



THE FAST TRACK
TO BETTER
BEHAVIOR

INFORMED CONSENT FOR PSYCHOLOGICAL THERAPY, CONSULTATION, ADVOCACY, & LEGAL SERVICES

Please read the entire document carefully, and ask a member of Albert Knapp & Associates (AKA) any questions for clarification. There will be no modifications to any statement or policy in this document, except when provided in writing and signed by the President of AKA; Albert Knapp, Psy.D., BCBA-D, RPT and the party to which the modification applies.

The following document contains information regarding the provision of psychological therapy, consultation, clinical advocacy, & legal services provided by Albert Knapp & Associates, a Psychological Corporation (AKA). All services provided by AKA are delivered by individuals who are licensed or registered, or by individuals who are supervised by a licensed professional.

Professional Background

All licensed or registered providers by law must provide their license/registration number upon delivery of services. If services are provided by an individual under the direct supervision of a licensed professional, that person will provide both their registration number and the license number and contact information of their supervisor.

All individuals who provide services at AKA are subject to the law and ethics of numerous governing bodies, including the State of California, the California Board of Psychology (BOP), the California Board of Behavioral Services (BBS), the American Psychological Association (APA), the American Association of Marriage and Family Therapists (AAMFT), and the California Association of Marriage and Family Therapists (CAMFT).

Confidentiality

You are entitled to privacy in regard to the pursuit of psychological services for yourself and/or your child. This means your clinician cannot share, without your express written permission, that you are working with AKA. There are, however, some exceptions to this. Limits to confidentiality include the following items:

1. AKA is required by law to report to the authorities the following circumstances:
Suspected past, current, or the possibility of future child abuse/neglect. Suspected past, current, or the possibility of future viewing/dissemination of child pornography. Suspected past, current, or the possibility of future elder/dependent adult abuse/neglect. If the client is a danger to himself/herself or if AKA has knowledge that the client is a danger to someone else. In the event that a report has to be made, AKA will make all efforts to include the client/parent/legal guardian in this process; however, understand that this is not always possible. AKA is committed to working through whatever issues that may arise as a result of a legally mandated report.
2. If you are utilizing your health insurance to pay for services, the insurance company may require AKA to disclose information regarding your treatment in order to determine whether or not they will pay for services, or whether or not they will reimburse you for services.
3. AKA will utilize a collection service for unpaid balances on services rendered. All efforts

will be made to resolve the issue without resorting to this, but if you are unresponsive to these efforts then AKA will initiate collection services. If this occurs, understand that certain personal information will need to be disclosed to this agency. AKA will only disclose the minimum amount necessary to collect payment.

4. AKA can also ultimately be ordered by a judge to disclose clinical material. We will make efforts beforehand to try and reach a compromise if needed, but ultimately, if ordered by a judge, we must disclose the requested material. In extreme circumstances this can include the entire clinical record.
5. Although AKA is permitted to utilize phone, text and email communication, we need to make you aware that this communication can be intercepted, and therefore we cannot guarantee confidentiality. Therefore, you agree that phone, text, and email communication should be limited to only scheduling and billing matters, and whenever possible clinical matters should be discussed in-person or via secure hipaa-compliant video platform.
6. At times, it may be beneficial for AKA to collaborate with other individuals you/your child are working with, e.g. psychiatrists, physicians, and/or other collateral service providers. If it appears that collateral service provider information would inform your child's treatment, AKA will obtain a signed release from you so that we may collaborate with this/these individual(s).
7. In the treatment of children in particular, it is very helpful for AKA to collaborate with teachers, speech therapists, occupational therapists, etc. in order to best serve your family. AKA will consult with you regarding any releases that seem appropriate, as well as discuss the nature and scope of any information shared.

Confidentiality in the Treatment of Children and Adolescents

In the treatment of children and adolescents, the parent(s) or legal guardian is legally entitled to all information shared and obtained through the provision of services. However, it is clinically contraindicated for a child or adolescent to not have confidentiality in the treatment process.

Please understand that AKA is committed to working with your child/teen to make healthy and adaptive decisions for himself/herself. However, issues that AKA will not share with you include: drug and/or alcohol use, tobacco use, sexual behavior, sexual identity concerns, time spent in activities that he/she does not have parental permission for, e.g. spending time with friends, involvement with gangs, fighting, ditching, truancy and other school-related behavior, and/or other delinquent behavior. Please note that if any of these concerns rise to danger to self or others, we will make the appropriate disclosures and reports. The reason this policy is so stringent pertains particularly to the treatment of adolescents. If they are concerned that we will tell you details of their personal lives, they will likely not disclose, and we will miss critical opportunities to work with them to make better, healthier decisions. AKA will share with you the general themes and issues we are addressing in treatment.

