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Licensed Psychologist

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Office Policies and General Information

Welcome to my office! This document will provide you with important information regarding my professional services and business practices. I am a state-licensed psychologist who is trained and experienced in providing individual, couples, family and group counseling for children, adolescents and adults.

The Counseling Process

Success in counseling involves us working together to identify problems and develop solutions. Talking about a problem, however, is insufficient for change. Rather, active behavior change is necessary, involving hard work during and between sessions. Successful counseling requires your very active involvement, honesty and openness.

The counseling process involves potential risks as well as benefits. Talking about life events, feelings or thoughts can sometimes result in discomfort, anger, sadness, fear, anxiety, depression, or insomnia, amongst other possible reactions. Your assumptions, perceptions, or ways of dealing with situations may be challenged. Feelings associated with material worked on here may surface during your everyday life. Every effort would be made to work with you on developing ways to manage these reactions, and in most cases these resolve as issues are worked through.

Attempting to resolve issues that brought you to counseling in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will often be easy and swift, but sometimes it can be slow and even frustrating. Counseling can have significant benefits for those who choose to invest in it. However, there is no guarantee that counseling will yield positive or intended results.

During the course of counseling, I could draw on various psychological approaches, including behavioral, cognitive-behavioral, psychodynamic, existential, solution-focused, systems/family, developmental, or psycho-educational methods.

After a brief assessment, I will be able to offer you my impressions regarding what our work will involve, and a beginning plan. If you have any questions about any of my procedures, their risks, my expertise in employing them, or the plan and goals, please ask and you will be answered fully. You also have the right to ask about other treatments for your problem and their risks and benefits. If your doubts persist, I will be happy to help you to arrange for a consultation with another mental health practitioner. If you could benefit from any methods of treatment that I do not provide, I have an obligation to assist you in obtaining those treatments. This may involve a referral back to your insurance company or managed health care plan for referral to another counseling office.

Sessions

In most cases, clients are seen once per week for a 40-45 minute session. Occasionally, and depending on your needs, sessions may be more or less frequent. Session times may vary from week to week, depending on both of our schedules.

If, at any time during the counseling process, you or I believe that I am not able to help you reach your goals, I will refer you to another mental health professional. Clients who were originally referred by an insurance company or managed health care plan may have to be referred back for appropriate re-referral. If this was to occur and you so request and authorize in writing, I will talk to the counselor 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 counselor, I will assist you in finding someone qualified, and if I have your written consent I will provide him or her with information about our work together, to facilitate case transfer.

Please be advised that, since counseling obviously cannot be of help to you if you are not attending sessions regularly, cases are formally closed if a client has not attended any sessions within the prior four week period, unless this is what we have agreed on.

Fees

The fee for each 40-45 minute session is \$150. Fees increase at the beginning of each calendar year. I understand that, in addition to any appointments which are not covered by my insurance plan, I am required to pay the \$150 hourly fee, on a prorated basis, for any other professional services which I request, such as report- or letter-writing or reading, copying or faxing my records, site visits, travel time, longer sessions, telephone calls (unless I am having a psychiatric emergency involving a potential suicide or homicide), attendance at meetings or consultations with other professionals which I have authorized, preparation of records or treatment summaries, or the time to perform any other related professional service which I may request. None of these services are covered by my insurance plan. Payments need to be made in full before these services can be provided. Please note that a \$25 fee will be applied for checks returned by your bank.

Signature: _____ Date: _____

If I were to become involved in litigation which requires Dr. Lerner's participation, I agree to pay for the professional time required. Payment for one full day of testimony is due in full one week prior to any scheduled court appearance. Due to the complexity and difficult of legal involvement, the fee is \$300 per hour for preparation for and attendance at any legal proceeding including consultation with my attorney (as well as \$150 per hour for associated travel time and wait time). These services are not covered by my insurance plan.

Signature: _____ Date: _____

Billing and Payments

I agree to pay for each session at the time of service, (or to pay applicable co-payments or deductibles) unless I have insurance coverage which requires another arrangement. I understand that insurance companies and managed health care plans cover many but not all conditions, problems or services (for example, marriage counseling may not be covered). I will be billed for payments which have not been made by my insurance company after 120 days. Payment schedules for other professional services are discussed at the time at which these serviced are requested. Unpaid bills are subject to interest of 5% after 30 days and an additional 5% after 60 days. Further services cannot be provided until overdue accounts have been settled. If my account is overdue (unpaid) and I have not made an agreement regarding a payment plan, legal means (court, collection agency, etc.) will be used to obtain payment. I understand that all client billing functions are handled by a professional billing service

which has been engaged by Dr Lerner and has agreed to respect the confidentiality of all client information.

I agree that I am responsible for notifying Dr Lerner of any changes in my health coverage and I assume financial responsibility for charges not covered due to change in eligibility or coverage. I also assume responsibility for payment should my insurance company determine at any point in the future that I was in fact not eligible for coverage on the dates on which I received treatment from Dr Lerner.

Signature: _____

Date: _____

Insurance Reimbursement

Treatment authorization (if required) and information about extent of coverage is obtained by my billing service prior to your first session. In order to provide reimbursement, most insurance agreements or health care plans require me to provide them with at least a clinical diagnosis and dates of service and often additional clinical information such as a treatment plan, progress record or case summary or, in rare cases, a copy of the entire treatment record. This information will become part of the insurance company files and, likely, some of it would be stored on computers. I am unable to control access to your information once it is released to your insurance company. Insurance company personnel who are not mental health professionals may have access to it, and information stored on computers can be at risk for unauthorized access. I will of course keep you informed as to any information which was being requested prior to any release to your insurance company or health care plan. If you wish, you have the right to pay for my services yourself and avoid these complexities.

