

# Nina Nguyen, Ph.D.

Clinical Psychologist | PSY 30775

595 East Colorado Boulevard Suite 802. Pasadena, CA 91101

Main: (626) 656-3595

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## INFORMED CONSENT

### PSYCHOLOGICAL SERVICES

Nina Nguyen Ph.D. provides individual, couple, family, and group psychotherapy. Psychotherapy seeks to treat a variety of emotional and interpersonal problems. It intends to reduce or eliminate certain psychological symptoms, and to improve social and occupational functioning. Unlike medical consultations, it proceeds by having all parties work actively to gain insight into and alter certain maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the psychotherapist and patient, and the particular problems brought forward. Psychotherapy calls for an active effort on your part.

Psychotherapy can have benefits and risks. Since it typically involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. On the other hand, psychotherapy has also been shown to have significant benefits. It often leads to better relationships, solutions to specific problems, and reductions in distress.

You have the right to ask about other treatments and their risks and benefits. Psychotherapy involves a large commitment of time, money, and energy, so you should be careful about the psychotherapist you select. If you have questions about procedures, please discuss them with your therapist whenever they arise.

If at any point during psychotherapy it becomes evident that you are not reaching your therapeutic goals, I will discuss this with you and, if appropriate, terminate treatment and provide you with referrals that may be of help to you. 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, and, if you provide a written consent, will provide the essential information needed. You have the right to terminate therapy at any time.

### CONTACT

I can be reached at (626) 656-3595. If I am available and it is during business hours, I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. Usually, you will usually reach my voicemail. Please leave me a brief message with your name, number, reason for call, and best times to reach you. In the unlikely event that you cannot reach me and it is urgent, please contact your family physician or your local emergency room. Whenever I am unavailable for an extended period of time, I will provide you with the name of a colleague whom you can contact if necessary.

### ELECTRONIC COMMUNICATIONS

I prefer using email and texts only to arrange or modify appointments. Please do not email or text me content related to your therapy sessions, as email and texts are not completely secure or confidential. If you choose to communicate with me via electronic communication, be aware that all they are retained in the logs of your and my Internet service providers. While it is unlikely that someone will

be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

I will use reasonable means to protect the security and confidentiality of email and text information sent and received. However, because of the risks identified below, I cannot guarantee the security of electronic communication, and am not liable for improper disclosure of confidential information that is intentionally sent or misused.

Transmitting client information by e-mail or text message is not a secure form of communication and has numerous risks that clients should consider before using them. These include, but are not limited to:

- Can be circulated, forwarded and stored in numerous paper and electronic files.
- Can be immediately broadcast worldwide and be received by unintended recipients.
- Senders can easily type in the wrong email address or phone number.
- Is easier to falsify than handwritten or signed documents.
- Backup copies may exist even after the sender or the recipient has deleted his or her copy.
- Employers and online services have a right to archive and inspect e-mails transmitted through their systems.
- Can be intercepted, altered, forwarded, or used without authorization or detection.
- Can be used to introduce viruses into computer systems.
- Can be used as evidence in court.

When using e-mail or text, please limit communication to general scheduling purposes and refrain from disclosing sensitive, medical, or any identifying information. If you are not sure if the issue you wish to discuss should be included in an e-mail or text, you should call the office to schedule an appointment.

### **SOCIAL MEDIA**

I do not accept friend or contact requests from current or former clients on any social networking site (Twitter, Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these social networking sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring these issues up in session.

Communication via Social Networking sites such as Twitter, Facebook, Instagram, or LinkedIn are not secure. It could compromise your confidentiality to use Wall postings, @replies, or other means of engaging with me online if we have an already established client/therapist relationship. It may also create the possibility that these exchanges become a part of your legal record and will need to be documented and archived in your file. I may not read these messages in a timely fashion. If you need to contact me between sessions, the best way to do so is by phone (626) 656-3595.

### **APPOINTMENTS AND CANCELLATION POLICY**

Psychotherapy sessions last 45 minutes. If a minimum of 24-hour notice is not given to cancel an appointment, then the full fee is charged.

## **PROFESSIONAL FEES**

The fee for outpatient psychotherapy is \$150 (unless otherwise negotiated) per session. Fees determined today are subject to change based on changes to your financial means of support. Your fee has been set at \$\_\_\_\_\_ per session. Please initial here \_\_\_\_\_.

## **BILLING AND PAYMENTS**

Fees are collected at the time of service or weekly. In some cases, arrangements can be made for monthly billing.

If your account has not been paid for more than 60 days and other arrangements have not been made, I may use legal means to secure payment. This may involve hiring a collection agency or going through small claims court at which time costs will also be included in the claim.

All disputes arising out of or in relation to this agreement to provide psychological services will 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. The cost of such mediation, if any, shall be split equally unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fee.

I do not accept insurance at this time. If requested, a statement can be provided to you for insurance reimbursement purposes.

## **PROFESSIONAL RECORDS**

The laws and standards of the psychology profession require that professional records be kept. These are maintained, under lock and key, for a minimum of seven years. You are entitled to receive a copy of the records unless it is believed that your viewing them would be emotionally damaging, in which case the records will be sent to a mental health professional of your choice.

## **CONFIDENTIALITY**

As was noted above, privacy and confidentiality are of utmost importance. In general, law protects the privacy of all communications between a patient and a psychotherapist. Sometimes confidential information must be disclosed, for example in cases of suspected Child or Elder abuse, or for some other legal reasons. The provisions explaining when the law requires disclosure are described to you in the Notice of Privacy Practices that you received with this form.

## **RELEASE OF INFORMATION**

Should Nina Nguyen, Ph.D. be required to communicate with a third party regarding the confidential treatment relationship (i.e., psychologist, psychiatrist, physician, etc.), then a separate "Release of Information" form will be provided and signed by the client before any such exchange occurs.

**ACKNOWLEDGING SIGNATURES**

I have read and understand this Agreement, Informed Consent for Psychological Treatment and for Uses and Disclosures to Carry out Treatment, Payment, and Health Care Operations carefully. I understand and agree to comply with them. I understand that Federal regulations (HIPAA) allow health service providers to disclose Protected Health Information (PHI) from your records in order to provide you treatment services, obtain payment for the services provided, or for other professional activities known as “health care operations”. How, why, and where I might release your PHI is described in the Notice of Privacy Practices. This consent is voluntary and you may refuse to sign it now or revoke your consent later. I consent to the use or disclosure of my Protected Health Information as specified.

I understand that I will be receiving the following psychotherapy:

- Individual       Couples       Family/Group

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Patient’s Name (print)	Signature	Date
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Patient’s Name (print)	Signature	Date
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<u>Nina Nguyen, Ph.D.</u> Clinical Psychologist	Signature	Date
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