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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES & OFFICE POLICIES

This form contains important information about the professional services and office policies of Dr. Kimberly Tangen. If you have any questions or concerns about the content within this document, you are encouraged to bring them up at your appointment.

Treatment Approach: During the first few sessions, you and Dr. Tangen will clarify together the issues for which you are seeking therapy, set reasonable treatment goals and develop a plan to help you reach those goals. During the course of therapy, Dr. Tangen is likely to draw on various psychological approaches according to the problem that is being treated and her assessment of what will best benefit you. She will periodically ask for your feedback and views on therapy and its progress, and you are encouraged to respond as openly and honestly as possible. Fully participating in your sessions and following the treatment plan put in place will assist you in obtaining the most benefit toward reaching your goals. If at some point either you or Dr. Tangen find that therapy is no longer needed or helpful, a discussion about other alternatives including referral, changing your treatment plan or termination of services will take place.

Confidentiality: All information between Dr. Tangen and the client is held strictly confidential. Notable exceptions include:

- The client authorizes a release of information with his or her signature.
- The client has become gravely disabled or presents a physical danger to self, others or property.
- Child, dependent adult or elder abuse or neglect is suspected.
- The client does not pay for services and formal collection becomes necessary.
- When information is subpoenaed by a court of law and an order is issued.
- Parents or legal guardians of non-emancipated minors have the right to access the client's records.
- Disclosures made during a medical-legal evaluation.

Dr. Tangen is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Messages: Dr. Tangen has voicemail, email and text messaging but she is not immediately available to be in contact with you outside of your appointment time. She typically returns messages within 24 hours. Messages received on weekends or holidays will normally be responded to the following business day.

Communications or messages by email, text and fax are not encrypted and the confidentiality of these electronic transmissions is compromised. Also, the office number of Dr. Tangen is an electronic medium of communication and voicemail messages are transcribed and sent to Dr. Tangen via unencrypted email or text.

If your message involves issues of a substantial or sensitive nature, Dr. Tangen will schedule an appointment so that your concerns can be properly addressed in session. The content included in your messages will become part of your clinical record. Notify Dr. Tangen if you decide to avoid or limit the use of electronic communications.

Emergencies: If you have a mental health emergency, you should call 911 or go to the nearest emergency room. Do not use text, email or other forms of electronic communication for emergencies. If you think you may need extra help during a crisis, you are encouraged to bring that to Dr. Tangen's attention so that a specific plan can be put in place for you.

Audio or Video Recording: There shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Dr. Tangen.

Social Media Sites: Dr. Tangen does not accept contact requests or respond to messaging from current or former clients on any social networking site (e.g., Facebook, LinkedIn, Twitter, etc.).

Office Hours: Office hours are by appointment only.

Cancellations, Missed Appointments, Late Arrivals & Extended Sessions: The benefits from therapy are most effective when sessions are scheduled weekly. A scheduled appointment means that time has been reserved for you. If you are unable to attend an appointment, a 48-hour notice is required to avoid any charges. If an appointment is canceled with less than 48-hour notice or missed, then the client will be billed directly. The client is responsible for full payment of the session. The fee is \$150. Health care plans do not cover payment for this. Cancellations between 48 and

24 hours of the set appointment may be rescheduled during the same week (Monday through Friday) based on availability. The fee for this is \$60. Health care plans do not cover payment for this. If there is no availability, then the client will be billed at the full session rate (\$150). **Client Initials:** _____

The sessions start and stop on time. The visits are approximately 50 minutes. Health care plans do not cover payment for late arrivals or longer session visits. For late arrivals or longer visits, clients will be billed directly in five minute intervals at the full session rate (\$150). **Client Initials:** _____

When clients miss appointments frequently, the regularly scheduled session time may need to be changed. Regular appointments cannot be reserved for clients who have cancelled or missed their scheduled sessions on three occasions within the calendar year. **Client Initials:** _____

Insurance: To determine if the mental health services are covered under your health care plan, contact your carrier before the first appointment to confirm your benefits and policy limits. If your insurance is a managed healthcare plan, the number of sessions covered may be limited. For assistance refer to the **Health Care Plan Benefits & Payment Agreement** form. However, the client, not the carrier, is ultimately financially responsible for any balances not covered by the carrier.

Third party payers, including insurance carriers, are given information that they request regarding the services provided to clients for the payment of claims and other purposes related to the administration of benefits. This information may include: session start and stop times, the modalities and frequencies of treatment furnished, test results, medication prescription and monitoring and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. **Client Initials:** _____

Appeals: In cases where care is not authorized or declined by the health plan, the client has the right to request an appeal or file a complaint directly through the carrier. Also, The California Department of Managed Health Care (DMHC) regulates health service carriers. To report an issue or complaint related to the health plan, the DMHC may be contacted at 888.466.2219.

Financial Terms: Upon verification of health plan coverage and policy limits, your insurance carrier will be billed for your treatment and Dr. Tangen will be paid directly by the carrier. You will be responsible for any applicable deductibles and copayments or other services not covered by the health care plan. Payment is collected at the time services are rendered. If you are not eligible for benefits, then you are responsible for the full session rate. The full session rate is \$150. **Client Initials:** _____

In addition to counseling appointments, other professional services including report writing, record review, release of records, telephone conversations lasting longer than five minutes, consultation with other professionals at your request, preparation of records or treatment summaries and time spent in performance of any other service requested is billed in five minute increments at the full session rate (\$150). This is not covered by your carrier. **Client Initials:** _____

The fee schedule for psychological evaluation varies and is based on the referral question, the number and types of tests administered and the frequency and total duration of the services among other considerations. Fees for psychological assessments are generally set for the entire examination and will be discussed on a case by case basis.

Cash, personal or cashier's check and major credit cards are accepted. A processing fee is applied to all credit card transactions. A \$35 administrative fee is placed on personal checks that are returned for non-sufficient funds. In cases of outstanding balance, a collection service may be used. Unpaid balances over 60 days are subject to late charges unless other terms have been negotiated and followed. Late charges, collection agency and legal fees, court costs or any other associated costs, fees or penalties will also be added to the balance. **Client Initials:** _____

Privacy Practices Acknowledgement Form: I have received the **Notice of Privacy Practices** and I have been provided an opportunity to review it. **Client Initials:** _____

Consent for Treatment: I further authorize and request that Dr. Tangen carry out psychological examinations, treatment or diagnostic procedures that now or during the course of my care as a client are advisable. I understand that the purpose of these procedures will be explained to me and are subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may be at times difficult and uncomfortable.

I understand and agree to all of the above information.

Client (or Personal Representative) Signature & Date

Print Name & Date of Birth