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## INFORMATION FOR NEW PATIENTS

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions that you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### PSYCHOLOGICAL SERVICES

Psychotherapy can vary according to the particular problems and treatment goals that are addressed in therapy. There are different methods I may use to address different issues and concerns, including psychological assessment and various behavioral interventions according to a cognitive/behavioral perspective. Psychotherapy is a collaborative process which calls for a very active effort on your part. To maximize the most success out of therapy, it may require you to have to work on specific issues outside of the office that we discuss during our sessions.

Psychotherapy can have risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also been shown to have benefits; leading to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. We will set goals together, and periodically review them to determine if you feel we are meeting those goals. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures or treatment, please discuss them with me at any time. You have the right to full disclosure of the terms and conditions of our work together. Should you require a referral to another mental health professional, I will provide you the needed referrals for another opinion.

### MEETINGS, FEES & BILLING

1. A standard psychotherapy session runs for fifty minutes.
2. An evaluation for new patients will last from 2 to 4 sessions. During this time, we can both decide if I am able to provide the services you need in order to meet your treatment goals.
3. It is expected that the agreed upon fee will be paid at the conclusion of each session unless other arrangements have been made. Fees are payable to the office of "*Nancy E. Addison, Ph.D.*". In addition to weekly appointments, I charge my hourly fee for other professional services that you may need. Other services include report writing, telephone conversations lasting more than 10 minutes, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and time spent on any other service pertaining to the necessary treatment.

4. Please note that when you file a health insurance claim, it requires disclosure that you have sought evaluation and/or treatment. It also almost always requires the specification of a psychiatric diagnosis as well as a description of services provided, dates of services, and fees charged.

5. In the event that you must cancel or reschedule a session, it is important that I be informed as soon as possible so that I may reschedule another person to use that time. Forty-eight (48) hour notice is sufficient time for me to do that. If I have less than forty-eight hours notice, you will be charged for the cancelled appointment.

### **CONTACTING ME**

6. I may not be immediately available by telephone. While I am usually in my office between 9am and 5pm, I do not answer the phone when I am in a session with a patient. I have a voice mail service and will return messages within 24 hours of your call, with the exception of weekends and holidays.

7. If you are unable to reach me, and you need to speak with someone immediately, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

8. If I am unavailable for an extended period of time, I will provide you with the name of a colleague to contact.

### **CONFIDENTIALITY**

You have the right to be informed about the law of confidentiality. The privacy of all communications between a patient and a psychologist is protected by law. I can only release information about our work to others with your written permission. However, in the following instances, your right to confidentiality must be set aside and I am required by law to reveal information disclosed to me even without your permission:

- i. If you should initiate a lawsuit against anyone, his/her right to mount the best defense can supercede your right to confidentiality. His/her attorney has the right to gain access to your records or require me to appear in court.
- ii. Cases of sexual, physical, or severe emotional child abuse must be reported.
- iii. Confidentiality must be set aside if a therapist has reasonable cause to believe a patient is a danger to him/herself or others, including property.

Failure to report any of the above circumstances can result in liability to the psychologist and to punitive action such as loss of license, imprisonment, fine, or civil lawsuit for malpractice.

“I, \_\_\_\_\_, have received and read the above information and agree to abide by the conditions for working together stated therein.”

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Signature (Patient #1)

Date

Signature (Patient #2 or Responsible Person)

Date