Contacting me Between Sessions

During sessions I am not available by telephone. When I am unavailable, my telephone is answered by my confidential voicemail. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If you may be difficult to reach, please leave some times when you will be available. If you are experiencing a psychiatric emergency (potential suicide or homicide) please leave a voicemail message at (713) 446-9117 and then, since I may not be able to respond immediately, call 911 or go to your nearest emergency room. If I am going to be unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary while I am away from the office.

Minors

Resolving the problems of children or teenagers usually involves participation of parents and perhaps other family members too. For this reason family counseling or parent counseling/consultation will often be the recommended treatment. If a child or teen is being seen for individual counseling, treatment is usually more successful if the child has some privacy and parents agree not to access the counseling records. Legally, however, parents have a right to access their child's records unless I determine that this is not in the child's best interests. If parents will agree, I will provide them only with general information on how their child's counseling is progressing unless the child discloses abuse or unless I feel that there is a high risk that the child will engage in behaviors which could result in harm to themselves or another person, in which the case the parents will be notified of my concern as well as the reasons for it.

Child custody evaluations are not conducted by this office. This means that I am unable to offer any opinion or recommendation, either verbal or written, regarding child custody or visitation issues. If you need such an opinion for any reason, you will be referred to an independent forensic psychological specialist who will be able to provide you with this kind of opinion or recommendation. Their evaluation may or may not be covered by your insurance company.

In respect of parents' rights, it is my policy to involve both parents in the treatment process, even if parents are separated or divorced, whenever parents share joint legal custody.

Initials: _____ Page 3

Signature: _____

Date: _____

Records

Written records are stored in a locked cabinet and retained for a period of 10 years (for minors, 10 years after reaching the age of eighteen). A trusted colleague has been appointed custodian of records to properly care for or dispose of records in the event of my disability or death. As a client, you have the right to review or receive a summary of your records, unless I assess that releasing such information might be harmful in some way. In such cases, with your written permission I will provide the records to an appropriate and legitimate mental health professional whom you have selected to provide you with counseling for the same or a related condition.

Family Counseling

Clients who are seen for family or marriage counseling need to be aware that I cannot guarantee that I will be able to maintain "secrets" given to me by one of the parties, as this will depend on what is in the best interests of the marriage or family. Also, should I be called upon to give testimony in a legal proceeding, the nature of such counseling determines that no one party's statements can be kept confidential as everyone's statements are by necessity intermingled.

Confidentiality

In general the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information about your counseling to others with your written permission. If you so request, I will release information to any agency or person you specify, unless I assess that releasing such information might be harmful in any way.

There are a number of exceptions in which disclosure of otherwise confidential information is required or authorized, including the following:

In most legal proceedings you have the right to prevent me from providing any information about your treatment. In some circumstances, however, a judge may order my testimony if (s)he determines that the resolution of the case demands it. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your counseling records or my testimony. Malpractice litigants automatically give up their right to confidentiality.

There are some situations in which I am legally required to take action to protect others from harm even although that may require revealing information about a client. Abuse, neglect, endangerment or abandonment of a child, and abuse, neglect or exploitation of an elderly or disabled adult must be reported to the appropriate state agency. This applies whether I believe that child has been or may be abused or neglected. Sexual activity or abuse between minors may be reportable. If I hear of a person who has been sexually abusive towards minors in the past and still has contact with minors, I may also be required to file a report.

Confidential information may be disclosed to medical or law enforcement personnel if I determine that there is a probability of imminent physical injury by a client to the client or others. If a client is clearly unable to provide for their own basic needs despite having the financial means to do so, due to psychological disability, hospitalization may be required.

Disclosure of sexual activity between a client and a previous mental health practitioner must be reported to the appropriate licensing board and district attorney of the jurisdiction in which the crime occurred.

If there is an emergency during our work together, or in the future after our work together has ended, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper mental health care, I am obliged to do whatever I can within the limits of

the law to prevent you from injuring yourself or others and to ensure that you receive the proper care. For this purpose, I may also contact the person whose name you provide as an emergency contact.

Should any of these situations occur, I will make every effort to fully discuss them with you before taking any of the required actions.

In the interests of increasing the success of your counseling I may consult with other mental health professionals. In those consultations I do not reveal the identity of my clients or any information which could help to identify them. The professional consultant is of course also legally and ethically bound to confidentiality. Unless you object I will not routinely inform you of any such consultations unless I feel that it is important to our work together.

Services not Provided:

There are certain services that I am not qualified to provide. These include the following:

- Evaluations for bariatric surgery
- Evaluations for disability or social security benefits
- Evaluations for leave of absence from work under FMLA
- Evaluations for approval of emotional support animals
- Evaluations for adoption or child custody

There may be others, so if you are seeking a particular kind of evaluation, please ask before coming to your first session.

Consent for treatment

My/our signature(s) below indicate(s) that I/we have read and understood the information in this document. Where applicable, I/we have been informed of potential alternative types of services appropriate for my/our problem or condition. All questions which I/we have raised have been answered to my/our satisfaction. I/we agree to accept counseling from you and am/are voluntarily signing this form. I/we have the right to terminate counseling at any time but agree to discuss this with you before doing so. If I/we so choose you will provide me/us with names of some qualified professionals whose services I/we might prefer.

I understand that Doreen Lerner, Ph.D., P.A. has no professional affiliation with any other mental health professional who is also providing services at 2225 County Road 90, Suite 201-A, Pearland, Texas 77584. She has no business associates, and is not part of a group practice.

Client's Name(s): _____

Signature of Client(s): _____

If a minor, signature of parents: _____

Please initial here if I may thank the person who referred you to this office: _____

Date: _____

Signature of psychologist: _____ Date: _____