

## Enrico Gnaulati Ph.D.

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### INFORMED CONSENT FOR TREATMENT

To ensure that we have a collaborative working relationship it is important that you take time to read, understand, and agree to the following guidelines.

1. **LENGTH OF SESSIONS:** Sessions will be approximately 45 minutes long.
2. **FEES:** The fee will be decided upon during the initial session. Payment for the initial session is expected at the end of that session. Thereafter, you will be billed on a monthly basis. Prompt payment is appreciated. I will perform the necessary clerical tasks to assist you with obtaining any eligible insurance reimbursement if this is a mutually agreed upon form of third-party payment. However, in the event that insurance denies payment, you assume full financial responsibility for services rendered. My policy is to implement a 3-5% annual fee increase.
3. **CANCELLATIONS:** I will reserve the time of your appointment and not offer it to any other client. Given that I reserve your appointment time, it is my policy to charge for any missed sessions, regardless of the reason, if I do not have 48-hours notice.
4. **CONFIDENTIALITY:** California law and professional ethical standards guarantee that the information you disclose during sessions remains confidential. Information disclosed during sessions will only be released with your written permission. However, there are exceptions to confidentiality such as child or elder abuse, the serious threat of harm to another, and court ordered release of records, whereby information must be shared to appropriate outside parties, and situations such as danger to self and/or others, and grave disability, in which information may be released to outside parties for safety reasons. Furthermore, as regards minors in treatment, parents have the authority to determine what, if any, confidential information can be released, although there are some exceptions, other than those previously mentioned, that will need to be discussed, if applicable.

Dr. Gnaulati may discuss case material when in supervision with another colleague, or in professional venues such as teaching and lecturing. Also, Dr. Gnaulati actively publishes and uses case material for illustrative purposes (with anonymity protected by disguising identifying information). Should you object to possible use of your treatment information in the professional ways mentioned please notify Dr. Gnaulati.

5. **PATIENT RIGHTS:** Every patient has the following rights under HIPAA privacy rules: Dr. Gnaulati use or disclose your Protected Health Information (PHI) for certain treatment, payment and health care operations without your authorization. In certain circumstances Dr. Gnaulati can only do so when the entity requesting your PHI gives him a written request that includes certain promises regarding protecting the confidentiality of your PHI.

Dr. Gnaulati may use or disclose PHI for purposes outside of treatment, payment and healthcare operations when your appropriate authorization is obtained. In those instances when Dr. Gnaulati is asked for information for purposes outside of treatment and payment operations, he will obtain an authorization from you before releasing this information. You have the right to request restrictions on certain uses and disclosures of PHI about you.

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g., if you want to receive a bill at a location other than your home for reasons of privacy). You have the right to inspect or obtain a copy of your PHI. Dr. Gnaulati may deny access to your PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record, which Dr. Gnaulati may deny in certain circumstances. You have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization.

If you are concerned that Dr. Gnaulati has violated your privacy rights, or if you disagree with a decision Dr. Gnaulati made about access to your records, you may contact Dr. Gnaulati to discuss this further. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

I have read, understand and agree to the following policies and procedures:

\_\_\_\_\_  
Client Signature  
Parent/Legal Guardian (if patient is minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature  
Parent/Legal Guardian (if patient is minor)

\_\_\_\_\_  
Date