



NICOLE CONNOLLY, PHD  
LICENSED PSYCHOLOGIST

## **PRACTICE POLICIES**

This document outlines several important business policies for my practice. Please carefully read and review this form, then check the box at the end to indicate your agreement to the terms outlined below.

### **APPOINTMENTS**

I normally conduct an initial evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although this arrangement may be altered to best meet your needs. Once an appointment hour is scheduled, you will be expected to pay for it in full unless you provide 24 hours advance notice of cancellation. This fee may be waived at my discretion depending on the circumstances. If it is possible, I will try to find another time to reschedule the appointment.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records for at least 7 years. Your records are maintained in a web-based system. What this means is your records are stored online in a secure, encrypted, HIPAA compliant system that is backed up to ensure records are not lost due to technical problems. This system provides certain benefits to clients, including automated appointment reminders, the ability to complete forms online, improved credit card processing and more. Please ask any questions or report any concerns you have regarding online record keeping. As with any record keeping method, every foreseeable precaution has been taken to protect privacy, but there are no guarantees.

If you have concerns regarding the treatment records, please discuss them with me. 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 I determine that releasing such information might be harmful in any way. In such a case, I 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, I will release information to any agency/person you specify unless I assess 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, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

## MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## PROFESSIONAL FEES

My standard hourly fee ranges from \$150 to \$200 depending on the service I am providing. In addition to therapy appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Because of the more intensive nature and additional documentation required, any therapy services provided as directed by a court order will be billed at a rate of \$250 per hour. If you become involved in legal proceedings that require my active participation, you will be expected to pay for my professional time, even if I am called to testify by another party. Because of the difficulty of legal involvement (including, but not limited to responding to subpoenas and testifying in a court of law), I charge \$400 per hour for preparation and attendance at any legal proceeding, with a minimum charge of 4 hours.

Comprehensive psychological evaluations are charged at a flat rate based on the scope of the assessment needed. In those situations, I may provide an estimate of the total charge up front and require a deposit prior to proceeding with scheduling.

I reserve the right to change my fees with a minimum of 30 days notice.

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I may utilize legal or other means (courts, collection agencies, etc.) to obtain payment.

I currently accept cash, personal checks, and credit cards as payment for services rendered. If a check you write is returned with a non-sufficient funds notice, you will be billed for any resulting fees and future payments must be made in cash or credit card only.

If you elect to pay via credit card, several additional policies will be in effect. If you have any questions regarding payments you make, you agree to contact Nicole Connolly, Ph.D. by phone at (661) 430-9300 or by email at [drnicole@drnicoleconnolly.com](mailto:drnicole@drnicoleconnolly.com). In the event of a dispute, you agree that you will not pursue a refund directly through your credit/debit card company, bank, or financial institution. If your actions yield a chargeback for any reason, you will be billed for any and all penalty fees incurred by Dr. Nicole Connolly. Please note that charges will appear on your account from Nicole Connolly, Ph.D.

## INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it may provide some coverage for mental health treatment. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, please call your plan administrator.

Some insurance plans may provide reimbursement for services received from “out-of-network” providers. If this is a benefit provided to you, I will fill out forms and provide you with whatever assistance I can in helping you secure reimbursement; however, you (not your insurance company) are responsible for full payment of my fees. Not all issues/conditions/problems which are dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

If you choose to seek reimbursement from your insurance company for using a non-network provider, you should be aware that I may need to provide the insurance company with a clinical diagnosis. At times, I may also need to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

## CONTACTING ME/EMERGENCIES

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a voice mail service that I monitor frequently. I will make every effort to return your call within 24 to 48 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, please call 911 or seek assistance at the nearest emergency room.

While I do maintain an email address for correspondence, I prefer to use email correspondence for administrative issues such as appointment scheduling. Due to the nature of email transmissions, it is important to be aware that emails are not completely secure or confidential. I cannot guarantee the privacy and confidentiality of information sent to me by email.

In the event I am out of town or am unavailable, I have an agreement with trusted colleagues for them to ‘cover’ and take emergency calls in my absence. I have chosen these licensed mental health care providers with great care and will share only necessary information with them that will allow them to provide appropriate care for you. This information may include a summary of your diagnosis, any specific areas of concern, and our treatment plan.

I am ethically and professionally bound to ensure that you receive competent care in the event I am unable to continue to provide it for whatever the reason. Just like you, unplanned things can happen to me including sickness, accidents and even death. In the event I am ever unable to continue to provide my services to you, I have identified a trusted colleague who will manage my practice and act as a Bridge Therapist and other therapists who may offer continuing care if I am unable to. In order to accomplish this, he/she will have access to your contact information in the event something happens to me. This person will contact you to inform you of my situation and status, offer to either meet with you and or make referrals to other practitioners whom I have identified and trust.

## SOCIAL MEDIA POLICY

I do not accept friend requests from current or former clients on social networking sites, such as Facebook, LinkedIn, or Google Plus, due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, I request that clients do not communicate directly with me via any interactive or social networking websites.

As part of my practice, I do maintain a website and blog, as well as several professional social media accounts including a Facebook page and Twitter account. These sites provide a useful platform for sharing interesting information relating to mental health topics. While you are welcome to utilize these resources for informational purposes, please do be aware that by "liking" my pages or following me through these services, you may inadvertently violate your own privacy and confidentiality as a client.

Further information on my social media policies is available on my website at <http://drnicoleconnolly.com/office-policies/social-media-policy/>.

## CONCERNS OR COMPLAINTS

If you have any concerns or questions about our work together, I would encourage you to bring them to me so that we can address them. You have the right to ask questions about anything that happens in therapy. I am happy to discuss my rationale for taking different approaches to problems, and I am open to listening to your thoughts about how therapy is progressing.

If you are unhappy with some aspect of our work together, I hope you will bring those concerns to me as well, so I can attempt to address the problem. I feel that therapy is a collaborative process, and I am committed to listening to criticism and addressing complaints with care and respect. You have the right to end therapy or to request a referral to another provider if you are not satisfied with therapy you receive from me.

If you feel that I have behaved unethically, you may file a complaint with the Board of Psychology, 2005 Evergreen Street, Suite 1400, Sacramento, CA 95815, (866) 503-3221, or online at <http://www.psychboard.ca.gov>.

## 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 myself 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 Los Angeles, California, 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, I 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.

## TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for six consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

## AUTHORIZATION

Your authorization below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT REGARDING OFFICE POLICIES FOR NICOLE CONNOLLY, PH.D.

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Patient Signature

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Date

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Parent/Legal Guardian Signature

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Date

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Psychotherapist Signature

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Date