This confidentiality policy is not intended to restrict our communication with one another. You are free to contact us at any point during your child's treatment to discuss progress and/or any other related concerns. AKA is committed to having a strong working relationship with the entire family.

Treatment of Children of Separated or Divorced Parents

In the treatment of children whose parents are separated or divorced, a number of issues can arise. By signing this document, you confirm that you understand and are in agreement with the following policies:

Each parent will be given equal time with the clinician regardless of which parent initially contacts AKA. Furthermore, both parents will be given an opportunity to participate in the parent check-in portion of treatment when clinically appropriate. A signed release of information will need to be obtained from the custodial parent in order to share information with the non-custodial parent.

Exceptions to these policies include but are not limited to: when a parent lives out of state, is incarcerated, has a restraining order in place against him/her, has no contact with the child/family, and/or does not have legal authority to make decisions regarding the mental health treatment of their child (as specified in court documentation). AKA is available to consult by phone with parents who live out of state, and these sessions will be billed at the agreed upon fee.

AKA will not make recommendations regarding visitation or custody. AKA does not employ forensic psychologists who are trained in this type of evaluation. Therefore, AKA clinicians will not communicate with attorneys for either parent about visitation or custody. Exceptions include when required by law (e.g. court order or subpoena).

Please provide AKA with a copy of the section within your divorce decree and/or court order that specifies legal custody agreement.

Ideally, both parents should consent to treatment. Rare exceptions are clinically determined case by case or mandated by court documentation. Information provided by one parent may be shared with the other in order to facilitate treatment, as clinically warranted.

Psychological Therapy

It is important for you to be aware of the risks and benefits of psychotherapy. Treatment is designed to improve overall functioning. At times, the natural therapeutic process creates an increase in symptom intensity. People seeking treatment are often unaware of what factors might be contributing to their current symptoms and distress. What naturally emerges through psychotherapy is an increased awareness into these factors. This knowledge can sometimes be upsetting, and you and/or your child may experience increased moodiness, emotionality, sleep disturbance, decrease in overall functioning, etc. Unfortunately, awareness often outpaces coping. Thus, people will often feel worse before they feel better. This is especially true for children and adolescents, and AKA wants to make sure everyone involved is cognizant of and expectant of this phenomenon. Please keep AKA informed of anything that develops so we can work to alleviate and remediate these symptoms.

Play Therapy

In the treatment of children, psychologists and other professionals have often struggled to find an effective approach. Play therapy is the first approach designed specifically for children. Play therapy is designed to allow professionals the opportunity to engage children in a dialogue that is most familiar to them. Unfortunately in our culture, "play" often has a frivolous implication. Let us assure you that play therapy is anything but frivolous. Clinicians at AKA have extensive training in this intervention method, and Dr. Knapp is a Registered Play Therapist-Supervisor.

Play therapy provides the clinician with the unique opportunity to understand a child's worldview. Developmental considerations, from typical coping skills to cognitive capacities, have been sensitively examined to inform this approach. A play therapist will often say that play is the language children speak. Children will enter into play in such a way that helps us better understand how they understand and interpret their own emotions, thoughts, and relationships. Through play, we can intervene therapeutically to facilitate growth in these domains.

Recent research shows that play therapy is at the cutting edge of therapeutic interventions designed to meet the unique needs of children. Expect that your child will enjoy his or her sessions. When asked what they have done in session, they will say that they "played." The concept of play is non-threatening to children because they are not being pushed beyond their typical developmental capacities. Play interventions will be tailored to your child's specific developmental level.

Art Therapy

Art therapy is an integrative mental health and human services profession that enriches the lives of children, adults, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.

Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.

Advocacy Services:

AKA provides two types of Advocacy Services; Clinical Advocacy and Special Education Advocacy.

Clinical Advocacy occurs when an AKA clinician attends meetings with other professionals in a setting where you and/or your child also receives services, e.g. the school setting. AKA clinicians are able to speak to cognitive strengths and weaknesses, emotional capacities, diagnoses, and the therapeutic benefit of current or potential services. Additionally, AKA clinicians with psychological testing experience can be utilized for help related to interpreting school-based educational assessments during Individualized Education Program (IEP) or 504 Plan meetings. AKA clinicians can also provide comprehensive record reviews and case management services, such as linking clients to services, helping access state-assisted benefits, and coordinating care with other treatment team members. **AKA clinicians are not attorneys and are not able**

to provide legal advice.

