



The Levin Center

Juliana Bloom Ph.D.
Licensed Psychologist
Pediatric Neuropsychologist
5971 Brick Court, 2nd Floor East
Winter Park, FL 32792
321.240.9532
jbloom@levincenter.org

OFFICE POLICIES AND INFORMED CONSENT **FOR PSYCHOLOGICAL SERVICES**

PSYCHOLOGICAL SERVICES: Psychological services vary depending on the particular problems you or your child brings as a client and the orientation and approach of the therapist. Possible psychological services include psychotherapy, psychological consultation, diagnostic evaluation/assessment, neuropsychological testing, individual, family and/or group psychological treatment and/or home/school/community consultation.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Dr. Juliana Bloom that the client presents a danger to others. Dr. Bloom is a mandated reporter of child abuse and/or maltreatment. As a mandated reporter, we are required by law to report suspected child abuse or maltreatment when presented with reasonable cause to suspect child abuse or maltreatment. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Bloom. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. All providers will use their clinical judgment when revealing such information. Dr. Bloom will not release records to any outside party unless they are authorized to do so by all individuals 18 years or older who were part of the family therapy or other treatment that involved more than one client.

MINORS IN THERAPY: The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes they are best seen alone. Your provider will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, your provider will evaluate and discuss these goals with you.

Because your provider's role is that of the child's helper, he or she will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children and adolescents. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children under age 13 seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is often necessary to work out an arrangement in which children feel that their privacy is generally being respected and at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy. It is sometimes deemed necessary by your provider to request a written agreement from children and their parents regarding this session confidentiality. Dr. Bloom reserves the right to deny access to a minor's medical record if disclosing information would have a detrimental effect on the professional relationship with the minor patient, or on the care and treatment of the minor, or on the minor's relationship with his or her parents or guardians.

ASSESSMENT OF MINORS: Assessment (i.e. testing) of minors generally occurs in a one on one setting with the child and the practitioner conducting the assessment. This is done to provide the most valid assessment of the child's abilities and to preserve the integrity of the tests utilized during the assessment. If there is a compelling reason that an adult (other than the provider) be present, please discuss this with your provider.

INDEPENDENT EDUCATIONAL EVALUATIONS (IEE) & YOUR SCHOOL DISTRICT: School districts are required by law (34 C.F.R. 300.503(c)) to consider the results of the evaluation in any decision made with respect to the provision of a free appropriate public education of your child. This does not mean, however, that the school district must accept the findings or implement the recommendations of the evaluation.

TESTING ACCOMMODATIONS: Consent, payment, nor participation in an evaluation with Dr. Bloom is in any way a guarantee of testing accommodations or a recommendation for accommodations. In making determinations about recommendations for accommodations, Dr. Bloom utilizes a research and evidence-based approach. As is the case with every evaluation Dr. Bloom conducts, only recommendations that are warranted by the results of the evaluation will be provided.

EMERGENCY: If there is a situation during therapy, or in the future after termination, where your provider becomes concerned about you or your child's personal safety, the possibility of you or your child injuring someone else, or about you or your child receiving proper psychiatric care, your provider will do whatever he/she can within the limits of the law, to prevent you or your child from injuring yourself/themselves or others and to ensure that you or your child receive the proper medical care. For this purpose, your provider may also contact the person whose name you have provided on the personal history. Clients and guardians of clients understand that the psychotherapist does not provide emergency service. Clients and guardians of clients understand that if an emergency arises, they should dial 911 or go to the nearest emergency room.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Dr. Bloom does not participate directly with any insurance companies. If you choose to submit claims to your insurance company for reimbursement, disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Dr. Bloom, only the minimum necessary information will be communicated to the carrier. Dr. Bloom has no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Bloom to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: Dr. Bloom consults with other professionals regarding her clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained. During these conversations only necessary information (including identity and confidential information) relating to the health, safety and well-being of clients is discussed to ensure the continuity of care and adherence to best practices.

