**Dawn Balcazar, Ph.D.**

**Licensed Psychologist**

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**&**

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**ABOUT MY PRACTICE**

Please read through this information about my practice and feel welcome to bring up any questions or concerns.

**OFFICE HOURS/AVAILABILITY/HOW TO REACH ME:**

 Sessions are 50 minutes in length unless otherwise arranged. Phone calls may be substituted for in person sessions, however please note that most insurance companies will not reimburse for telephonic psychotherapy.

 Messages from you can be left on my email, voice mail or by text message (if a short message) and please note that I check each of these messages daily except in unusual circumstances. Please note that while my intention is to be available in an emergency, I may not be reachable on weekends and after 8pm in the evening. We will discuss emergency procedures: the most common plan is for you to contact your local police department for an ambulance or to go to the nearest hospital emergency room.

**BILLING PROCEDURES:**

I would appreciate 48 hours of notice prior to the cancellation of an appointment. I reserve the right to bill for sessions that have not been cancelled 48 hours in advance. However, I make exceptions to this policy depending on the circumstances, such as serious illness and major weather related hazards. I will fill out any paperwork necessary for insurance reimbursement that you may receive. If you plan to have me fill out insurance forms, please read the separate information sheet called HIPAA.

I prefer to receive your insurance co-pay at the time of each session. Billing to you and insurance will be made monthly. Payment is expected within one month of receipt of your bill. In the rare cases when a bill remains outstanding, I will make every effort to arrive at a reasonable payment plan. If the commitment to such a plan is not followed through, I will use a collection agency or other legal measure available to collect all outstanding fees. It is my hope that this course of action will never be necessary. Prior to the end of each calendar year, I will review your fee and possibly make an adjustment.

**CONFIDENTIALITY:**

 In general, the confidentiality of all communications between a licensed psychologist and a client is protected by law and I can release information about our work to others **only** with your written permission. However, there are a number of exceptions to this rule about which you should be informed.

1. Professional consultations: As is the general practice in my profession, I

consult with professional colleagues to enhance the clinical services I provide. In these consultations I make every effort to ensure your confidentiality by presenting material in such a way that will not reveal your identity. Consultants are also legally bound to maintain confidentiality. Such confidentiality also pertains to therapists who provide office coverage during my vacations.

1. Collection of overdue accounts: The use of collection agencies or the

court system would require that I disclose some information about my professional services. The information released in such a case would involve the client’s name, dates, and types of services rendered, amounts due and other relevant financial data.

1. Insurance reimbursement: You may be aware that insurance companies

have the right to require a clinical diagnosis and occasionally a treatment plan or summary. In rare cases the company may require the entire record. This information thus becomes part of the insurance company records. If you are concerned about the policies of your insurance carrier, please check with them before authorizing me to complete their claim forms.

1. Situations involving potential harm to self or others: I am legally and

ethically required to take action to protect specifically named others from threatened harm. However, should such a rare situation occur, I would make every effort to discuss fully such matters with you first, before taking any action.

Similarly, if you threaten harm to yourself and we are unable to make a

reasonable contract for safety, I am also legally and ethically required to take action to protect you and ensure your safety. Again, it always will be my intent to work with you to find agreed-upon solutions.

 If I have reason to believe that a child under the age of 18 is suffering serious physical and/or emotional injury as a result of abuse or neglect, I must file a report with the appropriate state agency. The same is true if I learn that an elderly or disabled person under your care is suffering or dies as a result of abuse or neglect.

 5. Legal proceedings: Although communications between a psychologist and a client are treated as confidential, there are times when a judge can order me to testify or reveal information. Examples include child custody and adoption cases, court ordered evaluations, malpractice and disciplinary proceedings, and cases in which the client has raised the issue of her or his mental health as part of a legal defense. Unless you grant written permission, I will refuse to provide any information unless required to do so by court order.

The laws of confidentiality are complex and are not exhaustively treated in this overview. Therefore, if your individual circumstances dictate a need to understand these laws more fully, I suggest you consult with an attorney.

**RECORDS:**

You have a right to know what has been written about you and a right to a copy of any material in a formal record or report. I will share with you my thoughts regarding any aspect of our work together. In a case where the termination of our work together has already occurred, I might ask that you come in to discuss the content of written material requested. If I believe that the written material will have a serious negative impact if revealed, I might ask to forward the material to an appropriate person whom you designate.

**YOUR RESPONSIBILITIES:**

 If we contract to work together, I expect that you will attend sessions on a regular basis. Another essential piece of our working relationship is that we have an open and honest communication about all aspects of our work together. I understand that it often takes time for trust to develop in order to discuss certain concerns freely. I expect and welcome your feedback about what is useful and helpful and what you think might be changed for the better. You have the right to question any aspect of your experience with me and to obtain a consultation or second opinion at any time. The success of this process depends on it being a collaborative endeavor. Finally, I hope that you will end your psychotherapy at a time that we have agreed in advance with at least one termination session. Goodbyes are an important part of this process.

 Thank you for taking the time to read this important information and for considering the issues raised in a thoughtful fashion. Please sign and return the following page to me indicating that you have read and understand this material.

Dr. Dawn Balcazar

January 2013, revised

**CLIENT SIGNATURE PAGE**

**Please sign, date and detach this page and return to me.**

I acknowledge the receipt of information describing the professional psychology practice of Dr. Dawn Balcazar. I have read this material which includes specific information about the following topics: office hours, length of sessions, availability, emergency procedures. Vacation coverage, cancellations, billing procedures and collection of feed, insurance reimbursement and HIPPA, confidentiality and its legal and professional expectations, records, and other rights and expectations. I understand that this material offers an overview of information pertinent to my treatment but is not meant to be an exhaustive document and is not a substitute for legal consultation on specific matters summarized within.

Client Signature:

Date: