

Larry D. Brooks Ph.D.
Licensed Clinical Psychologist

COUNSELING PROCEDURES

Please read this description of my policies. If you have any questions, we can discuss them during our meeting initial meeting. Over the course of our work together, if you ever have questions about your treatment, please bring them to my attention so that we can discuss them.

PSYCHOTHERAPY

Psychotherapy is a very personal experience that is different for each child and family. While therapy often leads to positive changes, it also can involve the experience of uncomfortable and conflictual feelings. Its effectiveness depends on the personalities of the client and the therapist, and how well they work together. I work with teens and their families in different ways depending on their needs. My approach includes family therapy, parent guidance, and individual therapy for the teenager. Typically I will conduct an evaluation that lasts between 2 and 4 sessions. During this time, we will have a chance to get to know each other. I will develop an initial understanding of your concerns and how I can best be helpful to you. You will have the chance to assess whether or not I am the person with whom you would like to work with. After these initial sessions, I will be able to give you a sense of what our work will be like, and what you can realistically expect from therapy.

MEETINGS AND CANCELLATION POLICY

A standard psychotherapy session lasts 45 minutes. Scheduling an appointment involves reserving a specific time for you. If you are late, I cannot extend the session. If you must cancel or reschedule, please notify me at least **24 HOURS IN ADVANCE**. Without such notice, except in cases of emergency, you will be charged your full fee for the missed appointment. If you utilize insurance, you will be charged the contracted rate of payment, since insurance companies will not reimburse for missed sessions.

PROFESSIONAL FEES

My hourly fee is \$220.00, unless your insurance is through a managed care company in which case the fee has been negotiated. In such cases you will be responsible for the copayment. Payment for services is expected at the end of each session, unless other arrangements have been made with me.

In addition to weekly appointments, it is my practice to charge on a prorated basis for other professional services you may require such as report writing or consultations with other professionals that you have requested.

If your account is more than 60 days behind, and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court.

CONTACTING ME, EMERGENCIES & VACATIONS

While I usually do not answer my phone directly, messages are recorded by voicemail. During the week, I check my voicemail regularly and typically return messages within 24 hours. Over the weekend I typically check messages once a day. In case of an emergency, you can contact me through my cell phone at (213) 272-3389. I do use email to make and change appointments. Since email is not a

secure means of communication, please do not email me content related to our therapy session. When I am on vacation, I will give you the name of another psychologist who will be on call in case of an emergency.

CONFIDENTIALITY

Therapy is confidential. I cannot disclose information to a third party without the written consent of a legal guardian. There are exceptions to this rule that are described in the Notice of Privacy Practice. The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that provides new privacy protections and rights with regard to the use and disclosure of your Protected Health Information (PHI). I've included a Notice of Privacy Practice for you to read before the start of counseling. The law requires that I obtain your signature acknowledging that you have received this information. Although this document is long, it is important that you read it in order to understand how your privacy will be protected.

Parents have a right to know about the treatment of their children under the age 18. A non-custodial parent has a right to know about their child's therapy as well. Because privacy in therapy is so important, particularly for teenagers, it is my policy to ask parents of children over the age of 12 to respect the confidentiality of their child's therapy. I will provide parents with general information about the progress of treatment. However, if I feel that a child is in danger I will notify you of my concerns.

INSURANCE AND MANAGED CARE

Insurance has become increasingly complex and confusing. It is important to understand your mental health benefits. Questions about benefits should be directed to your insurance customer service department. Please consult with me to determine whether or not I am a provider with your insurance. Many plans have a short-term treatment approach with the objective of resolving specific problems that interfere with one's functioning. Pre-authorization of treatment is often required before services will be reimbursed as well as periodic treatment plans in order for the company to determine medical necessity. If am a provider with your plan and you chose to use your insurance benefit, I will work with your plan. If your benefits are used up or ongoing therapy is denied, and you wish to continue therapy, we will discuss options for continuing your treatment. You always have the option to pay for therapy yourself and avoid the restrictions of your insurance plan.

Your signature below indicates that you have read this and agree to its terms and consent to the treatment of your child.

Signature of Parent or Guardian

Date

Signature of Child

Date