



Mary Kalpakoff, Psy.D.

Clinical Psychology
Licensed Psychologist
1830 S. Alma School Rd. Suite 112, Mesa, AZ 85210
Telephone: 480-730-6222 x 1208
Fax: 480-889-5566

Informed Consent and Agreement

Informed Consent and Agreement for Professional Psychotherapy/Counseling Treatment, Psychological Assessment, and/or Related Professional Mental Health Services

Welcome to Professional Counseling Associates, a professional counseling and psychology practice. Mary Kalpakoff, Psy.D. is committed to providing psychological services, including psychotherapy and assessment, toward your desired outcome. A professional, psychotherapy situation, clinical assessment, consultation, or specific psychological evaluation establishes a unique relationship between the two of us. In order to assist you in understanding the responsibilities and expectations involved in this professional relationship, **please read and sign the following Informed Consent** (hereafter, "Agreement"). Once this Agreement is signed, we can conduct the first meeting.

During this initial meeting, any questions about the professional services to be provided or this Agreement will be addressed. Further, your legal rights to the **Privilege of Privacy** and the ethical standards regarding **Confidentiality** will be discussed. At any time, upon request, I am happy to provide you with a copy of this signed Agreement. I encourage you to keep a copy as a reference for your own records.

Psychologist Providing Services:

Mary Kalpakoff, Psy.D. at Professional Counseling Associates (PCA)
PCA, LLC NPI = 1568581031
PCA, LLC EIN = 20-8003473
Dr. Mary Kalpakoff's NPI = 1376917377

Professional Disclosure

Dr. Kalpakoff is a licensed psychologist in the state of Arizona (AZ Psychologist License Number: PSY-005419). Dr. Kalpakoff is also a licensed psychologist in the state of Florida (FL License Number: PY 11248).

The Main PCA Office Number is 480-730-6222. Dr. Kalpakoff can be reached at her direct extension: 480-730-6222 x 1208 (Direct Extension 1208).

Informed Consent: Dr. Kalpakoff

Client Initials: _____ Date: _____

Dr. Kalpakoff earned her Doctor of Psychology (Psy.D.) and Master of Arts in Psychology (M.A.) from The Wright Institute (Berkeley, CA). She earned her Bachelor of Arts (B.A.) from the University of Miami (Coral Gables, FL).

Dr. Kalpakoff completed her APA-accredited psychology predoctoral internship at the West Palm Beach Veterans Affairs (VA) Medical Center and APA-accredited psychology postdoctoral residency at The Miami VA Healthcare System. Dr. Kalpakoff has received well-rounded generalist training as well as specialty training in PTSD, Substance Use Disorders, and Serious Mental Illness.

Dr. Kalpakoff is a Psychologist who specializes in Clinical Psychology. She provides psychological services, including: psychotherapy and assessment.

Dr. Kalpakoff strives to create a warm, compassionate, and multiculturally-sensitive environment to collaboratively help patients achieve their goals. Dr. Kalpakoff utilizes an eclectic and/or integrative, approach to fit the unique needs of her patients. Dr. Kalpakoff often draws from evidence-based therapeutic modalities. Modalities Dr. Kalpakoff may incorporate include but are not limited to: Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Motivational Interviewing (MI), Seeking Safety, Trauma Informed Guilt Reduction Therapy (TriGR), Emotion Efficacy Therapy (EET), and mindfulness.

Agreement

By initialing and dating each page and signing this Agreement, I understand and agree to the following:

The following paragraphs include the structure and standards regarding your rights as a client and the specific arrangement for services. Dr. Kalpakoff reserves the right to refer a client to another professional or appropriate resource/organization at any time if a client’s needs and goals are not a good match for her skills or experience. Please take time to review the following information:

Financial

Payment is due at the time services are rendered. You may be charged as early as 24 hours prior to the appointment. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

Current Fees for Services (In-Person or Virtual) Include:

Initial Assessment/Evaluation – 60 minutes	\$165.00	Psychological Assessment Services, per 60 minutes	\$185.00
Individual Therapy – 45-50 minutes (regular session)	\$145.00	Scoring / Report Writing, per 15 minutes	\$45.00
Individual Therapy – 30 minutes	\$80.00	Admin. Services (Letters, Forms, etc.), per 15 minutes	\$45.00
Individual Therapy – 90 minutes	\$235.00	Off Site Coaching/Speaking Engagement, per hour	\$180.00
Phone Consultation, per 10 minutes	\$20.00		

*Please refer to “Payment Agreement” form for more financial details.

