months through adolescence as well as parenting/family therapy, and counseling for college students.

Psychological Services for Adults:

Dr. Pearson provides treatment (e.g. individual/group/family therapy, counseling) for adults. A client will first have a 90 minute intake visit with Dr. Pearson to determine together which service will be most helpful. At the end of this initial session, Dr. Pearson will recommend a path for moving forward.

Treatment:

Individual therapy session, Counseling sessions, or family therapy sessions typically involve you and/or your family and Dr. Pearson. Once Dr. Pearson 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 school 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.

Confidentiality:



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The information obtained by Dr. Pearson is confidential and will not be shared with others without a client's written consent. The only exceptions are in the case of a court order or if there is a concern about the safety of a child or others. The specific instances 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 client include the following:

- If Dr. Pearson 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 client 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 client.
- If the client 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.

If it should be necessary to release information in these exceptional circumstances, every effort will be made to discuss the situation with a client prior to the release of the information.

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

Clients 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. Pearson transmits information about a client 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. Pearson 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.



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_____ (initials)

Benefits and Risks:

Treatment (Therapy) can have benefits and risks. Informed consent means being aware of both possibilities.

Benefits include gaining a better understanding of the problems that the client asked the psychologist to assess and receiving recommendations. Additionally, through the course of treatment clients can experience symptom relief, feel better, and function more optimally. Risks sometimes include clients experiencing uncomfortable feelings because Dr. Pearson will share her impressions about the client's/family's difficulties. It may also require recalling unpleasant aspects of the client's past or present situation.

If a client has questions about Dr. Pearson's procedures or services, s/he should discuss them with her whenever they arise. If their doubts persist, she will be happy to refer clients to another mental health professional for a second opinion. Clients also have the right to terminate services at any time, although it is recommended clients do so only after discussing their concerns with Dr. Pearson directly.

A decision on the part of Dr. Pearson for early or premature termination of the 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 assessment, treatment or consultation; needed services that she is not able to provide; financial non-cooperation; or any other needs of Dr. Pearson. Should the professional relationship end prematurely, clients will be provided with appropriate referrals and recommendations about how to proceed.

Professional Fees, Payment Policies, & Insurance Reimbursement:

Fees:

Therapy sessions are billed at \$190 per hour. Payment is due at the end of each session.

There is no charge for routine phone calls lasting less than 15 minutes. If phone calls take the place of an in-person appointment, if they last for more than 15 minutes, or if significant amounts of time are needed to coordinate a client's psychological care with other professionals or institutions, these calls will be charged per 15 minute intervals at the hourly rate.



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I understand that my initial intake session for Treatment sessions will be billed at \$190 per hour and all subsequent Treatment sessions or related activities will be billed at \$190 per hour.

_____ (initials)

If a client/family become involved in legal proceedings that require the participation of Dr. Pearson, the client/family 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 the client/family if this service becomes necessary.

Payment Policies:

Please make checks out to Resilient PATHS.

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, etc.) will be collected at the next visit or by invoice if there are no further visits scheduled. The client will be provided with a statement itemizing the hours for which the client is being billed on a monthly (or more frequent) basis. The client will be expected to pay the outstanding balance at that time. Dr. Pearson 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 a returned check fee of \$25.00 should there be any problems clearing a client's check. If for any reason a client does not pay their bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that they do not pay. If a client does not pay their bill for more than 60 days and suitable arrangements for payment have not been agreed to, Dr. Pearson 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 his/her name, the nature of the services provided, and the amount due.



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Insurance Reimbursement:

Dr. Pearson does not accept medical or mental health insurance at this time and will not bill a client's services directly to their insurance carrier. If a client has a health insurance policy, however, it will usually provide some coverage for mental health treatment. Although she will not bill the carrier directly, she will fill out forms and provide a client with whatever assistance she can in helping them to receive reimbursement for the services they have paid for. A client (not the insurance company) is responsible for full payment of the fees, as outlined above.

If a client plans to use insurance, it is very important that they find out exactly what mental health services their insurance policy covers if they wish to submit a claim for reimbursement. Some carriers will only pay for therapists pre-approved by them, will pay at a lower rate for non-approved providers, will only pay for mental health services that are pre-approved, or will not reimburse for some conditions or diagnoses. Dr. Pearson will provide clients with statements each month (or more frequently). These statements can be attached to a claim form and submitted to an insurance company.

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 the insurance company will become part of the insurance company's files. All insurance companies claim to keep such information confidential, but once it is in their hands, Dr. Pearson has no control over what they do with it. If clients request, she will provide them with a copy of any report which she submits.

*I understand that my insurance cannot be billed directly for services provided by Dr. Pearson.
I am responsible for full payment.*

_____ (initials)

Cancellation Policy: Once an appointment for any service is scheduled, a client will be expected to pay for it unless they provide 24 hours advance notice of cancellation. Illness and emergencies are exceptions to this. Cancellations made within 24 hours of the appointment should be made by phone and never by email.

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

_____ (initials)

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Contact Policies & Procedures:

To reach Dr. Pearson by phone, please call 408-658-8903.

As Dr. Pearson is often not immediately available by telephone, she will check messages a few times during the day, Monday through Friday. She does not check messages over the weekend. Dr. Pearson will make every attempt to return phone calls as quickly as possible. When she is unavailable, her telephone is answered by confidential voicemail. If she will be unavailable for an extended time (e.g., vacation or illness), she will provide clients/families with the name of a colleague to contact if necessary.

If a client wishes to communicate with Dr. Pearson by e-mail, it is necessary to sign the Communication by E-mail Consent form.

Emergency Procedures:

Dr. Pearson does not provide emergency services. In an emergency, clients should call 911 or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

I understand that Dr. Pearson cannot provide emergency services. In an emergency situation, I know to call 911 or go to the nearest hospital emergency room.

_____ (initials)

Signature of Consent:

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.

Client's Signature: _____

Client's Date of Birth: _____

Date

Signature of Clinician as Witness