Anna mccarthy, ph.d.

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(949) 544 3040

**Treatment Consent Form and Office Policies.**

Welcome to my practice. This document contains important information about my professional services and business policies. It is very important that you read this document carefully and discuss any questions you have about information contained within it. When we sign this document, it will also be a binding agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES:

Psychotherapy is not easily described in general statements. It varies depending on the

personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

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, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS:

I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advanced notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).

PROFESSIONAL FEES:

Patients are expected to remit their fee at the end of each session unless other arrangements have been made. Please pay by check or cash (exact amount requested). There will be a $25 service charge for returned checks. I currently do not accept credit cards. In addition to my fee for weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, at the regular hourly rate, including preparation and transportation costs, even if I am called to testify by another party. Your fee will not be changed without first discussing it with you. Patients are expected to be current with fee payment at all times, unless other payment arrangements have been made. Non-payment of fees automatically results in a waiver of the therapist-patient privilege, allowing action on the part of a third party collection agency to collect any unpaid fees.

CONTACTING ME:

I can be reached at (949) 544 3040. However, due to my work schedule, I am often not immediately available by telephone, and typically will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by private voice mail that I monitor frequently. I will make every effort to return your call as quickly as possible. Note that there may be the possibility of delays in returning calls during the evenings, at the weekends, and during holidays as I do not routinely check my voicemail during those times. I can also be reached at [annamccarthyphd@gmail.com](mailto:annamccarthyphd@gmail.com). Please note that I ask all CLINICAL information to be communicated to me by phone, as I cannot guarantee that your confidentiality will be maintained via email. If you are unable to reach me and feel that you cannot wait for me to return your call, please call 911 or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague who can provide interim coverage, if necessary.

LIMITS TO CONFIDENTIALITY:

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by state law and/or HIPAA. Nevertheless, there are some situations (that are unusual in my practice) where I am permitted or required to disclose information without either your consent or authorization:

* I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called “PHI” in my Notice of Privacy Practices).
* If you file a complaint or lawsuit against me, I may disclose relevant information about you in order to defend myself.
* If you are in imminent danger of hurting yourself; if you make a serious threat of violence against an identifiable victim; or are unable, as a result of mental illness, to adequately provide for your own food, clothing or shelter I may be required to break confidentiality. In these situations, I will only reveal information necessary to ensure that you receive the best care possible.
* If you are being treated in an emergency room I may need to break confidentiality in a limited fashion, to ensure you receive appropriate care.
* If I have reasonable suspicion that a minor, dependent adult, or elderly person you know is being harmed I am mandated by state law to report that information to protective services or law enforcement.
* If I am subpoenaed by a court of law to provide information as part of a legal trial, I cannot ignore the subpoena.
* Wherever possible, I would discuss the aforementioned issues with you prior to disclosing information to a third party.

INSURANCE REIMBURSEMENT:

I do not contract with insurance companies. However, upon your request, I am happy to provide a superbill which can be submitted to your insurance company, and may allow you to be reimbursed for part or all of my professional fees.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE “TREATMENT CONSENT FORM AND OFFICE POLICIES,” THAT YOU AGREE TO ITS TERMS AND CONSENT TO OBTAINING TREATMENT FROM ANNA MCCARTHY, PH.D.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Psychologist’s name: Anna McCarthy, Ph.D.

Psychologist’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_