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INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

This document contains information for new patients seeking psychological treatment (in individual, couples, and/or family psychotherapy), psychological assessment, and/or immigration evaluation. The purpose of this document is to provide sufficient information to answer questions that you might have regarding treatment and allow you to make an informed decision before proceeding.

SECTION ONE: ASSESSMENT, TREATMENT, & PSYCHOTHERAPY

When seeking to alleviate personal distress, relationship conflict, or other emotional/psychological disturbances, psychotherapy is one of several mental health services that can aid in the process. Research on the topic indicates that 65% to 85% of patients who have completed psychotherapy report that they have been helped. Success rates may vary depending on the type of difficulty with which you are presenting in treatment.

Effective therapy is usually guided by an individual's specific treatment needs, including personal difficulties and strengths, and adheres to relevant research related to these needs. Your therapy will begin with an assessment phase to identify areas of strength and difficulty, as well as to discuss the possible contributing factors. An important component to success in treatment includes being comfortable with the competency of your therapist. It may take several sessions for you to become comfortable disclosing more sensitive, personal information, and I encourage you to communicate discomfort or unpleasant reactions at any time so that steps can be taken to increase your level of comfort or to find alternatives to the treatment that I provide.

Typically, the first three sessions are dedicated to the assessment phase. Assessment consists of an in depth interview, including detailed questions about your personal and related history (i.e. social, occupational, medical, psychological, etc.). It is very important that you answer the questions as openly and honestly as possible, which may include letting me know that you are not comfortable sharing at that time. The information obtained from the interview will assist in a more accurate diagnosis and in identifying your specific treatment needs.

In an attempt to clarify a diagnosis or to gather more information to better understand you and your experiences, you may be asked to participate in filling out questionnaires and/or psychological tests. These methods of information gathering are used as a standard of care in the provision of comprehensive mental health services and need not be interpreted as concerns about serious mental health issues. Additionally, the utilization of such measures can save you time and money, as they provide useful information in a short period of time.

Once the assessment process is complete, we will discuss whether or not you would benefit from proceeding with treatment as my patient. You have the right to know my treatment orientation and procedures that will be used, the expected length of treatment, and the potential risks involved in treatment. If we mutually agree to move forward with therapy, we will devise a treatment plan to assist you in meeting your specific goals. Your participation in creating attainable treatment goals is necessary for a more successful outcome.

If, during treatment, I believe that another differently qualified professional should be considered to meet your specific needs, I will make every effort to inform you as soon as possible. Should you decide on your own that you would like to be seen by another professional, I will provide relevant referrals and other information to assist you.

Potential Benefits of Psychotherapy

1. As a result of therapy, you may see improvements in the following areas:
 - **General mood and quality of life** (Feelings that cause you discomfort, such as nervousness, sadness, anger may occur less often and be replaced with more hope and a clearer understanding of the factors that contribute to negative emotions.)
 - **Self-esteem and self-confidence** (You may become more accepting of yourself and confident in your own ability to bring about change.)
 - **Identification and communication of your thoughts and feeling**
 - **Setting realistic goals and accomplishing them**
 - **Effectively managing stress inside and outside of the therapy setting**
 - **Your ability to tolerate and regulate strong emotional reactions to difficult people and situations**
 - **Following through with personal goals for change and maintaining new behaviors** (e.g. regular exercise, healthier eating, improved study habits)
 - **Interpersonal relationships** as you improve your abilities to open up and trust others
2. You may begin to understand yourself and others more accurately.

Specific benefits of psychotherapy may depend upon the level of difficulty you are currently experiencing. The above list may not apply to you and is not all inclusive of the possible improvements that can be achieved in therapy. Your cooperation in setting and achieving treatment goals (e.g. being open and honest during sessions and completing homework assignments) will lead to a more successful treatment outcome.

Patient Initials

Potential Risks of Psychotherapy

1. You may not make improvements. Progress will be monitored closely and discussed on a routine basis. You and/or I may decide that you would benefit more from changing your treatment, terminating your treatment, or from a referral to another therapist if it is clear that there is no improvement or too little improvement.

2. In the beginning stages of treatment, some feelings or behaviors may become worse. This is normal and usually temporary. I will work with you to the best of my ability to manage these reactions to treatment.
3. If at any time you choose a profession that requires security clearance or an in-depth background check, or if seek a position in public office, the investigating agency may require you to discuss your mental health history and may deny you employment based on their findings.