In addition to fees listed above, there may be other fees for additional services such as consulting, books and materials, copies of chart records, etc. Consultation and seminar fees vary and are contracted on a case-by-case basis.

Informed Consent: Dr. Kalpakoff

Client Initials: _____ Date: _____

Please be aware, if you choose to have an attorney or any other professional communicate with Dr. Kalpakoff by phone, email, etc., to discuss your case, provide case notes, provide a report of services rendered, provide diagnostic impressions, etc., the fee will be \$45.00 per 15 minutes.

If copies of chart notes or any other documents are requested (e.g., electronic or paper), a reasonable fee may be charged to help cover any administrative time and postage needed to efficiently forward the client records. A completed Release of Information form will be required as applicable.

Currently, debit or credit cards (Visa, Mastercard, Discover Card, American Express), personal checks, business checks, and cash are all accepted as forms of payment. PCA reserves the right to change any fees with 30 days notice. Please be aware, returned check fees are \$35.00 per returned check plus any other fees the bank may assess PCA. You have the right to be informed of all fees that you are required to pay and to be informed about the refund and collection policies. Please discuss these with Dr. Kalpakoff or the administrative assistant if you have any concerns.

A separate Payment Agreement form is provided to you for clarification. PCA reserves the right to utilize other third party collections agencies if a balance is past due. By signing this Agreement, you are agreeing to this collections policy. Dr. Kalpakoff will make every effort to work with clients to create a payment plan on a case-by-case basis if necessary, however, this is an exception. Typically, payment will be collected at the time of service. If you feel you are in need of a payment plan, please speak directly to Dr. Kalpakoff.

Insurance

Please pay in full for the services rendered at the time of service. At the time you check out, you will be provided with a "superbill" which many clients use to subsequently submit to their insurance companies for possible "out-of-network," direct-to-client reimbursement. Because Dr. Kalpakoff does not bill out for insurance, please retain the receipt of the superbill for possible insurance coverage. Please keep in mind that many insurance companies do not cover marital counseling, forensic services, or a double session.

Third-Party Contracting Client

Organizations, employers, individuals and any other third-party payers that wish to contract as the primary client in order to provide clinical services for an individual, such as an employee, are doing so with the knowledge that they will be solely financially responsible for services rendered. Unique contracts can be created to address your unique organizational needs.

Availability of Services

Every effort is made to answer phone calls and email requests in a timely manner. The main office is open from approximately 9:00am to 4:00pm, Monday through Friday, with the exception of holidays. Phone messages and emails are not typically returned outside of normal business hours. In most cases, while exceptions do apply, Dr. Kalpakoff and PCA make efforts to respond to phone calls or emails within 48 hours.

Established clients with an urgent need to make contact may call PCA and every effort to respond as soon as possible will be made, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____

PCA and Dr. Kalpakoff do NOT have the capability to respond immediately to mental health or medical emergencies. True emergencies should be directed outside of PCA/Dr. Kalpakoff.

Emergency/Crisis Information

If you are experiencing an emergency or crisis, call 911.

You may also go to your nearest Emergency Room. You can reach the 988 Suicide and Crisis Lifeline by calling or texting 988. Local Arizona resource includes: Maricopa County Crisis Hotline: 602-222-9444.

Client's Emergency Contact Information:

Name of Emergency Contact: _____

Relationship to Emergency Contact: _____

Phone Number of Emergency Contact: _____

Email of Emergency Contact: _____

Address of Emergency Contact: _____

*I understand by signing this form, I consent for Dr. Kalpakoff and/or PCA to contact emergency services and/or the individual I specified above under the "Client's Emergency Contact Information" if deemed necessary.

Appointments

Regular attendance at your scheduled appointments is one of the keys to successful outcomes in therapy. For a regular therapy session "hour," Dr. Kalpakoff reserves approximately 45-50 minutes for each client appointment. A regular session "hour" for psychological testing is approximately 60 minutes.

Appointments canceled at the last minute are very detrimental to the practice, as it disallows other clients the use of that particular time slot. **Therefore, please notify Dr. Kalpakoff or the office administrator a minimum of one full business day (24 hours), Monday through Friday, prior to a cancellation.** Please note that Saturdays, Sundays, and national holidays are not considered business days; we are not usually in the office on weekends and holidays and a cancellation on a Friday evening or a weekend day may not allow for 24-hour notice.

Please Note:

You will be financially responsible for appointments (e.g., in person or virtual) you fail to cancel in accordance with this 24-hour policy. Please refer to the Payment Agreement for further details.

