Biofeedback and Family Therapy Center
Steven C. Kassel, MFT, BCB, BCN
26266 Prima Way, Santa Clarita, CA 91350 - 1545 Sawtelle Blvd. #25, Los Angeles, CA 90025
661 259-3704 **fax 661 254-8574** **323 935-1034** **S@kassel.us**

OUTPATIENT SERVICES CONTRACT

WELCOME TO MY OFFICE! I look forward to working with you. The following document is designed to give you information about my professional services and business policies. Please read this carefully. If you have any questions or concerns, please ask me at your first session, or as soon as they arise during the course of treatment. Please note that when you sign this form it represents an agreement between us.

THE THERAPY PROCESS

Psychotherapy is not easily described in a few sentences. Although therapy has been shown to be helpful for many issues, there are no guarantees about treatment outcomes or what you will experience. Therapy is not similar to a visit to a medical doctor. Instead, it requires effort on your part – you will need to work on things we talk about not just during our sessions but at home. When exploring issues in treatment, you may feel discomfort, anger, sadness, and anxiety, as well as joy and relief. Attempting to relieve issues between family members can also lead to discomfort and may result in changes that were not originally intended. There are also possibilities that life might be disrupted or that therapy may be ineffective. I encourage you to discuss any uncomfortable thoughts and feelings with me as they arise during the course of treatment. Please remember that the positive benefits of therapy may be what you need to make your life happier. If you have any questions about my treatment methods or my business procedures, please discuss them with me in a timely manner.

3rd Party Payers often require authorization of services or they may not pay for sessions. These plans typically pay for short-term treatment. Although short-term therapy can be beneficial, some people want additional sessions beyond those authorized to work on long term or other issues. If this becomes the case, we can discuss treatment options to that your needs can be met.

MY THERAPY PRACTICE

I limit the number of clients that I see in order to provide quality services. My practice is geared toward working with people who have relationship and life-improvement/life-enhancement issues as well as patients with stress related medical disorders and other symptoms of dysregulation. This would cover such things as anxiety, depression, PTSD, ADD, self-esteem and pain management in psychotherapy. I also work with Biofeedback Therapy and Neurofeedback Therapy for a variety of stress related and pain problems, attentional and affect disorders. I do not work with people who have chronic crisis issues where they need to page a therapist frequently. *If you need a referral to another therapist who does work with crisis patients, please let me know at your first session.*

APPOINTMENTS

It is extremely important during treatment to keep your regular appointments in order to increase the likelihood of therapeutic gains. While you are in treatment, your time is reserved solely for you. As is customary with most professionals, if you cancel your appointment, a 24-hour notice is required to avoid being charged your full appointment fee.

My financial and cancellation policies are a necessary part of my maintaining reasonable fees for professional services and for availability to others in need. Third party payors will not pay if you do not show for an appointment. This means that you must pay it.

FINANCIAL POLICIES and THIRD-PARTY REIMBURSEMENT

Payment in full is requested at each session, unless we make other arrangements or you have third party coverage. Payment is expected at the beginning of session so as to avoid interrupting the flow of treatment. If your check "bounces" and is returned by the bank for insufficient funds, you are responsible for making payment in full and for any bank fees. If unusual circumstances of financial hardship develop please let me know so that we may discuss possible payment options. If your third-party payer changes their mind and decides not to pay, and this can happen for a number of reasons such as the policy has ended, the company has been sold to another company or the health plan employee misrepresented coverage, it is your responsibility to pay the balance of the account.

If you request, I will complete insurance forms in your behalf and give them to you so that you may bill your insurance company directly. **Insured's or Authorized Person's signature below will authorize payment of benefits to Steven C. Kassel, MFT for services rendered.**

TELEPHONE & OTHER PROFESSIONAL CONSULTATIONS

Professional fees for psychotherapy are $160.00 in SCV and $170.00 in West L.A.; for Biofeedback Therapy $165.00 in SCV and $175.00 in West L.A.; and for Neurofeedback Therapy are $100 in SCV and $110 in West L.A. Interpersonal Biofeedback is charged at $300. Telephone consultations are charged at quarter-hour segments (based on $155.00 per 45-minute session in all offices, payable through the mail or at the time of your next session as third party payers do not pay for this work. For professional consultations with people with whom you have asked or allowed me to speak (physicians, attorneys, schoolteachers, therapists, etc.), I charge in quarter-hour segments and the $155 rate applies as well. I also charge for time writing letters/reports about your case or reading extensive reports. I will notify you about these charges before beginning these activities. These are charges that health plans usually do not cover.

If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. My fees for court appearances or other legal proceedings are twice that my standard office fee and includes the time it takes to drive to the destination.

CONFIDENTIALITY

In general, all communication between a therapist and a client is confidential and protected by law and may not be revealed without your written permission. Confidentiality also protects children and adolescent clients. But there are a few exceptions in which I am legally and ethically obligated to break confidentiality. Please review these exceptions carefully and ask me any questions at your first session or as soon as they arise during the course of treatment.