There may be additional risks related to involvement in psychotherapy that are not mentioned in the above list. When working with special circumstances, there are specific risks associated that are not listed. Efforts by your therapist will be made to identify and discuss any additional risks, and you are encouraged to discuss any of your own concerns about being in treatment with me.

Patient Initials

SECTION TWO: LEGAL AND ETHICAL INFORMATION (APPLIES TO ALL PSYCHOLOGICAL SERVICES PROVIDED BY DR. RAMOTAR)

Privacy/Privileged Information and Confidentiality

The Right to Privacy

The right to privacy is guaranteed to all U.S. citizens, which means that you have the right to keep your personal business private without unnecessary government interference or intrusion. In psychotherapy, information discussed in therapy and tests that may be administered must be relevant to your treatment. I may not seek information simply to satisfy my curiosity. You are encouraged to inquire about the purpose of questions asked or of tests administered.

Privilege

Privilege is a legal concept that refers to the relationship between a psychotherapist and a client. This relationship is protected, or “privileged,” as it is between a physician and patient. Only in unusual circumstances can a court or officer of the court obtain records about your treatment or talk to me about you. These circumstances are discussed further in the following section. You may want to discuss this matter further with me if you plan to enter into litigation while in therapy and believe that your treatment records would be relevant to the case in court.

Confidentiality

Confidentiality is an ethical concept and refers to the therapist’s obligation to make certain that what is discussed in therapy remains between the therapist and client, except where directed by state or federal law. The purpose of confidentiality is to help you feel safe in discussing any information with me. This ethic prevents me from sharing, unless directed by state or federal law, any client information (including confirmation that you are enrolled in treatment) with any person without a Release of Information signed by you. Additionally, in an attempt to preserve your privacy, should our paths cross outside of the office, I will not make contact unless initiated by you. As required by state law, I will maintain in strict confidence all consultations, testing and test results, and treatment sessions.

In accordance with California law, as a mandated reporter, I am required to report certain information obtained during treatment. This information must be reported to specific agencies/persons and does not require your permission. I am not required by law to inform you of my actions should mandated reporting become necessary. My preference during these circumstances, however, is to include you, and, if possible, I will make efforts to do so. The aforementioned situations include:

1. If you tell me that you plan to hurt someone physically, and the threat seems real to me, I am required by law to try to protect that person by warning them and notifying law enforcement.
2. If you tell me that you plan to hurt yourself, and I am convinced that you may actually do so, I am required by law to take the necessary steps to prevent this from occurring. To ensure your safety, I may notify a member of your family or contact an agency (e.g. police department or ambulance service) to place you temporarily under supervised medical care.
3. If there is sufficient evidence that would lead me to have “reasonable suspicion” that a child or an elderly person is being abused, either by neglect, assault, battery, or sexual molestation, I am required to report to appropriate state agencies. I do not have authority or responsibility to investigate the case; in the case of an elder or dependent, abuse may include abandonment, fiduciary abuse, and neglect.
4. If you disclose that you were sexually abused as a child, but are currently an adult, information related to your prior abuse may require that I make a report to the Children’s Service Bureau about the molest and the perpetrator. This disclosure is done ONLY in cases where the perpetrator is known to currently have access to children.
5. If you are involved in a court of law wherein you bring into question your state of mind or mental health, I am required by law to provide information regarding your treatment if requested via a legitimate subpoena; this usually follows your decision to inform the court that I am/was the psychologist treating you during the time in question.
6. If you are in treatment or are participating in psychological testing as required by an order of the court or the department of probation, periodic reports or a summary report may be required by the court/probation department, verifying test results and/or treatment progress and outcome.
7. When working with adolescents (13 years or older), it is in the best interest of the minor that information disclosed in treatment remain confidential. By law, however, the parent or legal guardian generally holds the privilege, with the exception of minor’s (12 or over) who request treatment due to sexual molestation, abuse, or outpatient mental health care. Such minors can contract for mental health services without the expressed written permission of his or her parent or guardian if he or she can demonstrate sufficient maturity to participate in treatment and/or when it is understood that informing a parent or guardian may pose a threat of harm to the minor.
8. According to California Evidence Code 1024, confidentiality may be breached if, due to a mental illness, you present as a danger to yourself, another individual, or the property of another person when failure by your therapist to intervene may allow the intended harm to be committed. In such cases, your confidentiality may be breached in order to prevent the intended harm, through contact with those parties necessary to avert your action (e.g. police, family, etc.).

