

CLIENT/THERAPIST AGREEMENT AND INFORMED CONSENT

This documents contains information about my practice, including agreements about privacy, payment, my office hours, how to reach me, what to do in case of a mental health crisis, and our treatment planning. Your signature on this document shows that you give your informed consent to the evaluation and treatment that I provide, and agree to the participate in the procedures. You may revoke this agreement at any time in writing.

Office Hours and Location

I currently am available every Wednesday between 8 a.m. and 7 p.m. , and Saturday or Sunday when available. Until May of 2020, my office hours on Wednesdays are located at 3040 E Cactus Rd - Suite 6, Phoenix, AZ 85032. My weekend ours is currently at 8124 E. Cactus Rd - Suite 410, Scottsdale, AZ 85260. Starting in May of 2020, my Wednesday's and weekend hours will be located at 8124 E. Cactus Rd - Suite 410, Scottsdale, AZ 85260.

Between Session Communications and Crisis Intervention

My telephone number is 602-363-2872. You can expect that your phone call will be returned within 24 hours for normal scheduling and general issues. My office is unable to provide crisis management in between appointments. If this is a life-threatening situation, contact 911, or the 24 hour Crisis Response Network at 602-222-9444 or the Empact Crisis Line at 480-784-1500. I reserve the right to charge you for telephone consultations pro-rated on my private fee.

Financial Agreement

My fee for private pay clients is \$120.00 for a 60-minute session. However, your fee may be a contracted rate with your managed care company. Please check with your insurance company as to your portion of the fee (i.e. deductibles, co-pays, percentage covered). Many insurance companies may require an authorization prior to beginning treatment. Most managed care companies reimburse for a 45-50 minute session. Although I will assist in billing your insurance, you are responsible for knowing the limits of your insurance. My billing staff will bill your insurance company for the balance due me. If you have any questions with regard to your statement, please call my office. In the event of an insurance denial of payment, you are personally financially responsible for your sessions.

Your co-pay or fee is payable at the beginning of each session. I accept cash, checks or Mastercard and Visa. There will be a \$25 charge for any returned check. Balances older than 45 days may be submitted to a collection agency, and you will be responsible for the collection's commission in addition to the fee owed me. All other professional services, such as requests for letters, filling out of forms, providing copies, extended phone or in person contacts with other professionals, preparation of reports, etc. are also subject to charges at a prorated basis. In unusual circumstances where I may become involved in a legal matter, you will be responsible for my professional time including preparation, travel, and attendance at \$250 per hour.

No Shows/Late Policy

Because your appointment time is held exclusively for you, there will be a charge of \$100.00 for any appointments missed or canceled with less than 24 hours notice. Insurance does not cover this fee. I would appreciate your call as soon as possible.

Conduct of Therapy/Records

I adhere to the Code of Ethics as a psychologist and to the laws of Arizona as they pertain to client-therapist relationships. All records are retained for a period of seven years after a client's last visit, or seven years past the client's 18th birthday. In the event of closing my practice, I will notify active clients by letter, and inactive clients may contact me through the Arizona State Psychological Association. I will respond to all requests for records within a 30 day period when reasonably possible. All records will be kept in a secure location, and disposed of after the legally specified time. In the event that circumstances require, I will forward record access and responsibility to a specified professional who will respond to record requests in accordance with legal and professional standards.

Confidentiality

The content of all professional interactions in my practice will be held in confidence unless you waive this

confidentiality in writing. However, confidential information can be subpoenaed by court order. Additionally, information concerning current child or elder abuse, physical violence, or threats to others or self is REQUIRED BY LAW to be reported to the designated authorities. Therefore, this kind of information will not be kept confidential.

Release of Information

To provide the optimal and informed care, please allow us to obtain records from previous providers. I will be giving to you a release of information form to complete for me to be allowed to communicate with other providers who are currently treating you, or have in the past.

Emergency Coverage

Your signing this agreement gives Dr. David Zirin's appointee authorization to communicate to you the delay, and may offer the name of an alternative provider who can have access to your records kept by Dr. Zirin.

Social Media Policy

This outlines my office policies on how I use electronic communication with my clients.

- We may communicate via telephone. Voice mails left on my phone will be responded to promptly. My telephone number is 602-363-2872.
- At times we may communicate via email. My secure email is drdavezirin@protonmail.com
- Use texting at your discretion, with the awareness it may not be secure, and may compromise your confidentiality.

Benefits and Risks of Treatment

The majority of individuals and families benefit from counseling. Self-exploration, gaining insight, learning new skills, or venting difficult feelings are generally useful, but there are some risks. As counseling is begun, understand that examining issues may produce some discomfort. These feelings are a difficult, but natural part of the counseling process. Important personal decisions are often an outcome of counseling. These decisions, including changing behavior, substance use patterns, schooling & relationships, may produce new opportunities and as well as unique challenges. If you have any concerns about your treatment, I encourage you to let me know, so that we can clarify or alter the treatment plan.

I have read and understand this information sheet, and have been given a copy of it to take with me.

Printed Name_____

Signature_____Date_____

Client/Guardian

Signature_____Date_____

Provider: Gerald David Zirin, Licensed Psychologist, AZ 4058