

Michelle M. Carcel, Psy.D.
Therapy for Individuals, Couples, and Families

Name _____

Date of Birth: _____

Address: _____

Preferred Phone Number: _____

Preferred Email Address: _____

Consent for Treatment/Assessment

The potential risks and benefits of this treatment has been explained to me by Dr. Carcel. I understand that I may ask her about these matters, or any other issues pertaining to my psychological care. I also understand that I have the right to withdraw this consent at any time.

Initial _____

Right to Confidentiality

I understand that Dr. Carcel will provide no communications, either orally or in writing, to any third party unless I direct him to do so as indicated by completing an Authorization for Release of Information Form.

Initial _____

Exceptions to Confidentiality

I understand that Dr. Carcel is legally and ethically mandated to disregard the abovementioned rule of confidentiality and to report the following situations to the proper authorities. Specifically, if Dr. Carcel has reason to suspect I may have the intent to harm myself or someone else or if there is suspected child abuse or elder abuse, Dr. Carcel must report this information.

Initial _____

Financial Obligation

I am responsible for the fees incurred from the services rendered by Dr. Carcel. In the event of a default in payment, I agree to pay a finance charge of 2 percent per month of the unpaid balance, and collection costs including reasonable attorney's fees.

Initial _____

Authorization for Communication via Email and Text Messaging

I hereby authorize communication via email. I understand the risks associated with my Protected Health Information and consent to the use of email while Dr. Carcel renders services.

Initial _____

Signature _____

Date _____

Fee Schedule and Office Policies Regarding Payment of Services

1. Fee Schedule

- a. Charges for all case-related activities including, but not limited to: Psychotherapy, psychological testing, review of all relevant records, consultation, time spent preparing progress notes or psychological reports (beyond 10 minutes in length), time spent preparing for testimony, and phone conversations over 5 minutes in length, will be billed at the rate of \$150 per individual 50-minute session.
- b. Fees are to be paid to Michelle M. Carcel, PsyD. You will be asked to complete payment at the end of each session unless a prior arrangement has been agreed upon by you and Dr. Carcel. If an alternative payment agreement is made, you will receive an invoice from Dr. Carcel on the last day of the month. Receipt of payment is expected within 15 days of the invoice.
- c. All questions related to fees, insurance and billing are to be directed to Dr. Carcel.
- d. Dr. Carcel will provide you with an invoice with appropriate codes to submit to your insurance company for reimbursement.

2. Cancellation Policy

- a. For psychotherapy cases, sessions that are cancelled with 24 hours or more notice will not be charged. Missed appointments without advanced notice will be charged. However, every effort will be made to re-schedule a missed appointment during the same calendar week at no extra charge
- b. Up to three cancelled appointments during a calendar year will not be charged. Beyond three occurrences, advance notification is still appreciated but a charge will be incurred.

3. Timely Payment

- a. Statements are issued on the first of each month. Payment in full is expected within 30 days of the billing date.
- b. Past due invoices are subject to a finance charge of 2 percent per month
Note: Please sign this form and acknowledge your understanding and agreement with the terms outlined above.

4. Insurance Policy

- a. Dr. Carcel only accepts Cigna insurance at this time and is an in-network provider for Cigna Behavioral Health Services.
- b. If you are using your Cigna insurance to receive services from Dr. Carcel, please note that it is your responsibility to confirm your benefits and you are responsible for any co-pay, deductibles, or amounts owed to Dr. Carcel not covered by your insurance policy.
- c. Co-pays or fees are owed at time of service.

Name _____

Signature _____

Date _____

Authorization for Release of Information

I authorize Dr. Carcel to release or receive information pertaining to my psychological treatment. This information will be used for treatment planning and collaboration.

My name is: _____

I would like you to contact and/or send a report to the following persons:
 (e.g., doctors/professionals/agencies/schools/family members, etc.) [Only one form per agency or clinic]

Name	Address	Phone Number	Fax Number
1.			

Release Information Receive Information

Name	Address	Phone Number	Fax Number
2.			

Release Information Receive Information

Name	Address	Phone Number	Fax Number
3.			

Release Information Receive Information

I understand that Dr. Carcel is unable to communicate, either orally or in writing with any unauthorized person.

This consent is valid for one year from the date signed. I understand that I may withdraw this consent at any time. I also understand that I will receive a copy of this form.

Name of Patient: _____

Signature of Conservator/ Guardian: _____ **Date** _____

Note to Receiving Agency/Person: You may not disclose any records or information contained in any records unless the person who consented to this disclosure specifically consents to such disclosure.

Consent for Treatment

Outpatient Services and General Information

Welcome to my practice! This document contains important information about my professional services and business policies. Both law and ethics require that I provide you with the following information before we begin working together. Please read the following 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.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client 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 more 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 reduction in feelings of distress. However, there are no guarantees of what you will experience and we will address your experience during treatment.

Our first few sessions will involve an evaluation of your needs (or the needs of your child). 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 therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy, so you should be very careful about the therapist you select. 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 set up a meeting with another mental health professional for a second opinion.

Meetings

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide whether I am the best person to provide the services you and/or your child needs in order to meet your treatment goals. If psychotherapy has begun, I will usually schedule one 50-minute session 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 give 24 hours notice of cancellation. Please refer to my office policies for more detailed information regarding my cancellation and payment policies.

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 am happy to 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.