Other situations that may allow for a breach of confidentiality include requests for information from the following: health insurance carriers, another health care provider (e.g. your physician or psychiatrist), your commanding officer, an employee assistance program, another qualified clinician or specialist, and, possibly, your spouse or partner. In these cases, a Release of Information form will be presented to you specifying the reason for the disclosure, the nature of the information to be disclosed, and the person who will be receiving the information. You may refuse to sign this document and, therefore, prohibit the disclosure of personal information. If a Release of Information is not signed, your status as a patient under my care will not be confirmed until/unless you have completed the Release of Information form noted above.

Patient Initials

Minors in Treatment

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. In some cases, Dr. Ramotar may request an agreement from parents to relinquish their right to access your records. If they agree, Ramotar will provide them only with general information about your work together, unless there is a high risk that you will seriously harm yourself or someone else. In this case, Dr. Ramotar will notify them of her concern. Before giving them any information, Dr. Ramotar will discuss the matter with you, if possible, and do her best to handle any objections you may have.

Patient Initials

Confidentiality in Couples/Marital/Family Treatment

In couples and family treatment, you should be aware that information shared during sessions may be disclosed only to the member(s) of the couple/family who is/are also participating in treatment. A disclosure of this nature may occur when the information is relevant to the treatment in which both parties are participating, and every effort to advise you of the necessity to disclose this information will be made.

Patient Initials

Treatment Records

In this office each patient file contains information regarding (a) billing/account records; (b) assessment information, including any test data or written reports; and (c) written case notes following each session and/or clinical contact (i.e. phone contacts). These files are stored in locked file cabinets in my office or electronically with password protection. Only I have access to these files. Access by any other individual will require either a signed release of information or a court ordered request for information in the form of a subpoena. Records are maintained for 12 years and are then destroyed, as required by California State Law.

Patient Initials

Consultation

I may consult with other professionals regarding your treatment. I always preserve the anonymity of my patients (e.g. leaving out or changing identifying information) when doing so.

Psychological Testing

Psychological testing is often used during the beginning phase of treatment in an attempt to better understand a patient's specific treatment needs and to clarify a diagnosis. They may be used later in treatment if therapy is not progressing as planned or when new psychological issues arise. You have the right not to participate in psychological testing; however, please understand that such tests are a standard of care that exist for your benefit. You have the right to discuss with me the results of the tests in which you participated and to have these findings shared in a manner that is clear and understandable to you.

Referrals

You are strongly encouraged to follow up on referrals for any additional services we may discuss. I urge you to have a physical examination prior to beginning psychotherapy to rule out any physical conditions that may be related to your current emotional state. Similarly, it is your responsibility to keep current with your physical health by receiving medical check-ups and or care, as necessary.

Treatment Termination

Termination of therapy is inevitable and may be a valuable part of your therapy experience. Ending treatment, therefore, should not be done casually. Either of us may elect to raise the issue of termination when we believe that it is in your best interest to do so. Most often, I will guide the process by outlining a plan in advance. You and I will routinely review your progress in treatment and, when necessary, decide upon a termination date. This date will be set in advance to allow sufficient time for treatment goals to be met and for addressing any termination related issues that may arise. It is unusual, but sometimes patients wish to abruptly terminate treatment with little or no discussion. It is advised that we consider treatment termination together when possible, so as to facilitate a smooth transition out of therapy and allow you to meet your personal goals successfully.

SECTION THREE: PSYCHOLOGICAL TESTING AND ASSESSMENT

Through the use of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning disabilities, academic functioning, personality functioning, or coping styles. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment process generally involves an informational interview followed by the administration of one or more educational and/or psychological tests. Although it is sometimes

possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report unless you waive this meeting.

Type of Evaluations

- **Full Psycho-Educational Evaluation.** The purpose of this evaluation is to provide an in-depth study of the cognitive processes and personality functioning of an individual. This evaluation can also be used to diagnose learning, behavioral, and psychiatric disorders.
- **Learning, Attention, or Personality Screening.** The purpose of this evaluation is to provide a brief assessment of cognitive, academic, or personality functioning that may be contributing to academic or behavioral problems. The results will indicate whether a more in-depth study is necessary.
- **Diagnostic Evaluation.** The purpose of this evaluation is to diagnose behavioral or emotional disorders such as ADHD.