If you arrive late to your appointment, you will still be charged the full fee of the original appointment length you had scheduled.

If for any reason you miss an appointment or have chosen not to schedule an appointment with Dr. Kalpakoff, and then you do not reach out to schedule a follow-up appointment within 30 days, Dr.

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____

Kalpakoff will accept that as your notice that you have terminated this Agreement and that you wish to discontinue therapy or any other professional services. At that time, your case will be closed.

Privacy, Privilege, Confidentiality, Limits of Confidentiality, and Records

All communications and records created in the professional treatment process of psychotherapy or other professional services are held in the strictest confidence according to state and federal laws, including the Health Information Portability and Accountability Act (HIPAA) privacy and security regulations. However, exceptions to your privacy and confidentiality do exist, as defined in the state and federal statutes. Examples of the most common of these exceptions are listed below. This provider is obligated to breach confidentiality:

- In the case of imminent threat of harm to self or others (When a real or potential life or death emergency is suspected)
- When a child, vulnerable (disabled/dependent) adult, or elder abuse or neglect is suspected
- When a judge issues a court order for client records

Please note that electronic mail (i.e., email) represents a unique exception to confidentiality: Electronic mail is not a truly confidential form of information exchange.

Please note also that a civil subpoena, issued by an attorney, does *not* automatically guarantee the release of records. In most instances where a subpoena has been issued, the client *must* still sign a release of information thereby authorizing the release of records.

By signing this Agreement, you are agreeing not to audio or video tape any of the interactions (psychotherapy, assessment session, phone consult, etc.) with Dr. Kalpakoff or any PCA personnel. Audio or video taped sessions cannot be guaranteed to remain confidential outside of this office and therefore they are not usually permitted.

However, please be aware if Dr. Kalpakoff deems it necessary to audio or video tape a session, she will inform all parties involved and obtain informed consent before doing so. Further, in instances where therapy is conducted in a location outside of the office, please note that confidentiality cannot be maintained fully, as the environment cannot be controlled in a public setting. In such instances, Dr. Kalpakoff will obtain consent from the client prior to conducting therapy off site.

This Agreement can be amended with prior written authorization signed by Dr. Kalpakoff and all other parties involved

Dr. Kalpakoff may choose to participate in a process where cases are discussed with other professional colleagues. This is aimed to facilitate continued professional growth and to give clients the benefit of a variety of professional experts' guidance. While no identifying information is released in the peer consultation or instructional process, the dynamics of the case issues are discussed along with the treatment approaches and methodology.

Other circumstances in which information may be released include: when disclosure is required by the Arizona Board of Psychologist Examiners or the Florida Board of Psychology; when a lawsuit might be filed; to malpractice insurance; to comply with worker compensation laws; to comply with the USA Patriot Act; and to comply with other federal, state (e.g., Arizona and Florida), or local laws. The rules and laws regarding confidentiality, privacy privilege, and records storage and maintenance are

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____

complex. Please verbalize any concerns to Dr. Kalpakoff if further questions arise regarding your privacy and confidentiality.

Please note that progress notes and other chart records may also include phone and email communication between the client and Dr. Kalpakoff, office staff, and (if a release is signed) with other individuals involved in treatment. Any messages that a client might leave on voicemails, text messages, and/or emails may be printed out or transcribed and entered into the client chart records at any time to ensure proper documentation of any client interactions.

You may request copies of your client records. Dr. Kalpakoff can provide copies of your client records to you or the person that you designate in writing. Of note, a completed Release of Information is required as applicable. There may be limitations on access to your records not mentioned here but that apply.

Risks of Opting for In-Person Services

You understand that if you choose to come into the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Telepsychological (Virtual) Services

There are potential benefits and risks of telephone and/or video-conferencing (e.g., limits to patient confidentiality) that differ from in-person sessions.

- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the HIPPA compliant video-conferencing platform selected for our virtual sessions. The platform PCA uses is 3CX. Dr. Kalpakoff may also use SimplePractice or another HIPPA-compliant platform.
- I understand I need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- I understand that the Emergency/Crisis information stated above in this document applies to Telepsychological Services
- If technical problems occur and the connection is disrupted, I understand Dr. Kalpakoff will call me back at the number I have provided, in an attempt to reach me. If unsuccessful, the session will then be cancelled.
- You have the right to withhold or withdraw consent for telehealth communication at any time without affecting your right to future care or treatment.
- As your provider, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
- The same fee rates apply for telehealth therapy as apply for in-person psychotherapy, but your insurance provider may have a different rate. If you have questions regarding coverage for telehealth therapy sessions, please contact your insurance provider. If they are not reimbursed, you are responsible for full payment.
- Dr. Kalpakoff cannot and does not guarantee the privacy or security of any session content or communication being sent through the internet, phone, email, or videoconferencing. Though unlikely, there is potential that telehealth sessions can be intercepted by others and there

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____

could be disruptions to therapy due to technological difficulties. Communicating via these media is not 100% secure.