Special Education Advocacy occurs when AKA provides a highly trained and specialized professional with advanced knowledge in special education to assist a family with navigating through the special education process. The advocate could serve on a consultation only basis or become a member of the child’s IEP team. Keep in mind while an advocate typically is aware of special education rules and regulations, and educational code, **the advocate is not an attorney and cannot provide legal advice.**

FEE SCHEDULE

If you are using insurance benefits for services, AKA will exhaust all options for ethical insurance billing. HOWEVER, there are services we provide that are not considered medically necessary or denied by the insurance company that the insurance company will not pay for. In that case, the private pay fees listed below will be billed to the client. IT IS IMPOSSIBLE TO KNOW IN ADVANCE OF SERVICE DELIVERY IF AN INSURANCE COMPANY WILL COVER SERVICES, THEREFORE, ALL CLIENTS ASSUME RESPONSIBILITY FOR THE FEES LISTED BELOW.

All hourly fees are billed in 15 minute increments unless it is listed as a “Flat Fee” service.

Service	Psychologist	LMFT, LCSW, LEP, & LPCC	Post-Doc Psych Assistant	Pre-Doc Psych Assistant/M A BBS Associate
Individual/Family Therapy	\$225/hr	\$175/hr	\$125/hr	\$100/hr
Professional Consultation	\$225/hr	\$175/hr	\$125/hr	\$100/hr
IEP Attendance	\$225/hr	\$175/hr	\$125/hr	\$100/hr
Record Review w/ 1 hour meeting	\$300 Flat Fee	\$250 Flat Fee	\$200 Flat Fee	\$175 Flat Fee
Treatment Progress Report	\$225 Flat fee	\$175 Flat Fee	\$125 Flat Fee	\$100 Flat Fee
Legal Matters	See description of legal matters below for a detailed fee schedule			
Group Therapy	Fees vary greatly by the nature of the group. AKA will explain all fees including insurance options prior to the client starting the group.			
Clinical or Special Education Advocacy Work	See description of advocacy work below for a detailed fee schedule.			

Psychotherapy Sessions: Individual or Family therapy sessions, includes face to face and phone consults. Sessions are 45-50 minutes. Sessions lasting over 60 minutes will be billed in

15-minute increments at your clinician's hourly rate. Rounding up or down will occur based on 7-minute intervals. Documentation time is rolled into each session fee and will not be billed separately.

Meetings with parent(s)/legal guardian(s) and/or other caregiver(s) are also billed at this rate. These meetings are often referred to as collateral sessions.

Typically, when treating children or adolescents, the first appointment (i.e. intake appointment) is with the parent(s), legal guardian(s), or caregiver(s) only, in order to gather pertinent background information. If therapy services are not scheduled within 30 days, then another intake appointment must occur.

Phone contact lasting less than 15 minutes is provided free of charge. After the first 15 minutes, fees will apply as described above.

Professional Consultation: AKA will consult with other professionals (with a signed release) in order to provide the best care for you and your child. These consultations could be over the phone, via email/fax, or in person.

AKA bills for professional consultations in 15-minute increments. This is separate from any fees that the non-AKA professional may charge. It is the client or the client's parent(s), legal guardian(s), or caregiver(s) responsibility to be aware of all fees associated with consultation. Insurance does not pay for professional consultations, therefore consultations in excess of 15 minutes will be billed the private rate fees described above.

Individualized Education Program (IEP) Meeting: AKA clinicians can attend and participate in your child's IEP meeting(s). Travel to and from the school is free. Insurance does not pay for IEP attendance, therefore attendance will be billed at the private rate fees described above.

Reviews of IEP or previous Psychological Records: Some parent(s) would like a third-party review of an IEP, including reviews of completed testing, behavior support plans, and goals and services offered. Additionally, some parents would like a third-party review of previous psychological records in order to help determine the next step in obtaining support for their child. AKA's service includes reviewing the IEP/records, taking extensive notes, and having a 1hr meeting with the family to review findings and give appropriate recommendations.

Any records reviewed will become part of the client's clinical record with AKA, and held in accordance to state and federal laws.

Insurance does not pay for record review, therefore record reviews will be billed at the private rate fees described above.

