

OFFICE POLICIES & GENERAL INFORMATION

Judy Ingoldsby, MFT

Licensed Marriage, Family Therapist (#MFC 24964)
1910 Huntington Drive, #11 So. Pasadena, CA. 91030

CONFIDENTIALITY: * All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child or elder abuse or neglect; where a client presents a danger to him/herself or to others, or is gravely disabled. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Judy Ingoldsby will use her clinical judgement when revealing such information. * If there is an emergency during our work together, or in the future after termination where Judy Ingoldsby becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she is obliged to do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the new client sheet. * Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Judy Ingoldsby has no control or knowledge over what insurance companies do with the information she submits. * Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (patient/s) nor your attorney/s, nor anyone else acting on your behalf will call on Judy Ingoldsby to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested. Notice of any lawsuits will be brought to Judy Ingoldsby's attention whether starting or during therapy. * As a patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Judy Ingoldsby assesses that releasing such information might be harmful in any way. In such a case Judy Ingoldsby may provide the records to an appropriate and legitimate mental health professional of your choice. * Considering all the above exclusions, if it is still appropriate, upon your request, Judy Ingoldsby will release information to any agency/person you specify unless Judy Ingoldsby assesses that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Judy Ingoldsby between sessions for emergencies, please leave a message on the cell phone (626) 757-6684, and your call will be returned as soon as possible. Please call or text from 9:00 am to 9:00 pm. Monday through Friday. For other non-urgent matters, please use the office number at any time, (626) 441-2868. If you still need to talk to someone right away, you can call the 24 hr. crisis line (800) 854-7771, the Police (911), or the 24 hr. Intake of Las Encinas Hospital (626) 795-9901. Frequent emergency calls do not replace face-to-face therapy and more frequent sessions will be scheduled.

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PAYMENTS & INSURANCE REIMBURSEMENT for sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please notify Judy Ingoldsby if any problem arises during the course of therapy regarding your ability to make timely payments. Patients who carry insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. If Judy Ingoldsby is on a preferred provider panel of your health insurance plan, she will bill the insurance company directly and keep you apprised of their reimbursement to her. Patients are responsible for their co-payment at the time of the visit. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no agreement on a payment plan, Judy Ingoldsby can use legal means (court, collection agency, etc.) to obtain payment. A **1.5%** monthly interest fee will be added or court costs. Patients are expected to pay the standard fee of **\$145.00** per session at the end of each session. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer session fees will be discussed. Non-payment terminates the therapeutic contract., Your signature on this contract creates an agreement, if insurance is being billed, information about your treatment and diagnosis is disclosed and for the insurance to make payment to Judy Ingoldsby. As the patient you are responsible to her for your deductible or co-payment.

THE PROCESS OF THERAPY/EVALUATION: * Participating in therapy can result in a number of benefits to you, including improving interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. * Working towards these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings or behavior. Judy Ingoldsby will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. * During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Judy Ingoldsby may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed. * Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. * Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. * During the course of therapy Judy Ingoldsby is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), psycho-educational, EMDR or hypnotherapy. If you have any unanswered questions about any of the procedures used in the course of your therapy, their risks, Judy Ingoldsby's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. * If you could benefit from any treatments that Judy

Ingoldsby does not provide, she has an ethical obligation to assist you in obtaining those treatments. Judy Ingoldsby consults regularly with other professionals regarding her patients; however, patients' names or other identifying information are never mentioned. Patients' identities remain completely anonymous, and confidentiality is fully maintained.

* After the first couple of meetings Judy Ingoldsby will assess if she can be of benefit to you. Judy Ingoldsby does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals who you can contact. If at any point during the psychotherapy Judy Ingoldsby assesses that she is not effective in helping you reaching the therapeutic goals she is obligated to discuss it with you, and if appropriate, to terminate treatment. In such a case, she would give you a number of referrals which may be of help to you. If you request and authorize in writing Judy Ingoldsby will talk to the psychotherapist of your choice in order to help with the transition. * If at any time you wish another professional's opinion or wish to consult with another therapist, Judy Ingoldsby will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. * Therapy never involves sexual or business relationships or any dual relationship that impairs Judy Ingoldsby objectivity, clinical judgment, therapeutic effectiveness or can be exploitive in nature. * You have the right to terminate therapy at any time. If you choose to do so, Judy Ingoldsby will offer to provide you with names of other qualified professionals whose services you might prefer.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 24 hours** notice is required for re-scheduling or cancelling an appointment. Unless we reach a different agreement, the **full fee of \$145.00** will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. The payment for a missed session is due at the beginning of the next session.

NOTICE OF PRIVACY PRACTICES: I have received the attached papers of HIPAA notice which describe the privacy practices of this office and my signature below acknowledges the receipt of these papers. I will carefully review them to understand how my medical information may be used and disclosed.

I read the above office policies carefully, I understand them and agree to comply with them:

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Judy Ingoldsby, MFT		
Therapist	Date	Signature

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