

DUDLEY J. WIEST, Ph.D., A.B.P.P., A.B.S.N.P.

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PLEASE COMPLETE THE FOLLOWING INFORMATION:

Date: _____ Who referred you? _____

Name of Client: _____
First Last

Address: _____
Street City Zip

Telephone: Home () _____ Work: () _____ Cell: () _____

Date of Birth: ____/____/____ Marital Status: _____ Email: _____

IF CLIENT IS A MINOR COMPLETE THE FOLLOWING INFORMATION:

Name of Parent/Guardian: _____
First Last

Address: _____
Street City Zip

Telephone: Home () _____ Work: () _____ Cell: () _____

Date of Birth: ____/____/____ Marital Status: _____

Spouse's Name: _____
First Last

Address: _____
Street City Zip

Telephone: Home: () _____ Work: () _____ Cell () _____

Date of Birth: ____/____/____ Marital Status: _____

PAYMENT IS DUE AT THE TIME OF SERVICE VIA CASH OR CHECK

Office Policies & General Information Agreement for Psychological Services

Please refer to the Notice of Privacy Practices in lobby for important additional information.

Outpatient Services Contract

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

Psychological Services and Treatment Philosophy

- I see a variety of clients including children, adolescents, adults, couples, and families. There is no single treatment modality which works for each and every client.
- Clients set goals, and I attempt to help clients achieve these goals by using an eclectic set of interventions such as Cognitive Behavioral, Person Centered, Solution Focused, Narrative, Family and Eye Movement Desensitization Reprocessing (EMDR) therapies. EMDR is a therapeutic approach well documented for its effectiveness in the treatment of trauma and anxiety.
- Psychotherapy/counseling can have risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.
- Psychotherapy/counseling has also been shown to have benefits such as better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Intake, History, and Treatment Plan

- During the first session, I will interview you for developmental, family, and education histories. This will assist in assessing your needs.
- I may require several sessions to evaluate 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 (goals) to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.
- I typically schedule five (5) appointments for counseling and then evaluate to see if the goals are being met or need to be re-conceptualized.
- You have the right to ask about other treatments for your condition and their risks and benefits. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select.

Dual Relationships

- Having some form of previous relationship or connection
- Not all dual relationships are unethical or avoidable. As a rule I avoid engaging in any dual relationships.

Termination of Treatment

- We want to evaluate when your therapy goals are met and terminate the relationship in a helpful manner. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified.
- You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with the names of other qualified professionals whose services you might prefer.

Professional Fees

- The fee schedule is as follows:
 - Initial appointment: \$225
 - Family, couples, individual therapy, school consultation, and school visits.
 - Counseling is structured at 30 or 60 minute intervals.
 - 30 minute sessions: \$120
 - 60 minute sessions: \$220
 - Preparation of records, treatment summaries, phone consults past 15 minutes: \$220 hour
 - Court referred assessment and school district assessment or second opinions (IEE) are \$250 per hour
 - Court testimonies are \$350. Meet with both parents. Minimum of 8 hours. Must receive payment in advance.
- School neuropsychological assessment: \$2,750 including report and a 1 hour feedback session plus intake fee \$225 (legal assessments by the hour)
 - Additional fee for school visit
 - Both parents **MUST** consent for any type of legal opinion.
 - All fees due **BEFORE** report is written for assessment.
- **Payment is due at time of service (cash or check)**

Length of Session & Cancellation Policy

- Sessions range from 30 or 60 minutes long.
- 24 hour notice is needed to cancel or client is billed (unless an emergency).

Billing and Payments

- We do not accept insurance or credit cards.
- Fees are due date of service. **CASH OR CHECK**. You may pay in advance for a number of sessions.
- We mail a computerized receipt with CPT codes if you wish to use your insurance upon request.
- We reserve the right to use collection agency if checks bounce.

Contacting Me

- Office Phone :714-744-9754
- I am often not immediately available by telephone but will try to return your call within 24 hours.
- With an emergency, contact the nearest emergency room and ask for the psychologist or psychiatrist on call.

Professional Records

- Records are kept for 7-10 years after treatment. You are entitled to receive a copy of your records, or I can prepare a summary for you instead.
- If you wish to see your records, I recommend that you review them in my presence so that we may discuss the contents. There may be a fee charged to conduct a review meeting.

Minors

- If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records.
- It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern.

Confidentiality

- Most of the provisions explaining when the law requires disclosure are described in the Notice of Privacy Practices form located in the lobby.
- Therapy is a private relationship. Others are not entitled to information of the session subject matter unless there is a significant exception.

- If we agree that treatment is for the entire family or couple, each member must agree to share with other members what they have shared with me. If an individual is considered the primary recipient of treatment (the patient), then this person has the right of confidentiality and may share the information with others.
- Submitting a mental health services invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.
- Voicemail messages can be left for you on the numbers provided.

Exceptions to Confidentiality

- Written permission.
- Consultation with peer.
- Danger to self.
- Danger to others.
- Child abuse & elder abuse.

Mediation & Arbitration

- All disputes arising out of our in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration.
- The mediator shall be a neutral third party chosen by agreement of both parties. The cost of such mediation, if any, shall be split equally, unless otherwise agreed.
- In the event that mediation is unsuccessful, any resolved controversy related to this agreement should be submitted to and settled by binding arbitration in Orange County, California, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding, the foregoing, in the event that your account is overdue (unpaid) and there is not agreement on a payment plan, legal means (court, collection agency, etc.) may be used to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney’s fee. In the case of arbitration, the arbitrator will determine the sum.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client Name (print)	Date	Signature
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Client Name (print)	Date	Signature
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