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Psychotherapy Guidelines.

APPOINTMENT TIME: Individual sessions are 50 minutes in length. Some sessions may be scheduled for longer intervals. The fee for an extended session is based on an hourly rate. Insurance will not normally pay for an extended session and it is the patient's obligation to do so.

PAYMENTS: Fees are paid in full by cash or check at each session. I am unable to take credit cards at this time.

CANCELLATIONS: 48 hour notice is requested. Appointments cancelled with less than 24 hours notice will be charged at the contracted fee. Insurance companies often do not pay for missed sessions and you are responsible for the missed session In FULL. If you need to reschedule an appointment, please let me know as soon as possible so we can try to find a time. If you are ill or there is an extreme emergency you will not be charged.

INSURANCE: I am a provider for Cigna and Aetna. Before our first session, please get authorization, find out if you have a deductible and how much your co-payment is, and keep track of how many sessions you are allotted. If for some reason your insurance company does not pay for sessions you are responsible for full payment. If insurance reimbursement is accidentally sent to you, please reimburse me promptly for the amount of their payment. Please be aware that although insurance companies may tell you they allot a certain number of sessions to you per calendar year, this does not mean you as the patient will actually be authorized that number of sessions. Unfortunately treatment is reviewed when you are working with an insurance company, and often therapists have to justify continuance of treatment and periodically get reauthorized. There is no guarantee that reauthorization will occur regardless of yearly sessions allotted. If I am not a provider on your plan and it is a PPO, you are responsible for full payment at the time of service and I can give you a super-bill and you can submit it for reimbursement. Also be aware that insurance companies require a DSM-5 diagnosis and sometimes request information about treatment.

TELEPHONE CALLS : If you are in distress, please do not hesitate to contact me by telephone or e-mail . If the contact is longer than 15 minutes, you may be charged.

LEGAL ISSUES: I do not have a background in forensic psychology. If you have a legal issue, let me know immediately and I may be able to refer you to a therapist who is more experienced in this area.

CONFIDENTIALITY: Whatever transpires in therapy is confidential privileged information. You are the holder of the privilege. Except under certain conditions, no information will be released unless you give me written permission.

*EXCEPTIONS: A therapist is MANDATED to inform the provide authorities in the following cases: 1. Suspicion or actual child abuse (sexual, physical, emotional or neglect) 2. Elder Abuse 3. When a determination is made that you are at significant risk of harming yourself, or someone else, I am mandated to disclose this 3. Insurance Claims: require diagnosis and written progress notes, or phone report – may require a review. 4. Legal cases/Worker's comp.

TERMINATION: Termination is an important part of the therapy process. It is best if it is discussed with me and sessions are allotted for closure. I am always available to provide referrals and resources. Under

certain conditions such as repeated no-shows, or repeated drug or alcohol use at the time of the session, I may initiate termination.

Your signature below indicates you have read and understand and agree to the above

.Signature: _____

Date