Types of measures

The type(s) of measures you/your child may receive include:

- **Cognitive Testing** – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.
- **Memory Testing** – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.
- **Achievement Testing** – may be in the areas of word reading, phonics, reading comprehension, written language, math reasoning and calculations, and academic fluency. Measures of oral language may also be obtained.
- **Attention and Executive Functioning Testing** – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization and planning.
- **Diagnostic Interview and Developmental History** – to obtain information about the examinee outside of the testing situation, and to obtain a comprehensive history in order to make a more reliable diagnosis.
- **Behavior Rating Scales** and/or on-site behavioral observation at school in order to get a sample of behavior which occurs outside the office setting.
- **Social Emotional Assessment (Projective Testing)** – to obtain information of the individual pertaining to psychiatric diagnosis, interpersonal relationships, self-concept, etc.
- Interviews with teachers, other family members, physicians, or other relevant individuals
(Note: interviews will only be performed with written consent).

Request for accommodations

For clients requesting accommodations for Learning Disability or Attention Deficit Disorder, a psychological test report will be provided to the appropriate agency. I will only release these records after you have signed a release of information form. Should the agency request specific

information (such as a particular report format or an additional form), this will be provided at an additional cost according to my hourly rate. At least two weeks notice is required to complete any additional forms.

Patient Initials

SECTION FOUR: IMMIGRATION EVALUATIONS

There are a number of reasons why a psychological evaluation would be helpful - or sometimes even required - in order to move forward with immigration proceedings. Many times, your attorney may suggest that you obtain a report of a psychological evaluation. Dr. Ramotar can provide evaluation for the following cases:

- Waivers
- Provisional Waivers (hardship)
- Cancellation of Removal
- VAWA
- U-Visas
- Asylum
- Competency
- Medical Certification for Disability Exceptions

Typically, an evaluation consists of a one-on-one interview followed by a number of psychological instruments to assess your current symptoms. These instruments are really questionnaires in pencil and paper. Results from the instruments are then scored and interpreted, and they are integrated into the narrative gathered from the interview. A report is then drafted and sent confidentially to your attorney. Upon your attorney's approval, a final report is mailed to the attorney handling your case. In order for Dr. Ramotar to send this report, you would need to voluntarily sign a release of information.

Patient Initials

SECTION FIVE: OFFICE POLICIES AND RATES

Availability

I retrieve messages between the hours of 8 a.m. and 6 p.m. Monday through Friday. Generally, all calls are returned within 24 hours and often, within a few hours based upon my availability. My voicemail accepts messages 24 hours a day, seven days a week. Calls received on Friday or over the weekend are returned the next business day. I ask that you leave your name, message, and especially a phone number each time you call, even though you may believe I already have this information. Additionally, it is important that you indicate whether your call is urgent or not.

Patient Initials

Emergency Availability

For our mutual clarification, a clinical emergency is understood to mean that you are experiencing thoughts, feelings, or plans which involve hurting yourself or some else, and you require the immediate assistance of a trained mental health professional to secure your safety and psychological well being. Feeling suicidal or homicidal, or believing that you are unable to control your impulses to act in ways that might be dangerous to you or someone else, are examples of what may be termed a clinical emergency. Although these types of situations are rare, they do occasionally occur.

Please be aware that my practice is not designed to handle voicemails left regarding clinical emergencies, as I may not respond quickly enough for your needs. In the case of a clinical emergency where I cannot be reached directly, please contact the San Diego County Crisis Hotline at (619) 236-3339, 911, your psychiatrist, or go to a local Emergency Room or Crisis House. If you are unable to obtain transportation to a local hospital, you may ask the Police to assist you in getting to a hospital. You are encouraged to continue trying to reach me from the hospital to assist you with the mental health personnel who are treating you. Please feel free to discuss any concerns this policy may raise.

Patient Initials

Coverage During Vacation/Business Trips

At various times of the year, I take vacation or may otherwise be unavailable (while attending conferences). I generally provide notice of my absence a few weeks prior to any planned trip. Prior to my absence, you will be informed of the dates of my absence as well as your next scheduled appointment.

In the rare event that I am unable to provide you with sufficient notice regarding my absence from the office (i.e. an unexpected emergency or illness that requires me to be away or miss your appointment), every effort will be made to contact you. If you are unable to be reached, I will attempt to contact you as soon as I am able to reschedule your appointment.

Patient Initials

Scheduling Appointments

My business hours vary throughout the week. Office appointments are scheduled by you in advance. Often, patients prefer a regular or “ongoing” appointment time that is reserved for them each week. Others require more flexible scheduling. Each individual psychotherapy session will last 50 minutes. Couples and/or family sessions will last 1 hour and 20 minutes. Psychological testing and immigration assessment vary in time depending on the level of service needed, thus Dr. Ramotar will provide you with an estimate that is subject to change.

