

Lisa S Powell PhD, CGP, EMDRIA Certified
Licensed Psychologist, PSY 22286

**INFORMED CONSENT
FOR SERVICES AND
INTAKE FORM**

Section 1

Practitioner's Professional and Contact Information:

Practitioner's Name: Lisa Powell, Ph.D.

License\Certification: Licensed Psychologist

License\Certification Registration #: PSY 22286

Practitioner's Office Number: 424-262-3936 or 818-324-6533

Section 2

Services and Treatment Approach

1. The services provided by this practitioner include individual therapy, group therapy, couples, and family therapy. Please be aware that in the pursuit of individual therapy, an individual's ability to cope and function with day to day living may be significantly strengthened, however it may not necessarily correct couples' and family issues.

2. It is important for Dr. Powell to disclose that group therapy is a preferred therapy modality. In Dr. Powell's opinion, group therapy is easily one of the most effective and impactful forms of therapy available. For anyone seeking meaningful change in their relationships, including their relationship with themselves, group therapy is an excellent option. Because group therapy is experiential, progress typically occurs on a much deeper level than in individual therapy. Group therapy helps people learn about themselves, improve interpersonal relationships, and expand their capacity for intimacy. It addresses feelings of isolation, depression or anxiety. And it helps people make significant changes so they feel better about the quality of their lives.

If Dr. Powell assesses that group therapy would be beneficial, this will most certainly be offered as an addition or alternative to individual therapy. Despite this offer and encouragement, it is important to know you are under no obligation to participate in group therapy.

3. Treatment approaches are determined based on patient issues and identified goals that the patient and practitioner agree upon. The selected treatment approach or any changes will be discussed with the patient as they are identified.

4. It is traditional and often preferred to have separate therapists for individual therapy and couple's therapy. However, there may be some circumstances where using the one therapist for both modalities is beneficial. Based on your circumstances and preferences, Dr. Powell has a number of excellent colleagues that can be offered as referral sources, if you identify a need for additional treatment modality e.g. individual or

couple's therapy. However, if you and any other parties directly involved agree and feel strongly that you can benefit from having Dr. Powell see you for both modalities, the pros and cons of this option will be explored in detail in session before commencing the second modality. If at any time participating in two modalities with Dr. Powell becomes problematic or ineffective it is important that this is raised in session, and a solution that offers you greater well-being is achieved.

5. If you opt to participate in multiple treatment modalities with Dr. Powell, e.g. individual therapy and group therapy; in the interest of treatment progress information derived from one modality may be revealed and examined in the other. This is done with discretion and sensitivity. It is also done when it is deemed beneficial and an opportunity to enhance your overall treatment progress.

6. In anticipation of a post-pandemic era, Dr. Powell plans to have a hybrid practice, using both in-person and video therapy. Dr. Powell does not anticipate returning to in-person only therapy.

7. Just as before the pandemic, for reasons other than vacation, when Dr. Powell is not physically in Los Angeles, individual therapy, group therapy, couples therapy sessions are conducted as scheduled via Zoom, an online platform. This ensures treatment is not disrupted and therapeutic momentum is preserved.

8. Eye Movement Desensitization Reprocessing (EMDR) involves the therapist asking the patient to recall and generate disturbing or anxiety inducing images and thoughts. This is done in combination with bilateral stimulation e.g. saccadic eye movements. The goal is that the bilateral stimulation will override neural blockage of a traumatic event. This treatment approach can cause increased anxiety or disturbance during the course of treatment.

9. It is recommended that patients shall engage in the therapy process as an important priority in your life. It is also recommended that suspension, termination, or referral shall be discussed between practitioner and patient for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between practitioner and patient. Please note this is not a requirement, but a recommendation toward progress. And a patient has the right to terminate therapy at any time, regardless of reason.

10. Dr. Powell does not provide court recommendations for family court issues and child custody issues of any sort. Dr. Powell has not engaged in applicable training of child custody matters, nor does she specialize in parental assessments for court or otherwise.

Section 3

Patient's Rights

1. You have the right to refuse and to stop services at any time and for any reason. In the case where a minor is the patient, a legal guardian has the right to refuse services and to stop services at any time.

2. You have the right to choose the best services and provider. There are a variety of providers and approaches to therapy. It is your responsibility to ensure that you are receiving the best services to suit your needs. If at any time you believe the services you are receiving are not suitable, it is your responsibility to raise this concern with your provider and she will work to improve services or refer you to another provider who may be able to meet your needs.

3. You have the right to confidentiality, meaning the contents of your sessions, along with any other documentation pertaining to your treatment will not be disclosed to any other party without your written permission. Your verbal request to release information will not be sufficient.

Please be aware, that there are limitations to patient confidentiality in accordance with the STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS. These limitations are listed below.