E-MAILS, CELLPHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. E-mails, in particular, are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all e-mails that go through them. It is important that you be aware that e-mails, faxes, and important texts are part of the medical records. Dr. Bloom's e-mails are encrypted. Dr. Bloom's computers are equipped with a firewall and a password. She also backs up all confidential information from our computers to encrypted cloud storage on a regular basis. Please notify Dr. Bloom if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell phone, or faxes. If you communicate confidential or private information via e-mail and/or cell phone, Dr. Bloom will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via e-mail and/or cell phone. Please do not use e-mail or faxes for emergencies. Call 911 or go to your nearest emergency room.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of the practice of psychology require that Dr. Bloom keep psychological records for at least three years following the conclusion of treatment and four years after contact was last made, whichever period is longer. Unless otherwise agreed to be necessary, Dr. Bloom retains clinical records only as long as is mandated by Florida law. If you have concerns regarding the psychological records, please discuss them with Dr. Bloom. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Bloom assesses that releasing such information might be harmful in any way. In such a case, Dr. Bloom will provide the records to an appropriate and legitimate mental

health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Bloom will release information to any agency/person you specify unless Dr. Bloom assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Dr. Bloom will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the care.

TELEPHONE&EMERGENCY PROCEDURES: If you need to contact Dr. Bloom between sessions, please text or leave a message at 321.240.9532 and your text/call will be returned as soon as possible. Dr. Bloom checks her messages several times during the daytime only. If an emergency situation arises and you need to talk to someone right away call 911 or the national suicide prevention hotline: 1-800-273-8255. Please do not use e-mail for emergencies. Dr. Bloom does not always check e-mail daily.

INSURANCE REIMBURSEMENT: Dr. Bloom does not participate with any insurance companies. Clients who carry insurance and wish to submit for reimbursement are reminded that professional services are rendered and charged to the clients and not to the insurance companies. If requested, Dr. Bloom will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in counseling and assessment, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

PAYMENTS & FEE SCHEDULE: With the exception of neuropsychological evaluations and forensic matters, all services are billed at an hourly rate of \$200. For neuropsychological evaluations, Dr. Bloom will provide you with the full cost of your or your child's evaluation at the conclusion of your phone consultation. 50% of the total cost of the evaluation will be due at the conclusion of the clinical intake appointment and the balance will be due at the end of the last testing session (prior to the feedback session). Please notify Dr. Bloom if any problems arise during the course of treatment regarding your ability to make timely payments. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Dr. Bloom can use legal or other means (courts, collection agencies, etc.) to obtain payment.

MEDIATION&ARBITRATION: All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall 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 of Dr. Bloom and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Onondaga County, NY in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Bloom can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

SCOPE OF PRACTICE: Participation in psychological services including therapy and assessment can result in a number of benefits to you and/or your child, including improving interpersonal relationships, understanding and resolution of the specific concerns that led you to seek treatment. Working toward these benefits, however, requires effort on your and/or your child's part. Counseling requires very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Dr. Bloom will ask for your feedback and views on therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you and/or your child experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Your provider may challenge some of your and/or your child's assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you and/or your child to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Counseling may result in decisions about changing behaviors, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that counseling will yield positive or intended results. During the course of therapy, providers are likely to draw on various psychological approaches according, in part, to the problem that is being treated and their assessment of what will best benefit you. These approaches include, but are not limited to behavior modification, cognitive-behavioral therapy, trauma focused cognitive behavioral, positive psychology, psycho-educational, cognitive remediation and/or system/family. Dr. Bloom provides neither custody evaluation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, your provider will discuss with you their working understanding of the problem, treatment plan, therapeutic objectives, and their view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your care, their possible risks, your provider's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first one to two meetings, your provider will assess if he/she can be of benefit to you. Dr. Bloom does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you may contact. If at any point during treatment, Dr. Bloom assesses that she is not effective in helping you reach the therapeutic goals or that you are non-compliant, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Bloom will talk to the therapist of your choice in order to help with the transition. If, at any time, you want another professional's opinion or wish to consult with another therapist, Dr. Bloom will assist you with referrals, and, if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and/or assessment services at any time. If you choose to do so, and if appropriate, Dr. Bloom will offer to provide you with names of other qualified professionals.

