

Jeffrey J. Bruno, Ph.D.
PACIFIC PSYCHOLOGICAL CARE
205 Rockaway Beach Blvd., Suite 5
Pacifica, CA 94044
650-738-0807

INFORMED CONSENT & OFFICE POLICY

Introduction: This agreement is intended to provide you with important information regarding the practices, policies and procedures of Pacific Psychological Care and to clarify the terms of the professional therapeutic relationship between your Therapist, and you or your family. If you are a parent of a minor client, then you will need to consent to their treatment prior to the commencement of services. Any questions or concerns regarding the contents of this Agreement should be discussed prior to signing it. Please read the entire document carefully and ask any questions before signing the document. Please initial each section to indicate that you have read and understood that section.

Practice Information: The psychologist who operates this practice is Dr. Jeffrey Bruno, Ph.D., State Psychologist license number is #13149. Catherine Dunn, MA, is supervised by Dr. Bruno, as a registered psychological assistant (license PSB94021491). Both Dr. Bruno and Ms. Dunn's clinical practices are operated through a Corporation: Pacific Psychological Care. _____ Initial

Therapist Background and Qualifications: At your request, your Therapist will discuss their professional qualifications, training, skills, specialty interests, and professional approach with you. You are free to ask questions about their education, training, experience and any therapy methods. _____ Initial

Professional Services Rendered: Pacific Psychological Care offers several services including psychotherapy, integrative mental health services, comprehensive neuro-psychological and psychological assessment services. Psychological services may involve individuals, parents or the whole family. Moreover, expert consultation services are available for educational support, integrative mental health care and parenting skills. _____ Initial

Psychotherapy: There are many reasons that people come to therapy. Therapy includes an initial intake assessment, treatment planning, and face-to-face sessions. Before treatment begins, we will determine who needs to attend sessions. Depending on your individualized treatment plan, we may work on improving communication, helping to solve problems, developing or strengthening coping strategies, learning to enhance positive interactions, practicing self-regulation techniques, supporting parenting skills, or guiding internal self-exploration. Therapy goals vary widely depending upon the client's needs and stated goals for treatment. We use a wide variety of treatment approaches including talk, role-playing, problem-solving, cognitive behavioral therapies, homework assignments, active imagination, dream work, and often the use of biofeedback, nutrition and sensory-based modalities. Clients are encouraged to ask at any time if they have questions about their treatment approach. _____ Initial

Risks and Benefits of Integrative Mental Health Therapy: All forms of psychotherapy are a joint effort between the client(s) and the therapist. Speed of progress and treatment success depends upon the problems or issues being addressed; client's commitment and willingness to change; as well as many other factors. Participation in therapy often results in many benefits, including: better self-regulation of emotions, reduced stress and anxiety, increased ability to relate to others, a decrease in negative thoughts, increased comfort in school, social, work, and family settings, enhanced self-awareness, communication skills and self-confidence. Such benefits require efforts on the part of the client(s), including active participation in the therapeutic process, with openness & honesty, a willingness to express and to change feelings, thoughts and behaviors.

Participating in therapy may involve some discomfort, including that of remembering and discussing unpleasant events, feelings and experiences. The process may at times evoke negative feelings of sadness, anger, fear or anxiety. Moreover, clients often re-experience and work through past relationship issues in the course of therapy. During the therapeutic process, sometimes clients or families may feel worse before they feel better. This is a normal course of events. Personal growth and change may be easy and swift at times or may be slow and frustrating at other times.

The addition of any complimentary therapies, such as personalized nutritional therapies, auricular therapies, sensory-based or neuro-or biofeedback therapies will be explained prior to administration. At times the use of supportive or therapeutic touch may be offered. However, sexual contact is never allowable in therapy. Your therapist will discuss with you (and parents or guardians, when working with minors) any concerns you may have regarding the use of physical touch for the purpose of therapy; prior to administration of any contact.