Treatment Progress Report: AKA will provide an in-depth treatment progress report detailing the course of treatment, including diagnosis, dates of service, treatment modality and intervention, patient response to treatment, and recommendations. Insurance does not pay for this service, therefore the treatment progress report will be billed at the flat rate of one therapy session. A brief treatment summary and a discharge summary is provided free of charge.

Legal Matters: AKA does not employ clinicians with a forensic specialty, thus activities related to legal matters are limited.

Exceptions include a court order or subpoena, and in those cases, the fees are outlined below. This service is only provided by a licensed or credentialed individual.

All non face-to-face work related to legal matters is billed at \$500 an hour.

If an AKA clinician is required to appear in person, fees are \$1,500 a day regardless of the length of the appearance.

Traveling to a county that neighbors Los Angeles County is a flat fee of \$400 (i.e. Orange County, Ventura County, and Riverside County).

Traveling outside of non-neighboring counties of Los Angeles County is a flat fee of \$800.

Group Therapy: AKA provides various different group therapy options at different times throughout the year. The specific information regarding the group therapy will be provided when the referral for the group is made or on marketing materials for the group. **Insurance might pay for group therapy.**

Advocacy Work: The initial 1 hour meeting with the parents of the child (or adult) whom wants CLINICAL ADVOCACY will be billed at the same rate as a therapy session. Then at the conclusion of that meeting, a proposal will be drawn up outlining the service to be provided and the associated fee. Payment is due in full prior to the delivery of the proposed service and no refunds are provided. AKA cannot promise that the desired outcome from clinical advocacy will be achieved. **Insurance does not pay for this service.**

The initial 1 hour meeting with the parents of the child (or adult) whom wants SPECIAL EDUCATION ADVOCACY will be billed at \$175. Then at the conclusion of that meeting, a proposal will be drawn up outlining the service to be provided and the associated fee. Payment is due in full prior to the delivery of the proposed service and no refunds are provided. AKA cannot promise that the desired outcome from special education advocacy will be achieved. **Insurance does not pay for this service.**

Length of Treatment

Some psychological issues in children or adults can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict treatment length. Some disorders cannot be properly treated within the time limitations of some health insurance policies. If this is the case, AKA will discuss with you how best to meet your or your child's needs.

The decision to terminate therapy generally belongs to the parent or legal guardian. Exceptions to this include: children who are at the age where they are allowed to make their own mental health choices and/or cases involving issues of child abuse, substance abuse, birth control, pregnancy, and/or severe need.

Terminating therapy with a child should be done over a number of sessions, particularly in cases of a long-term therapeutic relationship. Should you or your child decide to terminate therapy

prior to AKA's clinical recommendation, it is important that your child have an exit session with the treating clinician.

If AKA believes you are terminating your child's therapy before adequate treatment has been received, AKA will provide you with referrals for other mental health professionals. You can also decide to continue therapy with a mental health professional of your choosing.

Treatment Concerns

AKA is committed to working with you and your family. Please speak with your clinician and/or the licensed supervisor about any concerns regarding treatment at any time.

If you have any complaints regarding this practice, you may contact the appropriate governing board after you have spoken to the licensed provider or supervisor.

- For concerns regarding Psychological Services by a Psychologist or Psychological Assistant, please contact the Board of Psychology at 1-866-503-3221 or (916) 574-7720, or by mail at 1625 North Market Blvd. Suite N-215 Sacramento, CA 95834. AKA will provide the license or registration number of any clinician about whom you want to file a complaint.
- For concerns regarding Psychological Services by a Marriage and Family Therapist (MFT or LMFT), Licensed Clinical Social Worker (LCSW), or Licensed Professional Clinical Counselor (LPCC) please contact the Board of Behavioral Sciences at (916) 574-7830 or by mail at 1625 N Market Blvd., Suite S-200 Sacramento, CA 95834. AKA will provide the certification or registration number of any clinician about whom you want to file a complaint.

Your signature below denotes that you have read all of the information provided above, understand it, are in agreement with it, and consent to proceed with treatment. Your signature also indicates that you have been provided with the opportunity to ask questions. This authorization remains in effect until services are terminated or a new informed consent document is signed. A copy of this documentation is available on AKA's website www.akatherapy.com in the forms section.

Client Name _____
(Print)

Parent/Legal Guardian Name _____
(Print)

Parent/Legal Guardian _____
(Signature)

Date _____