



# Dr. Lacy Olson-Ayala

www.DrOlsonAyala.com • info@drolsonayala.com • Phone: 424.653.6175

## Practice Policies and Procedures & Agreement of Psychotherapy Services

Welcome and thank you for choosing me, Dr. Lacy Olson-Ayala, as your provider. Your initial tele-visit is very important, and you may have many questions. This document is designed to assist you in deciding if I will be the best fit for you. Please take time to read the content carefully and thoroughly. I am happy to address any questions you may have after reading this document.

### Qualifications

I am a California licensed clinical psychologist (PSY-28437). I earned a Bachelor's degree in psychology at San Diego State University and a PhD in clinical psychology at Florida State University. I completed internship at the Michael E. DeBakey VA Medical Center in Houston, Texas and fellowship focusing on the assessment and treatment of Post-traumatic Stress Disorder at the San Diego VA Healthcare System, which are both accredited by the American Psychological Association. I uphold the legal and ethical policies of the American Psychological Association. After licensure, I worked as a staff psychologist for a reputable group private practice in Beverly Hills – CBT California – as well as the Greater Los Angeles VA Healthcare System. My practice focuses on the assessment and treatment of Post-traumatic Stress Disorder, recovery after experiencing sexual assault, anxiety-related disorders such as generalized anxiety and panic disorder, relationships and dating, early adulthood self-development, and insomnia.

### Telemental Health Services

I only offer Telemental health appointments via Simple Practice and do not have resources available to meet patients in person. Simple Practice is a HIPPA-compliant telehealth platform, which will be used for each session. There are many benefits to Simple Practice including easy scheduling, secure messaging between myself and the patient, user-friendly payments, and mobile app. To engage in a Telemental health session, patient will need to use their own computer/laptop with speaker, microphone, and camera and high-speed internet. Patient will also need access to a cell phone or land line in case internet access is delayed or disconnected. The use of mobile phone to complete Telemental health appointment must be limited and only in specific situations, which should be discussed prior to the appointment time.

## Telemental Health Appointment Expectations

- Patient is expected to present for appointment in appropriate attire just as one would for an in-person appointment.
- Patient is expected to not attend session under the influence of alcohol or drugs. Patient is expected to not use any tobacco products, alcohol, or other illicit drugs during session. If intoxication is suspected, I hold the right to terminate the session early and fee will be collected in full.
- Patient is expected to create an environment in their home or office in which privacy is possible. Children should not be present during the session, unless there is a clinical indication for the presence of child. If others would like to join an appointment, this should be discussed prior to the session and a Release of Information Form must be signed. Disruptive pets should not be present during the session; however, calm, quiet pets are welcomed for comfort.
- Patient may not have any weapons (e.g., guns, knives, etc.) or self-harm devices present during session.
- Patient must identify an emergency contact who lives in the home or nearby in case of physical or mental health emergencies.

## Clinical Evaluation and Assessment

During our first meetings, we will assess together how treatment may be able to benefit you. If it is determined that treatment with me may not be the ideal choice of clinical services for any given patient, I will refer you to other mental health providers who appear to be a better match for your presenting issues.

## Course of Treatment and Follow-Up

I take a collaborative approach to assessment and psychotherapy; I consider myself the mental health expert and you as the expert of your life experience. We will work together on goals of your choosing, which may change over the course of treatment. I value your ideas and feedback, and I will always work with you to develop treatment goals in addition to explaining my treatment recommendations. I will never discuss your case with identifying information with anyone without your written permission (see Confidentiality section below).

Deciding when to end clinical services is a decision that is usually based on the response to treatment and a consensus between me and the patient. Before treatment completion, we will discuss how you will know if or when to come back or whether a regularly scheduled booster session might be in your best interest.

**If you have concerns or reservations about treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.** If during our work together, I assess that my services were not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, end treatment and give you referrals that may be of help to you.

You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

## **Safety Policy**

If you commit violence to, verbally or physically threaten, or harass me or my family, I reserve the right to terminate your treatment unilaterally and immediately.

## **Fees**

You are expected to pay for services at the beginning of each session. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

## **Dual Relationships**

Therapy never involves sexual, business, or any other dual relationships that could interfere with therapy in a negative way. It is possible that during the course of your treatment, we may become aware of other preexisting relationships that may affect our work together, and we will do our best to resolve these situations ethically. If I unexpectedly encounter you in public, I will not initiate any communication in an effort to protect your privacy. If you choose to acknowledge me in any manner, I will certainly respond to you but will not say anything that could identify you as my patient. I will not respond to any connection requests on social media platforms to maintain your privacy and prevent dual relationships.

## **Benefits and Risks of Psychotherapy**

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to better understand and change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress. More than one treatment approach can be helpful at times; if I think that combining approaches may benefit you, I will discuss this idea with you during your session.