DUAL RELATIONSHIPS: Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy/Assessment never involves sexual or any other dual relationship that impairs a provider's objectivity, clinical judgment or can be exploitative in nature. All providers will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, military bases, university campus, etc., multiple relationships are either unavoidable or expected. Dr. Bloom will never acknowledge working with anyone without his or her expressed permission. Your provider will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise Dr. Bloom if the dual or multiple relationship becomes uncomfortable for you in any way. We will always listen carefully and respond to your feedback and will discontinue the dual relationship if we find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES: Dr. Bloom does not accept friend requests from current or former clients on social networking sites, such as Facebook, Instagram, Snapchat or Twitter. It is our belief that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, Dr. Bloom requests that clients not communicate with her via any interactive or social networking web sites.

CANCELLATION: Since the scheduling of an appointment involves the review of records, assessment planning (if applicable) and reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the hourly rate of \$200 will be charged for the length of the scheduled appointment such that \$200 will be charged for therapy sessions, \$400 for clinical intake appointments and \$800 for missed 4-hour assessment appointments without 24-hour notification. Please note that most insurance companies do not reimburse for missed sessions. Please be aware that if you miss your appointment, it may be some time until you can be rescheduled. There is no cancellation fee for health reasons so please call us if you think the testing will be compromised because of health concerns.

TESTING POLICIES AND PROCEDURES

1. Please complete the history, policies and consent forms prior to the first appointment.
2. Be prepared to leave a deposit of \$500 at the time of the first appointment. This should be in the form of a check or Venmo. Credit cards are accepted at a 3% upcharge.
3. Be sure that the individual who will be tested is well rested, had a good breakfast, and is ready to work. Please take/administer all medications as normal on the testing day.
4. Your provider (or office staff) may contact you to provide appointment reminders as a courtesy. However, you are responsible for remembering your appointment.
5. Comprehensive evaluations usually require 6-8 hours of testing spread out over several days depending upon the referral concerns. For younger children, we will make every effort to schedule these in the mornings. Please feel free to send a snack and drinks, as there will be several short breaks during the testing periods. Parents are expected to attend the sessions and part of the time will be spent in a parent interview. Parents are asked to stay in the waiting room during testing. We will make every effort to provide WiFi to parents so they can work while they wait.
6. At the conclusion of testing, a feedback appointment will be scheduled to discuss the findings of the evaluation. The report will be released once payment has been paid in full or arrangements have been made with Dr. Bloom.
7. Any additional testing, attendance at school meetings, observations in schools, preparation of additional documents beyond the scope of the evaluation report (e.g., letters to GRE, SAT, LSAT boards), and attendance at legal proceedings will be billed based on an hourly fee. These fees for additional services will be discussed with clients as the need arises.
8. Note that in cases where there is separation or divorce of the parents, both parents have the right to information about the child and the non-referring parent can request a copy of the evaluation although the financial obligation is assumed by one parent.

I have read the above Office Policies and Informed Consent for psychotherapy services carefully (a total of 6 pages). I understand them and agree to comply with them. I do hereby consent to participate in therapy, consultation, psychological evaluation, and/or neuropsychological evaluation. I also understand that my participation is entirely voluntary, and that I may withdraw my consent and terminate at any time.

Client's Name (print) _____

Signature (if applicable) _____ Date _____

ADDITIONAL SIGNATURES FOR MINORS*

*If your child has more than one legal guardian or parent, both caregivers must consent to treatment by signing below

Parent/Legal Guardian's Name (print) _____

Signature _____ Date _____

Parent/Legal Guardian's Name (print) _____

Signature _____ Date _____

Psychologist's Name (print) _____

Signature _____ Date _____