Please address any concerns you have regarding any therapy experiences or questions regarding treatment methods, goals or progress anytime during your sessions. If you are the parent, guardian or caretaker of a client, there are ethical and legal guidelines in working with youth; as to what will be or will not be shared in the course of treatment. Moreover, once the youth turns 18 years old, his/her confidentiality rights are that of an adult client. At that time a young adult would need to sign a new consent form and a written release for parents to talk with his therapist. These expectations will be clarified with you before treatment begins. _____ Initial

Fees for Psychological Services: The customary fee(s) for services (CPT codes) are as follows:

90791 – Initial Diagnosis Intake	\$ 225.00	90847 – Family Tx w pt.	\$ 195.00
90846 – Family Tx w out pt.	\$ 195.00	96118 – Neuropsych Testing	\$ 20.00
96130/31 – Psych./Ed. Testing	\$ 200.00	90834 – Ind. Tx (40-minutes)	\$ 165.00
90837 – Ind. Tx (50-minutes)	\$ 185.00	90832 – Ind. Tx (25-minutes)	\$ 90.00

Dr. Jeffrey Bruno, Ph.D., reserves the right to periodically adjust his fee(s) for service; with your prior informed consent. You will be notified of any fee adjustments in advance, typically in January of the year. In addition, your portion of the fee(s) may be adjusted by changes in contract with your insurance companies, managed care organizations, or other third-party payers.

For Private Pay, you are responsible for the entire fee(s) for Psychological Services (see above CPT Codes and Fees chart).

Dr. Bruno limits his in-network insurance-only practice to *approximately 25% of his patients*; especially those having short-term treatment goals or financial hardships. All others seeking a more comprehensive integrative or specialized services are offered either a). An insurance plus* with additional concierge subscription fee, or b). Private payment options.

When psychotherapy services are provided solely by Dr. Bruno's Psychological Assistant, Ms. Catherine Dunn (under his supervision) the fee structure is a flat rate of \$100.00 per hour. Rates and fee structure will be discussed prior to commencement of services. _____ Initial

Insurance Plus & Private Pay Access to Integrative Mental Health Care

Dr. Jeffrey Bruno provides integrative mental health services that may include personalized nutritional recommendations; use of sound and light assisted therapies; auricular (ear micro-current) therapy; neuro- and biofeedback therapies; and neuromodulation or cranial electric micro-current therapies. Dr. Bruno has received specialized training and has obtained expertise in specialized psychological methods — outside of the training of most psychologists — including but not limited to CBT for OCD or Sleep Disorders; CBIT for Tourette's & Tic Disorders; Psycho-Educational Testing & Evaluations; Parent and Child Interactive Therapy; and an Integrative approach to Mental Health & Traumatic Experiences; all of which are either not covered or adequately compensated by in-network insurance policies.

Most of Dr. Bruno's practice is devoted to clients seeking full access to Integrative Mental Healthcare or those seeking highly specialized psychological treatments, not typically provided by most psychologists. If you choose to use your in-network insurance to cover the standard psychotherapy portion of services; an additional service fee will be added to your co-payment as a separate subscription fee to receive full access to integrative or specialized mental health care.

If a client voluntarily chooses to participate in the Insurance Plus* subscription program, with full access to all integrative & specialized psychological support services; Client assumes full responsibility to pay the additional subscription fees above what my in-network insurance or copayment fee covers. My additional subscription fee for service will be provided before the onset of any integrative mental health treatment or specialized treatments. Client can choose not to participate in any or all treatment services, at any time. Client will be responsible to pay for services Client agrees to participate in prior to the ending my treatments. Pacific Psychological Care will provide complementary billing services, so that you can access your standard insurance benefits.