Sometimes remembering unpleasant events, feelings, or thoughts may result in you experiencing considerable discomfort. I may gently challenge some of your assumptions, suggesting different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Change can sometimes be quick and easy, but sometimes it can be gradual and even frustrating.

## **Emails, Phone Calls, and Emergencies**

For administrative matters such as checking appointment times or changing them, you are welcome to email me at [info@drolsonayala.com](mailto:info@drolsonayala.com). You can also access the schedule via Simple Practice. I request that you use email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

If you need to contact me between sessions about a clinical matter, please leave a message at 424.653.6175. I do not answer the phone when I am in session with another patient or outside of limited business hours, so it is likely you will get my voicemail. Messages are checked throughout the day and returned within 24 hours of receipt Monday through Friday. If I plan to be out of town or will be unavailable for an extended time, I will inform you in a timely manner and discuss alternative care resources.

If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs or refer you to a higher level of care. Given my limited business hours, if an emergency situation arises, please contact your psychiatric care provider, if that is consistent with their policies, or call 1-800-273-TALK, which is a 24-hour resource line for mental health support. If your situation is an acute emergency and you need immediate assistance, dial 911 or go to your nearest hospital emergency room.

### **Lateness and Cancellations**

If you need to cancel an appointment for any reason, please do so as soon as possible. If you cancel less than 24 hours prior to your scheduled appointment or do not show for your appointment, you will be charged \$125.

If you are running late for your appointment, please phone or email me as soon as possible to let me know that you will be late. If I do not hear from you by 10 minutes into your session time, I will call to check on you. If you arrive late for your session, we will still end at our regular time so that I have time to prepare for my next appointments. If you repeatedly arrive more than 20 minutes late for your sessions, commitment to treatment will be addressed and problem solving discussion will occur in session prior to regular treatment content.

### **Payment and Financial Arrangements**

My fees range from \$240 to \$360 depending upon the nature and length of the session.

Initial 50-minute Intake – \$240

50-minute Therapy Session – \$240

80-minute Therapy Session – \$360

I will discuss fees with you during the initial phone consultation. The fee is to be paid at the start of each session. An annual fee increase may occur every January, and I will inform patients of this fee increase in October of the prior year.

**Late Fee:** Full payment is expected on the day of service unless otherwise agreed upon. A grace period will be allowed with no late fee if payment is received by 6:00 pm the next business day. After 6:00 pm on the next business day, there will be a \$20 charge for late payments made within the same week, and a \$30 charge the next business week.

**Balances:** I do not permit clients to carry a balance of more than two sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments. If I am unable to accommodate your financial situation, I will provide you with referrals.

**Insurance:** I do not currently take insurance including Medical and Medicare. I can provide you with a monthly billing statement for reimbursement, if you wish to submit it to your insurance company. This monthly statement is your receipt for tax or insurance purposes. Some or all your fees may be covered by your health insurance, if you have outpatient mental health coverage; however, it is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return or have a Health Savings Account. As described below in the section Health Insurance and Confidentiality of Records, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

**Other fees:** If you become involved in legal proceedings that require my participation, you will be expected to pay for that professional time and service, even if I have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to regular practice, I charge \$400 per hour for preparation and attendance at any legal proceeding. I will provide bills/receipts at the end of each session expect to be paid upon receipt unless otherwise agreed upon.

### **Confidentiality**

As a psychotherapy patient, you have privileged communication. This means that your relationship with me as my patient, all information disclosed in our sessions and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy Practices. When Disclosure Is Required by Law: Disclosure is required when there is a reasonable suspicion of child, dependent, or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record, and last known address may be sent to a collection agency or small claims court.

**Emergencies:** If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose, I may contact the emergency contact person whose name you have provided on your Patient Information form or local authorities.

**Health Insurance and Confidentiality of Records:** Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain life insurance.

**Confidentiality of E-mail, Voice mail and Fax Communication:** E-mail and voice mail communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices.

**Consultation:** In some instances, it is important for me to consult with trusted colleagues – other clinical psychologists or psychiatrists – to offer effective care for patients. Names or other identifying information are never mentioned; patient identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, I believe it is important to consult with another professional in detail about your circumstances, and I believe identifying information about you may be shared, I will request that you sign a Release of Information form allowing me to share this information. Without such a release, I will not consult with another professional and provide information that might lead another person to be able to identify you.

**Release of Information:** Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless we conclude that releasing such information might be harmful to you. If we reach that conclusion, I will explain the reason for denying your request.

### **Complaints**

If you have a concern or complaint about your treatment, please talk with me about it. I will take your feedback seriously and respond with respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services I have provided.

Board of Psychology  
1625 North Market Street, Suite N-215  
Sacramento, CA 95834  
1-866-503-3221  
bopmail@dca.ca.gov

I hope this document answers some of your questions about my practice. Please let me know if you have concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy. I look forward to working with you and hopefully helping you recover and make healthy changes in your life.