Digital and Electronic Communication and Information

Rapidly changing technology has made cell phones, email, and other electronic communication common place. Such communication is popular because of how easy it is to access wherever you are – in the car, at home, running errands and so forth. Forwarding calls, messages, and emails increase the potential for communication to be intercepted in transmission, misdirected, or retrieved unintentionally. While most of these services are generally reliable, they are not as secure or dependable as face-to-face communication. Diligent efforts are made to safeguard electronic communication but please do not include sensitive personal information or extensive identifying information (usually one can schedule or cancel appointments, ask for general information and leave one's name and number). When making calls, listening to messages, reading messages, and the like, be mindful of the setting you are in. The electronic storage of information can be compromised, often without either party realizing confidential information has been taken. Should there be a breach of electronic information PCA will attempt to notify all relevant parties.

Of note, Dr. Kalpakoff currently utilizes a HIPPA compliant practice management software for electronic health record documentation and other practice needs. You may have the option to communicate with Dr. Kalpakoff via a secure, online portal should you wish.

Please initial if you agree to the below:

I consent to receive telephone calls, voicemails, and text messages from Dr. Kalpakoff and PCA to the telephone number(s) I provide(d). I understand that I (the client) am responsible for any fees/rates that may apply. I consent to receive emails from Dr. Kalpakoff and PCA to the email address(es) I provide(d). I understand communicating via these media is not a secure mode of communication and confidentiality cannot be ensured.

Client Initials: _____ **Date:** _____

Purpose, Limitations, and Risks of Treatment

The practice of psychotherapy ("therapy")/counseling and/or psychological assessment and evaluation, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of therapy is to reduce one's distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of therapy usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended.

Psychotherapy and/or psychological assessment may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes, a decision that is viewed as being positive by one individual, can be viewed negatively by another. Change will, at times, occur easily and swiftly, but more often, will be slow and frustrating. There is no guarantee that psychotherapy will yield positive or intended results. Psychological assessment can also be an intense process of self and other-revelation. Interpretations are based on the client's clinical interviews, test scores, and/or other collateral information. While not

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____

an exact science, the goal is to be as accurate as possible in the interpretations. At times, psychological testing results can cause increased distress for the client and/or family.

Treatment Process and Rights

Your treatment process will begin with one or more sessions devoted to an initial assessment/evaluation so that Dr. Kalpakoff can better understand the most salient issues, your background, and any other factors that may be relevant. Once the initial assessment/evaluation process is complete, a collaborative discussion will occur. Typically, during this discussion, treatment goal(s) are identified, various methods to treat the primary presenting problem(s) will be presented, and then the tentative course of treatment will be decided. Of note, psychological treatment is a fluid process and may change as more information comes to light.

You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent for treatment and to be advised of the potential consequences of such refusal or withdrawal.

Professional Relationship

The professional relationship is unique in that it is exclusively professional and therapeutic. In other words, it is usually inappropriate for a client and his or her contracted professional to spend time together socially, both in person and online. For this reason, Dr. Kalpakoff chooses not to participate in social media exchanges with her clients. Therefore, attempts to befriend Dr. Kalpakoff online will not be accepted. The purpose of these boundaries is to ensure that roles are clearly defined to help ensure the best methodology for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk directly with Dr. Kalpakoff. Although never intentional, sometimes misunderstandings can inadvertently result in hurt feelings. Dr. Kalpakoff welcomes the opportunity to address any issues that might obstruct the treatment process as soon as possible - this includes administrative or financial issues as well. Thank you.

Client Consent for Evaluation, Treatment, and Professional Services

Consent is hereby given for evaluation and treatment under the terms described in this Agreement. It is agreed that either party, client or provider, may discontinue the evaluation and treatment process at any time and that the client is free to accept or reject the treatment provided.

Client Printed Name: _____

Client Signature: _____

Date: _____

For office use only - Verification that client has received and reviewed this Informed Consent document. Client was provided time and opportunity to read and ask questions about this Informed Consent document.

Authorized Representative: _____ **Date:** _____

Informed Consent: Dr. Kalpakoff

Client Initials: _____ **Date:** _____