3-Tier System (Initial your specific tier plan, in agreement with Therapist):

Insurance Only _____ Insurance Plus* _____ Private Pay _____

For Insurance Plus, we bill your insurance and you are responsible for both your co-payment amounts, as the additional subscription fee (currently estimated at \$ _____ per session). As your insurance is not likely to pay for any integrative mental health subscription fee; you are solely responsible for that additional payment. You will be informed of any non-insurance covered subscription or additional fees prior to receiving those services. _____ Initial*

Payment of Fees: All fee payment is due at the time of receiving services, unless otherwise agreed by your therapist to make a different payment arrangement. We accept cash, checks and credit cards. For those on the *insurance only* tier plan, an additional 5% service fee is added if you pay with a credit card, to cover process and handling costs. No additional credit card processing fee is charged to Insurance Plus or Private Pay tier plans. If for any reason your insurance company refuses to pay, we will make every attempt to settle the matter and will advise you of the problem. However, after three (3) attempts, you will be expected to make any payments due and we will help and support your attempts in getting reimbursement. _____ Initial

Session Duration: Your appointment will be for approximately a 50-minute session, unless otherwise discussed. Typically, an additional 10-minutes is needed for record keeping. Sessions kept much longer than your scheduled appointment maybe charged for the additional time pro rata (based on your hourly treatment fee). If you run late to an appointment, your session begins at the scheduled appointment time. If therapist runs late, they will extend your appointment at that session or future sessions, to make up for the lost time. From time to-time, you may seek or require telephone contact outside of appointment scheduling. You are responsible for payment of such time, on a pro rata basis of your hourly service fee. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at your request and written authorization. You're responsible for payment of such time provided (on hourly fee pro rata basis). _____ Initial

Return check Policy: You are responsible for the amount of any returned checks plus a \$30.00 returned check fee, which includes bank fees and administrative costs. _____ Initial

Cancellation Policy: You are responsible for a \$65.00 fee for any missed or late canceled session(s). A late cancelation is for any session for which you failed to give at least a 48-hours' notice of cancellation. Monday appointments need to be cancelled at least by Friday before noon. *Additionally, you agree to provide a copy of your credit card in advanced, to pay for any missed or late cancelled appointments.* Cancellation notices need to be left on the office voicemail at 650-738-0807. _____ Initial

Therapist Availability: Our office uses a confidential voicemail system that allows clients to leave a message at any time. You may contact me at 650-738-0807. Therapist will make every effort to return calls within 24-hours (typically by the next business day) but I cannot guarantee that calls are returned. Most importantly, Therapist does not provide a 24-hour crisis service. If you or a family member is feeling unsafe and requires immediate medical or psychiatric

assistance, you should call 911, or go to the nearest emergency room. When Therapist is unable to make a scheduled appointment, Therapist will contact you via your preferred method of communication to cancel or to re-schedule our appointment. You will be notified in advance of therapist's vacations or planned extended absences. _____ Initial

Professional Consultation: Professional consultation is an important component of an effective psychotherapy practice. As such, Therapist occasionally participates in clinical consultation with appropriate licensed health professionals. During such consultations, Therapist will not reveal any personal identifying information concerning clients. _____ Initial

Records and Record Keeping: Therapist will keep records in accordance with the ethical and legal standards of my profession. Records may be requested at any time in writing. A minimum \$25.00 retrieval fee will be charged for record request services. Records will be stored in a locked file cabinet or in a secured office management software system. Records will be kept for 7 years after you've terminated therapy. For minors, we keep records up to 7 years after they turn 18 years old. _____ Initial

Use of Office Management Software: My Office Ally billing and my Folder Lock software is a secure, confidential and encrypted, HIPAA-compliant practice software. _____ Initial

E-mails, Cell Phones, Computers and Faxes: It is important to be aware that computers, e-mail, texts, and e-faxes communication can be hacked by unauthorized people and hence may compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes are vulnerable to unauthorized access since servers or communication companies have access to e-mails, texts and e-faxes that pass through them. Even phone messages are often transcribed into text or voice messages by your phone company. Moreover, it is possible that emails, texts, or messages might be sent erroneously to wrong addresses/computers. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or phone messages - we assumed you're aware such communication is vulnerable to unauthorized access - so, Pacific Psychological Care will respond to your communication in a similar manner. Please do not use texts, email, voice mail, or faxes for urgent emergencies. _____ Initial