1. In most – but not all – legal proceedings, you have the legal right to prevent me from giving information about your therapy. In certain legal situations, such as in a child custody case or when your emotional condition is an issue (for example, in a Worker's Compensation or personal injury case), the judge may order me to testify.
2. Disclosure is required when there is reasonable suspicion of child abuse/neglect, and dependent adult and elder abuse.
3. If a client is a danger to himself or others, I am required to take protective measures. This may include notifying a potential victim, contacting the police, or hospitalizing my client. If my client threatens to harm him/herself, I may need to seek hospitalization or contact family members or others who can provide protection.

If any of these above situations occur, I will make every reasonable effort to discuss my course of action with you prior to implementing it.

On occasion, it may be beneficial to your situation to consult other professionals about your case. During such a consultation, I make every effort to protect your identity. The consultant is also legally obligated to keep the information confidential.

Authorization for release of records or information is also given to Steven C. Kassel, MFT to discuss with your health plan information such as attendance, participation, progress, to permit continuity of care and to permit case management, claims management and processing of benefits.

CONFIDENTIALITY WITH FAMILY AND COUPLES THERAPY

When working with family members and couples, I usually ask all parties to sign releases of information so that I may share relevant information and give important feedback to all those participating in treatment. In situations where *one* family member or *one* partner requests that I release information about the family or couple's sessions, it is my policy not to release information unless all family members (or both members of the couple) sign an authorization allowing me to do so. 3rd Party Payer need to dates of service, billing codes and may need other information that will help them in completing payment or managing you case. I give them minimal information.

TELEPHONE AND EMERGENCY COVERAGE

I have a telephone voice mail that is available at all times for routine messages. I collect my messages frequently and will make every attempt to return messages within 24 hours.

If the rare instance that you have a life-threatening emergency, call 911 or go to the nearest emergency room for immediate assistance. Once you are at the hospital, please have the attending staff call me at (661) 259-3704 and I will give them any helpful information about your case (if you grant me the permission to do so).

Other helpful sources may include: Suicide Prevention Hotline – (213) 381-5111; County of Los Angeles Info Referral Line – (818) 501-4447; Alcoholics Anonymous (818) 988-3001; Al-anon (818) 760-7122 and The Behavioral Health Unit at Henry Mayo Newhall Memorial Hospital (661)-253-8954. In West L.A. you can reach Thalians Institute at Cedars-Sinai at 310 423-1040 and in Encino you can reach the psychiatric unit at Encino-Tarzana Regional Medical Center at 818-995-5156

VACATION COVERAGE

If I am out of town or otherwise unavailable, I will arrange for a qualified professional to cover for me while away. Simply check my office voicemail for additional information about who to contact. I will also let my clients know in advance when I will be out of the office (unless an emergency situation arises, such as a sudden illness or family emergency).

TERMINATION OF TREATMENT

You have the right to terminate treatment at any time. However, if you are dissatisfied with my services or have questions about my treatment methods, I invite you to discuss them with me as soon as possible. If you decide to stop treatment with me, I will be happy to give you the names and telephone numbers of other therapists in order to ensure a smooth transition of your care.

Therapists also have the right to terminate therapy under certain circumstances – for example, if a client is not benefiting from treatment after a reasonable length of time or if a client could benefit more from receiving treatment elsewhere. At times, during the course of treatment, additional issues come to light which would best be addressed by another therapist or treatment agency which specializes in that particular area. In the event that it becomes apparent that it is in your best interests to terminate treatment with me, referrals will be given and reviewed carefully with you. In addition, I will conduct termination sessions with you prior to your transfer to another therapist or treatment facility.

ARBITRATION SERVICES

If you are dissatisfied with my services, fees or any other legal issues, I encourage you to discuss them with me. If you want to appeal to an impartial organization, you agree to refer the matter to Professional Arbitration Services.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION IN THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP, (AND THAT YOU HAVE RECEIVED A COPY OF THIS INFORMATION FOR YOUR RECORDS). YOUR SIGNATURE ALSO INDICATES THAT YOU ARE CONSENTING TO TREATMENT WITH STEVEN C. KASSEL, MFT, OR THAT YOU ARE GIVING YOUR CONSENT FOR YOUR CHILD TO ENTER TREATMENT WITH STEVEN C. KASSEL, MFT.

APPEALS AND GRIEVANCES

Should you want to file an appeal or grievance, with the California Department of Managed Care (DMHC), you must file with your health plan. Once that has been done and if you have not had satisfactory resolution, you can contact the DMHC at http://www.hmohelp.ca.gov/ or write to them at 980 Ninth Street, Suite 500, Sacramento, CA 95814-2725. Phone: 888 HMO-2219 . You may also call and write your elected officials if you feel your Health Care Benefit has been compromised.

Printed Name:

_____

Signature: Date:

_____

IF APPLICABLE:

Name of Child (Please Print):

_____

Printed Names and Signatures of Both Custodial Parents/Legal Guardians for Consent to Treat:

1. _____

2. _____

(When both divorced parents hold custody, permissions to treat are needed by both parents)