

Counseling & Coaching Center of Roseville



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OFFICE POLICIES AND GENERAL INFORMATION FOR YOU

Please take a few minutes to read this page before we get started.
If you have any questions, feel free to let me know.

CONFIDENTIALITY: I take your privacy and confidentiality very seriously. All information discussed within sessions is confidential and will not be disclosed to anyone without your written permission except when required by law or if required by your health insurance if you are asking them to help pay for my services.

Disclosure may legally be required when: 1) there is a reasonable suspicion of child or elder abuse, 2) there is reasonable suspicion that a client presents an imminent danger of violence to others, or 3) a client is likely to harm him/herself unless protective measures are taken. Disclosure may also be required pursuant to legal proceedings or if you file a worker's compensation claim.

In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

Also, if you are using health insurance, please be aware that at a minimum, your name, dates of service, and medical diagnosis are required to submit a claim. If your insurance is a managed health plan, I very likely am required to disclose additional information. Please ask me any questions you might have so that you fully understand this process.

THERAPIST, FEES AND INSURANCE: I have a doctorate degree in psychology and am an independent, licensed clinical psychologist. For individuals, my fee is \$145 for the first assessment appointment and \$130 thereafter for psychotherapy appointments. For couples or families, my fee is \$175 for the first assessment appointment and \$150 thereafter for psychotherapy appointments. Appointments last 50 minutes, although double sessions are available and last 1 hr and 45 minutes. Fees are payable at the time of service. To assure your full session time, please pay at the start of each session. There is a \$15.00 fee on all returned checks. Telephone conversations (other than those of a very brief nature), report writing and reading, phone or in person consultation with other professionals or with parents of children in therapy (or other family

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members), release of information, longer sessions, travel time. etc. will be charged at the same prorated rate. Your insurance company will not pay for these supplemental services.

If you are covered by the Victims of Crime Program or have insurance that requires me to bill them, then this policy of payment does not apply. If you have insurance that covers this service, I'll be glad to help you file your claim. Please note that the insurance contract is between you and your insurance company and the fee remains your responsibility if for any reason services are not covered. You are responsible for copayments and deductibles. For payment, you can use a personal check made payable to Leilani Jennings, Ph.D., cash, a credit card (Visa, Master Card, American Express, Discover) or a debit card.

CANCELLATIONS: Since scheduling an appointment means reserving time specifically for you, a minimum of 2 days is required to reschedule or cancel. If you must cancel an appointment, please let me know as soon as possible. You can leave a message on my voicemail at any hour, on any day, including weekends. If I am not notified of a cancellation at least 2 days in advance of your scheduled appointment you will be charged for that time. If you are in the Victims of Crime Program, please note you will be billed personally, since they do not pay for your missed appointments. If you are using insurance, I cannot bill them for failed appointments, and you are billed the *entire fee*, not just your *copay*.

TELEPHONE AND EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message on my voice mail and your call will be returned as soon as possible. However, this is not a crisis facility, and messages may not be received outside regular business hours. If you need to talk to someone right away, you can call Sutter Center for Psychiatry at (916) 386-3000, the Police (911), or the 24-hour crisis line at (916) 368-3111.

CONSENT FOR PSYCHOLOGICAL TREATMENT: By signing this form, you are giving consent for psychological treatment including but not limited to, clinical interview, psychological testing, and psychotherapy as deemed necessary. You are consenting and agreeing only to those mental health services that I am qualified to provide within the scope of my license, certification, and training. You are an active participant in your treatment. You have input regarding your treatment goals and can decline any particular form of treatment at any time that you are not comfortable with.

So that I know you have read and understood these policies, please sign and print your name and write today's date on the line below. If you are here for couples or family therapy, please have each family member sign, and if therapy is for a minor child, please provide signature of legal guardians.

Thank you for taking the time to read this important information.

Please Print Your Name(s), then Provide Your Signature(s)

Date