Participation in Litigation: Therapist will not voluntarily participate in any litigation, such as custody disputes, in which the client or other individuals, entities, are involved. Therapist has a policy of not communicating with clients' attorney and typically will not write or sign letters, reports, declarations, or affidavits to be used in a legal matter unless agreed upon at beginning of the therapeutic relationship. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, client agrees to reimburse Therapist and/or their supervisor for all time spent for preparation, travel, or other time in which Therapist and/or supervisor make themselves available in legal matters, at an hourly rate of \$300.00/hour. _____ Initial

Psychotherapist-Patient Privilege: The information disclosed by client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and client in the eyes of the law. It is akin

to the attorney-client privilege or the doctor-patient privilege. If Therapists received a subpoena for records, deposition testimony, or testimony in a court of law, Therapists will assert the psychotherapist-patient privilege on client's behalf until instructed, in writing, to do otherwise by client or client's representative. Client should be aware that they might be waiving the psychotherapist-patient privilege if they make any mental or emotional state an issue in a legal proceeding. Client should address any concerns they might have regarding the psychotherapist-patient privilege with his/her attorney. _____ Initial

Notice of Privacy Practices: This practice is HIPAA compliant. Please indicate that you have received and signed the document named "Notice of Privacy Practices." This document further explains how your medical information will be used by this practice. _____ Initial

Confidentiality: All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all adult person(s) who participated in the treatment with you have provided their written authorization to release. _____ Initial

Exceptions to confidentiality: There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act. _____ Initial

Minors and Confidentiality: Communications between therapists and patients who are minors (under the age of 18) are considered confidential. However, parents and other guardians who consented for their child's treatment are often involved in their treatment. Within my professional judgment, Therapist will discuss the treatment goals & progress of a minor patient with their parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist. Once a youth turns 18 years old, legally they have the same confidentiality rights as an adult and will need to provide a written release for the therapist to share information with their parents. _____ Initial

Use of Telemedicine: This practice occasionally uses telemedicine as part of treatment. Telemedicine includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications, and e-mail. Telemedicine also involves the communication of your medical/mental information, both orally and visually, to health care practitioners located in California or outside of California. Client has the following rights with respect to telemedicine: (1) you have the right to with-hold or withdraw consent at any time without affecting your right to future care or treatment nor risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) The laws that protect the confidentiality of your medical information also apply to

telemedicine. As such, the information disclosed by you during therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where you make your mental or emotional state an issue in a legal proceeding. (3) There are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of your Therapist, that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your medical information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons. In addition, please understand that telemedicine-based services and care may not be as complete as face-to-face services. Therapist will advise you if you would be better served by another form of psychotherapeutic services (e.g., face-to-face services). You will be referred to a psychotherapist who can provide such services in your area. (4) You have a right to access your medical information and copies of medical records in accordance with California law. A minimum \$25 handling fee may apply. You may discuss the use of telemedicine with Therapist at any time. _____ Initial

Termination of Therapy: You may end therapy at any time. Therapist, also, reserves the right to end therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of my scope of competence or practice, or client is not making adequate progress in therapy. You also have the right to terminate therapy at your discretion. Upon either party's decision to end therapy, Therapist will generally recommend that client participate in at least one, or possibly more, completion sessions. These sessions are intended to facilitate a positive integrative experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to client, if requested. _____ Initial

Questions or Complaints: If you have any questions about my office policies, methods, or any complaints about our privacy practices, or would like to know how to file a complaint please contact me at: Jeffrey Bruno, 205 Rockaway Beach Ave, Suite 5, Pacifica, CA 94044 (Tele: 650-738-0807) so we can discuss and hopefully resolve your concerns.

Acknowledgement: By signing below, client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with their therapist and had opportunity to have any questions about these terms and conditions answered. Client agrees to abide by the terms and conditions of this Agreement and consents to voluntarily participate in psychotherapy or other services with Therapist. Moreover, client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. _____ Initial