Patient Initials

Appointment Cancellation

Dr. Ramotar will make every effort to honor your scheduled appointments and expects you to do the same. If you are unable to keep your appointment, please cancel by leaving a message on my voicemail system at least 24 hours before the scheduled session. Changes for Monday appointments must be made by 5:00 p.m. on the previous Friday. If this is done **24 hours in advance** of your appointment, there will be no charge for the cancellation. If you do not provide

24 hours notice of a cancellation, you will be responsible for the full session fee. Please be aware that you are accepting responsibility for all “late cancellations” as well as failures to show for a scheduled appointment. (Please note: insurance companies will not reimburse you for missed appointments.)

Patient Initials

Fees and Payment Policies

Individual psychotherapy costs \$175.00 (50 minute session); Couples/family psychotherapy costs \$230.00 (80 minute session); Psychological testing costs \$175 per hour unless a package agreement has been made; Immigration evaluations cost \$150 per hour. Fees may increase over time to reflect increased costs and inflation. Depending on arrangements made by this office, patients may differ in terms of cost, duration, and type of treatment. Payment arrangements may be altered to reflect the circumstances of the patient. Dr. Ramotar charges equivalent amounts for other professional services you may need, though he will break down the hourly cost if he works 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. If you become involved in legal proceedings that require Dr. Ramotar’s participation, you will be expected to pay for his professional time, even if he is called to testify by another party.

Payment for sessions is required *at the time of service*, at the beginning of each session. If payment is a problem, you will need to make arrangements with a bank, credit union, or family members who can assist you. If payment for appointments is not received within 2 sessions’ time, another session will not be scheduled until that amount is paid. You are asked to pay your account in full, on or before the time of your termination of therapy. If for any reason you are unable to complete payment of your balance due upon termination, you will be asked to make arrangements with this office to make scheduled payments to clear your account. If you have insurance to cover services, Dr. Ramotar will provide you with the necessary forms to enable you to file claims for reimbursement directly from your insurance company.

If payments are not received, after written notice from this office, your account will be turned over to a collections agency. This course of action is not preferred, which is why every effort will be made to work with you to create a payment plan that is reasonable and attainable.

In the event that a collections agency is engaged, for the protection of your confidentiality, only information necessary to seek reimbursement will be provided to collections personnel. This information may include the following: balance due, payment agreement, your name, address, and home/work telephone numbers. Services will be listed as “professional services rendered” only. The same policy applies should your account be settled through small claims court. In addition, you agree to pay any collection and/or court costs if necessary. Please note that I will never take this step as long as a patient is making a good faith attempt to make payments as agreed to upon termination of treatment.

Patient Initials

Psychological Assessment Services

Dr. Ramotar’s fee for psychological assessment is \$175 per hour, unless there is a specific fee/package that was agreed upon. Psychological assessment typically run several hours and requires additional paid hours to complete written reports and provision of client feedback. Fees for this service range from \$500 to \$3,000. The extreme range of fees for such services is dependent upon the number and type of psychological tests administered, as well as the number and type of summaries or reports which are requested. For example, an ADHD assessment may involve 6 hours of testing, 1 hour of scoring, 2 hours of report-writing, and 1 hour of providing client feedback for a total of 10 billable hours. These fees will be specifically outlined and determined in advance of your participation.

Patient Initials

Immigration Evaluation

Dr. Ramotar’s fee for immigration evaluations are \$150 per hour, unless there is a specific fee/package that was agreed upon. Evaluations typically consist of 1.5 to 2 hours of in-person interviewing and assessment that take place in one meeting. Completion of the written report usually consist of 1.5 to 3 hours of service. Fees for this service average from \$450 to \$1200. The extreme range of fees for such services is dependent upon the number and type of summaries or reports which are requested. These fees will be specifically outlined and determined in advance of your participation.

Patient Initials

Checks Returned for Insufficient Payment

A \$35 service charge will be added for each returned check as a result of insufficient funds. You will be asked to remit payment for returned checks by the end of the month, should this occur. Upon your request, the cancelled check will be returned to you for your record keeping. If a check is returned for insufficient funds, you may be required to make future payments in cash. This policy will be reviewed if compliance becomes a concern.

Patient Initials

Agreed Upon Rate for Service (Completed in office with Dr. Ramotar)

Service: _____

If assessment/evaluation, specify: _____

Hourly rate: _____

If no hourly rate, agreed upon cost: _____

Patient Initials _____
Clinician Initials