I currently only accept Cigna insurance. For other carriers, I am able to provide you with a monthly bill that you may submit to your insurance carrier for possible reimbursement. I recommend carefully read the section in your insurance coverage booklet that describes mental health services (sometimes referred to as behavioral health services). If you have questions about the coverage, call your plan administrator. 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.

Contacting Me

I am often not immediately available by telephone. While I am usually in the office between 9AM and 6PM, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail. 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 times when you are available. If you are unable to reach me and feel that you can't wait for me to return your call, contact 911 or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

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 unless I believe that seeing them would be life-threatening, in which case I will be happy to send them or a summary to a mental health professional of your choice. In some cases I may choose to provide you with a summary of the records. Because these are professional records, they can be misinterpreted by 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. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Confidentiality

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

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 or she determines that the issues demand it.

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 client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I must call and file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am 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 or herself, I may be obligated to seek hospitalization for him or her or to contact family member or others who can help provide protection.

These situations do not occur frequently. 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 the 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 it is important in 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, and I am not an attorney.

General Therapy Guidelines

Therapy is a very personal experience and disclosure of deeply felt thoughts and experiences are often shared. This therapeutic relationship can and often becomes very close and significant to all parties involved. Although this closeness is normal, it is necessary for all clients to recognize that I cannot at any time, during or after your course of treatment, be friends or engage in any business endeavors. Should we meet by chance outside of the therapy office, I will not approach you in an effort to maintain your confidentiality. If you choose to greet me then I will gladly respond to you but I will keep our conversation to a minimum to preserve your privacy.

For some clients discussions of a sexual nature, whether thoughts or feelings, may be a part of therapy. Note that actual sexual relations between clients and psychotherapists is never allowed. These boundaries are significant for ethical, professional, and effective psychotherapy. If you have had a sexual relationship with a therapist in the past I can provide you with support and resources to help you deal with that experience. I will maintain your confidentiality if this situation is applicable and I cannot report that therapist without your consent to do so.

Social Media Policies

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Friending and Fan Requests

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. Some of the information shared on this page is also available on my website. You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as Fans of this Page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list. In addition, the American Psychological Association's Ethics Code prohibits my soliciting testimonials from clients. I feel that the term "Fan" comes too close to an implied request for a public endorsement of my practice. Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this.

Following

I may publish a blog on my website and I post psychology news on Twitter. I have no expectation that you as a client will want to follow my blog or Twitter stream. However, if you use an easily recognizable name on Twitter and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship.

My primary concern is your privacy. If you share this concern, there are more private ways to follow me on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow me.

Note that I will not follow you back. I primarily follow other health professionals on Twitter and I do not follow current or former clients on blogs or Twitter. My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Messaging

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. If you have provided consent to receive a SMS appointment reminder through my online service Simple Practice, please know that your privacy may be compromised as SMS messages are not a secure form of communication. Reminders are a courtesy option and you can opt out at any time. In general, both SMS and networking sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone. Direct email at info@drcarcel.com is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Business Review Sites

You may find my psychology practice on sites such as Psychology Today, Healthgrades, Google, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my

client. The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence." Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. You are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, please keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you have provided consent to receive an email appointment reminder through my online service Simple Practice, please know that your privacy may be compromised as email messages are not a secure form of communication. Reminders are a courtesy option and you can opt out at any time. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Square and PayPal Credit Card Services

I use both the Square reader and PayPal reader in order to accept credit cards as a form of payment for services. If you use a credit card to pay for services, you may receive an email receipt or a form of communication once the transaction occurs. While I attempt to maintain discretion by using the name MMC Services on both Square and PayPal, please note email correspondence between you and these companies are not always secure.

Conclusion

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- *"PHI"* refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations"* – Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- *"Payment"* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *"Health Care Operations"* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *"Use"* applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. *"Psychotherapy Notes"* are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- *Adult and Domestic Abuse* – If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
- *Health Oversight Activities* – If the California Board of Psychology is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is

made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* – If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If I have a reasonable suspicion that there is an imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you.
- *Worker's Compensation* – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice.
- Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will inform you and provide you with written documentation during our session at that time.

V. Complaints

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided at:

Board of Psychology

1625 North Market Blvd, Suite N-215
Sacramento, CA 95834
Toll-free: 1-866-503-3221
Main Office: 1-916-574-7720
Email: bopmail@dca.ca.gov

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me to discuss your concerns. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request or you may obtain the complaint form at:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice goes into effect on April 15, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised written notice during our session.

Agreement to the Consent to Treatment Policies

I, _____, understand and agree to the terms of the psychotherapist-client contract. Your signature below indicates that you have read the information in the attached document and agree to abide by its terms during our professional relationship.

Signature of Patient _____ Date _____

Patient Acknowledgement of Receipt of Privacy Practices Statement

I, _____, have received a copy of the Psychologist's Policies and Practices to Protect the Privacy of my Health Information. My psychologist has discussed this document with me. Your signature below indicates that you have read the information in the attached document and agree to abide by its terms during our professional relationship.

Signature of Patient _____ Date _____

Consent for Email or SMS reminders

I, _____, am consenting to receive **EMAIL / SMS** (PLEASE CIRCLE ONE OR BOTH) appointment reminders via Simple Practice for my appointments. My psychologist has discussed this optional service and privacy information with me.

OR

I, _____, am **DECLINING** the option of receiving either email or SMS (text) message reminders of our appointments.

Signature of Patient _____ Date _____