

## **MARINA BYSTRITSKY, Ph.D.**

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### **Psychological Services Contract**

Welcome to my practice. I would like to thank you for the opportunity to serve your counseling needs. This document contains important information about my professional services and business policies. Please read it carefully and feel free to discuss any questions that you might have with me in our initial meeting. When you sign this document, it will represent an agreement between us.

#### **Information About Your Therapist**

I am a licensed psychologist in the State of California (license PSY 18733). I received my Doctorate from the University of California Los Angeles. I also have Bachelors degree from New York University.

#### **Psychological Services**

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships, resolution of specific problems and positive personal change. Working towards these benefits requires effort and active participation on your part. In order to be most successful, you will be asked to work on things we talk about both during our sessions and at home. Always feel free to ask questions at any time. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable and intense feelings like sadness, guilt, anxiety, frustration and anger. Change can often happen quickly, but may also occur more slowly. There are no guarantees about what you will experience.

You are entitled to receive information from me about my methods and techniques used in therapy. Although it is difficult to predict the exact length of therapy, after first session I can give you an estimate of the average evaluation and treatment duration for conditions similar to yours. You have the right to know about alternative types of treatment. You may seek a second opinion or terminate treatment at any time.

#### **Meetings**

I will generally schedule one 45-50 minute session per week at a mutually agreed upon time, although sometimes sessions will be longer or more frequent. If you are unable to attend a scheduled session, I require **24-hour advance notice of cancellation to avoid being charged.** Cancellations should be made during business hours (Monday through Thursday 9am to 6pm, Friday 9am to 3pm).

Please note that third party payers, such as insurance, do not reimburse for missed session, so this charge will be billed to you personally.

### **Professional Fees and Payment Policies**

My hourly fee is \$180.00, due at the beginning of each scheduled session. I charge this amount for other professional services you may need, although I will break down the hourly cost if I work for periods less than one hour. Examples of other services include report writing, phone calls longer than 10 minutes or consulting with other professionals at your request. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or arrange for payment plan.

If you plan to use insurance to pay for part of your treatment, please complete an insurance information form so we can determine together what your benefits are regarding mental health treatment. If you use insurance, you authorize me to release to the insurance company any and all pertinent information regarding your treatment, including but not limited to, diagnosis, treatment plan, treatment progress, number of sessions attended, social security number (for identification purposes), and medications the you have taken. In addition, please be advised that once information is released to the insurance company, I cannot guarantee that it will remain confidential. Please note that you, not your insurance company, is ultimately responsible for the full payment of fees.

### **Contacting Your Therapist**

You are welcome to contact me at (650)525-5522. You may leave a message 24 hours a day on my confidential voicemail. I will make every effort to get back to you as quickly as possible. If you are unable to reach me and are in crisis, please call 911 or proceed to your nearest emergency room. If I travel out of town or am unavailable via pager for any reason, an announcement will be made on the outgoing message of my voicemail system. If I am unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You may feel free to email me if you would like. Please only send e-mails regarding non-urgent matters, since several days may pass before the e-mail is retrieved and since some e-mails are returned undeliverable. In addition, please be advised to never send via e-mail any information that you would like to keep confidential. As is true of any e-mail, confidentiality can never be guaranteed. **For all urgent matters and for any communication of confidential information, please only use telephone and voicemail.**

### **Discontinuation of Treatment**

The client has the right to discontinue counseling at any time. The psychologist has the right to discontinue treatment under the following circumstances: when the client neglects to make payments for the services delivered, or when the client consistently refused or is unable to follow recommendations resulting in lack of progress.

## Confidentiality

The law protects the privacy of communication between a client and a psychotherapist. In most situations we only release information about you with your written authorization.

There are some situations that only require your advance consent. Signing this agreement represents your consent for the following: Contacting you via mail or phone, at the contact information you provide; occasionally e-mailing or mailing you information regarding upcoming programs; payment and operations activities; and occasionally consulting with other professionals regarding your case. Every effort will be made to protect your privacy.

In some situations I am legally obligated to share information, even if a client would prefer to keep it private. These are legally defined situations involving threats of self-harm or harm to another, and cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, we are required by law to notify the police and to inform any intended victim(s). In the case of self-harm, we are ethically bound to inform the nearest relative, significant other, or to otherwise enlist methods to prevent self-harm or suicide. In instances of child abuse, elder abuse, or dependent abuse, we must notify the proper authorities.

Minors seeking therapy services should be aware that the law may provide parents the right to examine your treatment records. It is my policy to work with teens and their parents to come to an agreement about what information can be shared and what information the teen would prefer to keep private.

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By signing below, I acknowledge that I have read and understand the information presented in this document and that I give my consent for treatment to Marina Bystritsky, Ph.D. This consent shall remain in effect for the duration of my therapy or until I provide written revocation of my consent to Marina Bystritsky, Ph.D.

I further acknowledge that I have received a copy of this letter for my own records.

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Client/Guardian Name

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

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Marina Bystritsky, Ph.D.

\_\_\_\_\_  
Date