Kimberly Jung, LCSW

License 29724

OFFICE POLICY/INFORMED CONSENT

The following points respond to questions and concerns that commonly arise at the beginning of therapy. Please feel free to ask me any questions you have before signing.

HOURS: Except for the initial meeting, our time will be set for either 50 (1 hr) or 80 (1.5 hr) minutes. I will be prepared to begin at the time we have designated and ask that you make every effort to be on time. Feel free to bring water to sessions.

CONFIDENTIALITY: Except for situations where there is reasonable cause to believe physical, sexual, or emotional abuse of a minor, an elderly person, or a dependent adult exists or where there is reasonable cause to believe you are a danger to yourself or others, all of our communications are privileged and confidential and as such, may not be disclosed without your prior written authorization.

FEES, PAYMENT, REIMBURSEMENT: The fee for your sessions is $120 per hour, and you are responsible to pay for services at the beginning of each session. Please have your check prepared or your credit card available at that time. If you wish to be reimbursed by an insurer, I will provide a statement for you to submit at the end of each month so that all reimbursement is paid directly to you. I cannot guarantee reimbursement as this is up to the insurer. It is your responsibility to determine whether or not your carrier will provide coverage for services rendered by Kimberly Jung, LCSW, registered with the California Board of Behavioral Sciences, License 29724. You may want to ask your insurer the following questions:

- Do I have mental health/behavioral health insurance benefits?
- May I choose my own therapist or do I have to use someone in network?
- What is my deductible and has it been met?
- How do I work with out of network therapists?
- What is the coverage amount per therapy session?
- Is approval required from my primary care physician?

CANCELLATION POLICY: If you are unable to keep an appointment, please let me know as soon as possible so that we can reschedule. Because I have set aside the time for you, all appointments canceled less than 48 hours in advance will be billed at the usual rate, unless we can reschedule during that same week or unless the cancellation was due to an emergency. As you may know, most insurance companies do not reimburse for missed sessions.

E-MAIL AND CELL PHONE COMMUNICATION: Because email and cell phone communication can sometimes be accessed by unauthorized persons, please notify me at the beginning of treatment if you wish to avoid or limit their use.

THE THERAPY PROCESS: Although there can be no assurance of positive results, participation in therapy can result in a number of benefits to you, including regulation of anxiety and emotion, elevation of mood, enhanced self-esteem, resolution of psychosomatic disorders as well as improvements in your relationship(s) and job performance. Working toward such benefits requires your active involvement, honesty, and openness. I will regularly ask for your feedback about the therapy, your progress and expect you to respond candidly.

Please be aware that remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort and/or strong feelings of anger, sadness, and/or anxiety. Change will sometimes be easy and swift, and at other times, slow and frustrating. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations in order to help you to modify thoughts, feelings and/or behaviors which, in my experience, are contributing to your issues or symptoms.

DISCUSSION OF TREATMENT PLAN: It is my practice to meet with a new patient for up to 3 sessions, unless otherwise agreed, before deciding if I will be able

to be of help. At any time during the course of treatment, we may discuss our working understanding of the problem(s), the treatment plan, the therapeutic objectives and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the methods used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please feel free to ask me. You also have the right to ask about other treatments for your condition and their risks and benefits. If you can benefit from any treatment that I do not provide, I will assist you in obtaining those treatments.

EMERGENCY PROCEDURES: If you have an urgent need to contact me between sessions, please leave a message at 917-563-4210 and indicate that your message is urgent. I check my messages every 90 minutes during office hours. If you call during an evening or weekend, I may not be able to pick up your message or respond immediately. If you do not hear back from me in a time frame that seems appropriate, please feel free to call again. If we still do not make contact and you need to speak with someone right away, please call either the 24-hour crisis hot-line at at DiDi Hirsch Mental Health Center in Culver City, (877) 7-CRISIS or (877) 727-4747; or the National Certified Crisis Hotline at 1-800-784-2433 ; or the Police at 911.

DUAL RELATIONSHIPS: Therapy never involves sexual or any other dual relationship that impairs a therapist's objectivity or that might result in any relationship or connection that is in any manner exploitive. Nonetheless, not all dual or multiple relationships are unethical or avoidable. For instance, you may encounter someone you know in the waiting room or see me in the community. In the latter case, be assured that I never acknowledge working with anyone therapeutically without his or her express permission.

TERMINATION: Because I do not accept patients who, in my experience and opinion, I cannot help, if, at any point in the treatment, I determine that I am not effective in helping you reach the therapeutic goals we defined, we will talk this over and if appropriate, terminate the therapy. In the event this happens, I will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will also talk to the psychotherapist of your choice in order to help with the transition. If at any time you would like another therapist's opinion or wish to consult with another therapist, I will assist you with referrals, and with your written consent, provide the psychotherapist of your choice with relevant requested information. Of course, you have the right to terminate therapy at any time. If you choose to terminate, I will offer to provide you with names of other qualified professionals (where appropriate) whose services you might prefer.

AGREEMENT

I(We) have carefully read these 4 pages, fully understand their content and by signing agree to all of the foregoing.

_____

Patient name (print)

_____ Date: _____

Patient signature

_____

Patient name (print)

_____ Date: _____

_____ Date: _____

Kimberly Jung, LCSW (signature)

(Note: please sign the next page which is a duplicate signature page for the therapist's records)

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Patient signature

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Patient name (print)

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_____ Date: _____
Kimberly Jung, LCSW (signature)