(1) If a judge finds that any person after having been informed that the communications would not be privileged, has made the communications to a psychologist in the course of a psychological examination ordered by the court, provided the communications shall be admissible only on issues involving the person's psychological condition;

(2) If, in a civil proceeding, a person introduces his psychological condition as an element of his claim or defense or, after a person's death, his condition is introduced by a party claiming or defending through or as a beneficiary of the person, and the judge finds that it is more important to the interests of justice that the communications be disclosed than that the relationship between the person and psychologist be protected. When patients become involved in litigation while they are in therapy or after therapy has been completed, sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system. Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Dr. Powell's disclosure of the records, Dr. Powell will do her best to discuss with you the risks and benefits of doing so.

(3) If the psychologist believes in good faith that there is risk of imminent personal injury to another person or to other individuals or risk of imminent injury to the property of other individuals;

(4) If child abuse, abuse of an elderly individual or abuse of an individual who is disabled or incompetent is known or in good faith suspected;

(5) If a psychologist makes a claim for collection of fees for services rendered, the name and address of the person and the amount of the fees may be disclosed to individuals or agencies involved in such collection, provided notification that such disclosure will be made is sent, in writing, to the person not less than thirty days prior to such disclosure. In cases where a dispute arises over the fees or claims or where additional information is needed to substantiate the claim, the disclosure of further information shall be limited to the following: (A) That the person was in fact receiving psychological services, (B) the dates of such services, and (C) a general description of the types of services.

(6) Emergencies: If there is an emergency during our work together, or in the future after termination where Dr. Powell becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will 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 biographical sheet.

(7) Consultation: Dr. Powell consults regularly with other professionals regarding her clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

4. E - Mails, Text Messages, Cell Phones, Computers and Faxes: It is very important to be aware that computers and e-mail, texts, and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Text messages and e-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all text messages and e-mails that go through them. Additionally, Dr. Powell's text and e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Dr. Powell's computer is equipped with virus protection and a password; and she also backs up all confidential information from her computer on a regular basis. Please notify Dr. Powell if you decide to avoid or limit in any way the use of any or all communication devices, such as text messages, e-mail, cell phone, or faxes. If you communicate confidential or highly private information via e-mail or cell phone or cell phone text, Dr. Powell will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail or cell phone text. Please do not use cell phone/telephone emergencies.

5. Your name, session dates, contact information and the amount of fees owed may be disclosed with Dr. Powell's designated office staff for administrative purposes, including insurance billing and collection of unpaid fees. In some cases, patient communication with such designated staff could also occur in the process of scheduling or collecting unpaid fees.

6. Insurance companies will have access to session notes and diagnosis as per HIPAA regulations. If you so instruct Dr. Powell, only the minimum necessary information will be communicated to the carrier. Dr. Powell has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access.

Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

7. As reviewed in Section 2, Item 4.; when engaged in multiple treatment modalities with Dr. Powell e.g. individual therapy and group therapy, certain information derived from one treatment setting may be revealed and explored in the other if it is deemed as helpful and beneficial to your treatment progress.

Section 4:

Services and Fees

1. Psychotherapy sessions are scheduled on a weekly basis and last for 50-minutes, or 80-minutes in length, unless otherwise negotiated with your therapist. If you are late for a session, only the remaining portion of the scheduled time will be reserved for your session.
2. Clients are expected to pay the standard fee listed below, prior to, or at the end of each session unless other arrangements have been made e.g. IvyPay. Please notify Dr. Powell if any problems arise during the course of therapy regarding your ability to make timely payments.
3. If you require a telephone consultation lasting longer than 10 minutes, you will be charged on a prorated basis for the entire duration of the telephone consultation.
4. Site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise.
5. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Dr. Powell will provide you with a copy of your receipt upon request, which you can then submit to your insurance company for reimbursement if you so choose.
6. Dr. Powell will not provide insurance companies with assessments, progress reports, treatment planning and other information. As was indicated in the section Health Insurance & confidentiality of records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.
7. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Powell can use legal or other means (courts, collection agencies, etc.) to obtain payment as mentioned in the above sections.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Powell and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, CA in accordance with the rules of the American

Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Powell can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

8. If you are unable to attend your scheduled session, you will not be charged if you provide 48 hours' notice. If you do not provide 48 hours' notice, you will be charged 100% of the regular fee.

9. The fee schedule is as follows:

EMDR Therapy	80 minutes	\$450.00
Individual Therapy	50 minutes	\$325.00
Couples Therapy	80 minutes	\$450.00
Couples Therapy	60 minutes	\$375.00
Couples Therapy	50 minutes	\$325.00
Group Therapy	N/A	\$100.00

10. Acceptable methods of payment for services include cash, personal check, Zelle, Venmo, or credit card via IvyPay. Payment for services is collected prior to, or at the time services are rendered.

I have read the above rights and responsibilities and by signing below declare that I fully understand and accept all information covered on this form.

Signed: _____

Date: _____

Intake Information

Please fill out all the fields below. All answers are confidential.

Email: _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Cell: _____ Age: _____

Occupation: _____

Referred by: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Number: _____

Marital Status: _____

Former/Present Marriage(s) (years): _____