



ERENE SOLIMAN, PSY.D.

Licensed Psychologist, PSY 23162

PSYCHOLOGICAL SERVICES

I am a licensed Psychologist in the state of California. I provide individual, couples, and family therapy and consultative services. Areas of specialization include: anxiety, trauma/PTSD, and relationship issues. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. You are entitled to receive information regarding your treatment plan, such as methods of therapy, the techniques used, and duration (if known).

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, then I will be happy to help you set up a meeting with another mental health professional for a second opinion. You have the right to terminate therapy at any time, although I recommend doing so only after discussing your concerns with me directly.

A decision on my part for early or premature termination of our professional relationship would be for one of the following reasons: it is reasonably clear that you no longer need, are not benefitting from, or are being harmed by treatment, or if you or someone in a relationship with you threatens or endangers me, if you are in need of services that I am not able to provide, financial non-cooperation, or any other needs of mine. Should we prematurely end our professional relationship, you will be provided with appropriate referrals and recommendations about how to proceed unless your actions make it impossible, such as refusing to attend therapy sessions.

MEETINGS AND CANCELLATION

I normally conduct an evaluation that will last from one to four sessions. During this time, we can decide together 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 per week at a time we agree on. Once an appointment hour is scheduled, you will be expected to pay the standard fee for it unless you provide 24 hours advance notice of cancellation. If you are late for a session, I am not



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required to extend the appointment to make up for lost time, and if you have not called ahead, I may not wait more than 25 minutes.

I understand that I must cancel sessions 24 hours in advance, or I will be billed for the scheduled hours.

PROFESSIONAL FEES

My 50-minute clinical hour fee is \$150. Therapeutic sessions or services provided that last more than the usual time will be charged accordingly. In addition to weekly 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 10 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.

I understand that psychotherapy and all related services are billed at \$150 per clinical hour.

Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, 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 the party responsible for my participation agrees to reimburse me at the rate of \$520 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

I understand that Dr. Soliman's hourly fee for work related to any legal matter is \$520 per hour and additional time is billed at a prorated rate.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. Fees are collected at each visit for the hours performed that day. Having your cash or check ready at the beginning of each session avoids wasting therapy time.

There will be a returned check fee of \$25.00 should there be any problems clearing your check. If for any reason you do not pay your bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that you do not pay. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the dates, times and nature of services provided, and the amount due.

Payment must be made in the form of cash or check. Please make all checks out to: Erene Soliman, Psy.D.

I understand that I am responsible for paying at the time of each visit.

INSURANCE

To determine if you have mental health coverage through your insurance carrier, you should contact your insurance carrier to confirm benefits. Due to the rising costs of health care, insurance benefits have become increasingly more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs sometimes require authorization before they provide reimbursement for mental health services. Check your coverage carefully and make sure you understand their answers. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, not your insurance company, are financially responsible for any balances not covered by insurance.

CONTACTING ME

I am often not immediately available by telephone. Though I am in the office several days a week I will probably not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail. I will check messages several times during the week but may not do so daily. If you are difficult to reach, please inform me of some times when you will be available. In most cases I will return your call within 24 hours with the exception of holidays. However, I cannot guarantee a phone response within a certain period of time. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because email and text are not secure ways to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Emergencies: Please be aware that **I do not provide emergency services** or wear a pager and am not "on call." If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, 911, or the nearest emergency room and ask for the psychologist or psychiatrist on call.

I understand that Dr. Soliman does not provide emergency services. In an emergency situation, I know to call 911 or go to the nearest hospital emergency room.

PROFESSIONAL RECORDS

You have specific rights with regard to your clinical record. Your file will remain active while you are participating in treatment. When our work concludes, or it has been at least 30 days since our last contact, your file will be closed. You may request amendments to your record, request to restrict the information disclosed to others, request an accounting of disclosures, and determine the location to which protected health information is sent (please see my Notice of Privacy Practices for more information). The laws and standards of my profession require that I keep treatment records. Except in

specific circumstances, you are entitled to examine your clinical record and/or receive a copy at a rate of €25 per page. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. In the event that you do review the full records I recommend that they are reviewed in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. You may request that any complaints you have about my privacy policies and procedures be recorded in your records.

I understand my rights pertaining to my clinical records, and that my file will be closed at the conclusion of our work together or 30 days after our last contact.

CONFIDENTIALITY [for adult patients]

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or has been abused, I may be required to make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include, among others, notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs in the course of our work together, then I will make attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I feel that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. Please see my Notice of Privacy Practices for more detailed information regarding confidentiality.

I understand that my mental health information will be kept confidential unless my psychologist believes that I may harm myself, her self, or someone else, if I disclose that a child, elderly person, or

disabled person is being mistreated, if a judge orders it, or If disclosure is otherwise specifically required by federal, state, or local laws.

COUPLES

This is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me. If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

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

Signature of Client:

Printed Name: _____ Date: ____/____/____

Signature of Client:

Printed Name: _____ Date: ____/____/____

Signature of Personal Representative (if other than client):

Printed Name: _____ Date: ____/____/____