

## **INFORMED CONSENT FOR TREATMENT**

I, \_\_\_\_\_, the undersigned, give my consent for psychotherapeutic treatment to \_\_\_\_\_. I further understand that psychological assessment, consultation and treatment will be provided by \_\_\_\_\_, with quality assurance, coverage and consultation provided by Phillip J. Bowman, M.D., M.P.H. and other professional associates at the providers' sole and absolute discretion.

I, the undersigned, give my consent and understand the financial agreement between myself and the provider of psychological services to be as follows:

### **FEES:**

- 1) The fee for approximately 50 minutes of individual psychotherapy or consultation is \$175.00 and the fee for conjoint psychotherapy is \$250. The fee for approximately 60 minutes of group psychotherapy is \$75.00. The client's portion of this fee is according to Bowman Medical Group Fee Schedule which is included herein. The remaining portion may be paid by a third party (An Insurance Company, Parent, Friend, Etc.). The provider of psychological services may waive at this sole and absolute discretion a portion of the fee which is not payable by the client nor by a third party.
- 2) The fee is payable at the time psychological services are rendered, unless another arrangement is made by the provider of the psychological services.
- 3) Third party (Insurance, employer, etc.) billing can be arranged as a courtesy to the client. However, **the client bears the ultimate responsibility for the payment of fees.** When co-payments are applicable, they are payable at the time of services and cannot be waived as provided by law. Reimbursement by third parties will be paid **to the provider** unless third party coverage entails **assignment** (Such as Medicare, Medi-Cal, CHAMPUS, etc.) in which case the reimbursement will be by third party to the client receiving psychological services.
- 4) The client will be allowed to accrue uncollected fees of up to and no more than \$400.00 owed to provider for rendered psychological services (Due to financial hardships and unusual circumstances), except when otherwise agreed or when third party reimbursement is involved. In the event that a debt of \$400.00 or greater of uncollected fees is accrued, psychological services will be terminated and the client will commence repayment as soon as is feasible to eliminate the debt.

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- 5) A debt on which payments have not been made by a client for over 60 days will be turned to collection services as provided by California Law, Evidence Code Section 1020 regarding breach of duty.

**APPOINTMENT CANCELLATIONS:**

- 1) Appointment cancellations and reschedules must be made 24 hours in advance, otherwise the time reserved for the client will be billed at the regular, agreed upon fee for that service.
- 2) A client will be allowed up to 6 advanced notice cancellations per calendar year, whereupon cancelled appointments will be billed at the regular client fee for that service, regardless of advance notification.
- 3) If a client does not show-up for 3 consecutive scheduled appointments, treatment will be deemed cancelled and terminated and the client will be financially responsible for the fees of the missed sessions.

**TELEPHONE, PAGER AND EMERGENCIES:**

- 1) If and when necessary and appropriate, telephone consultations and treatment sessions by telephone will be charged in proportion to time utilized and at the rate agreed upon with the client.
- 2) Telephone calls and pager access are offered as a professional courtesy and will be answered by the provider of psychological services as soon as it is possible but this service does not constitute an emergency psychological service. The provider of psychological services is not responsible for any behaviors occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. Client emergency calls should be directed to the appropriate public hot-lines or 911 services.
- 3) The provider of psychological services reserves the right to respond to an emergency situation within the scope of his legal mandates at his sole and absolute professional discretion. Such responses, when deemed necessary may include contact of psychological service provider with law enforcement; child or adult protective services, etc. as specified in the confidentiality statement included herein.

**PSYCHOLOGICAL SERVICES: RIGHTS AND RISKS:**

- 1) The psychological service provided may vary in length and intensity depending on the presenting problems. The service can range from a one-time consultation to several years of more than once per week sessions. Under certain circumstances determined by the sole and absolute discretion of psychological services provider a psychiatric consult; conjoint marital/couple or conjoint parent/child sessions may be advisable, or participation in group psychotherapy may be recommended.

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- 2) The client has the right to ask and receive answers to questions regarding the course of the psychological treatment. The client has the right to withdraw from psychological treatment without adversity at any time. It is however advisable that when termination is considered, proper termination procedures will be established by the provider of psychological services to minimize negative effects of termination. Hence, the client will agree to participate in at least one session to discuss the decision to terminate services and alternatives to such.
- 3) The client is aware that not all persons benefit from psychological services and that some persons require psychological services to prevent further deterioration in their mental/emotional status (maintenance treatment). The client also understands that psychological services carry the potential for disruption to client's life when change occurs and that psychological services may be emotionally painful at times.
- 4) The client is aware that when psychological services are sought by third parties such as employers or the courts, the disclosure of information is required by law. The client is also aware and understands that disclosure of information to third parties, when mandated by law, can adversely affect the client's life.
- 5) It is the psychological service provider's obligation to inform the client of his or her diagnosis, although disclosure can carry potential short and long-term risks and benefits in so doing. The benefit of the diagnosis disclosure is to ensure that the client understands his or her diagnosis and will follow a corresponding treatment plan. Diagnosis disclosure however may impact how the client is evaluated by self or others. It also may affect obtaining or maintaining employment, outcomes of legal disputes, and coverage eligibility and compensation by insurance.
- 6) It is the psychological service provider's ethical responsibility to terminate treatment when the provider of services believes the client has benefited maximally from treatment, has raised a problem area outside of the scope of the psychological service provider's training or experience, would be harmed by further treatment, or is no longer benefiting from treatment.
- 7) If the psychological service provider must unexpectedly leave the practice, the provider of psychological services will provide for the successful transfer of treatment, alternative means to continue with the treatment, and alternative means to process the end of the relationship, such as referral to other providers at Bowman Medical Group.
- 8) During the process of termination or transfer of psychological services, the provider of psychological services will inform the client of what the provider of psychological services believes to be the best course of action for the client in

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terms of continued treatment as well as risks and benefits of continuing or discontinuing treatment.

I SPECIFICALLY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND RECEIVED ANSWERS TO QUESTIONS REGARDING THE ABOVE INFORMATION AND AGREE TO BE BOUND BY IT.

I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THE AUTHORIZATION UPON MY REQUEST.

Copy Requested:  Yes  No

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Signature of Client/ Parent/ Legal Guardian/ Foster Parent/ Conservator/ Other

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Date

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Signature of Psychological Services Provider

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Date