

TERI M. POKRAJAC, PSY.D. & ASSOCIATES
A CLINICAL PSYCHOLOGY CORPORATION

4060 Campus Drive, Suite 120
Newport Beach, CA 92660
(949) 475-0145

Informed Consent for Work with Children and Adolescents
(to be completed by custodial parent or legal guardian)

Note: The state expect that you will be informed of all possible contingencies that might arise in the course of short- and long-term therapy with you child or adolescent. Please check to be sure you have read, understood, and discussed all questions with Dr. Pokrajac.

Name of Child or Adolescent _____

Age _____ Birth Date _____ Child's phone Nmber _____

Custodial Parent or Legal Guardian's Name _____

Note on Legal Custody: If parents are legally separated or divorced or the child or adolscent is otherwise under custodial care or guardianship you must submit with this informed consent the documentation giving you the legal right to pursue medical/psychological treatment for the child.

Address _____

City _____ Zip Code _____ Phone _____

Mailing Address (if different) _____

CANCELLATION:

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or cancellation of an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

PAYMENTS & INSURANCE REIMBURSEMENT

Clients are expected to pay the standard fee of \$175 per 45 minute session at the end of every session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise.

Please notify Dr. Pokrajac if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to clients and not to the insurance company. Unless agreed upon differently, Dr. Pokrajac will provide you with a copy of your receipt on a monthly basis which you can then submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

MEDIATION & ARBITRATION:

All disputes arising out of, or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Pokrajac and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that meditation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Los Angeles County or Orange County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment

plan, Dr. Pokrajac can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorney fees. In the case of arbitration, that sum will be determined by the arbitrator.

CONFIDENTIALITY

All information you share will be treated in a confidential manner. Periodically, Dr. Pokrajac may consult with other professionals to increase my effectiveness in working with you. However, there will be no specific disclosure of information about you without your knowledge and written consent, except in cases of: serious threat of harm to yourself or others, child abuse, dependent or elder abuse, child custody evaluations, or if properly and legally subpoenaed by a court of law.

Minors and Confidentiality:

Communications between Dr. Pokrajac and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, Dr. Pokrajac, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. While parents and guardians have the right to know general information about how the therapy with their child is progressing, **in signing this form you waive the right to know the private details of the child's therapy or to have access to the confidential therapy records of the child.** A general summary can be provided at any time upon request. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with Dr. Pokrajac.

When Disclosure May be Required:

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Pokrajac. In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Pokrajac will use her clinical judgement when revealing such information.

EMERGENCIES:

If there is an emergency during our work together, or in the future after termination where Dr. Pokrajac becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the Client Information Form.

HEALTH INSURANCE:

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Dr. Pokrajac has no control or knowledge over what insurance companies do with the information she submits or who has access to this information.

YOUR RIGHT TO REVIEW RECORDS:

As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Pokrajac assesses that releasing such information might be harmful in any way. In such a case, Dr. Pokrajac will provide the records to an appropriate and legitimate mental health professional of your choice.

Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Pokrajac will release information to any agency/person that you specify unless Dr. Pokrajac assesses that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES:

If you need to contact Dr. Pokrajac between sessions, please leave a message on at (949) 475-0145 ext 2 and follow-up with an email at drteripokrajac@gmail.com and your call will be returned as soon as possible. Calls of a non-urgent nature which are left after 6pm will be returned the next business day. Dr. Pokrajac can be texted in an emergency situation between the hours of 8AM and 9PM, this number is left on the voice mail message. Dr. Pokrajac picks up her messages a few times a day. If an emergency situation arises, please indicate it clearly in your message. In the event of a medical emergency, please go to the nearest emergency room or call 911.

THE PROCESS OF THERAPY/EVALUATION:

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to see therapy. Working toward these benefits, however; requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Pokrajac will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond open and honestly.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Dr Pokrajac may challenge some of your assumptions or perceptions or propose different way of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it can be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Pokrajac is likely to draw on various psychological approaches according to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive--behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), and psycho-educational.

Discussion of Treatment Plan:

Within a reasonable period of time after the initiation of treatment, Dr. Pokrajac will discuss with you (the client) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Pokrajac's expertise in employing them, or about the treatment plan, please ask and you will be given a comprehensive answer. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Pokrajac does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Termination:

As set forth above, after the first few meetings, Dr. Pokrajac will assess if she can be of benefit to you. Dr. Pokrajac does not accept clients who, in her opinion, she cannot help. In such cases, she will give you a number of professional referrals that you can contact. If at any point during psychotherapy Dr. Pokrajac assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Pokrajac will talk to the psychotherapist of your choice in order to help with the transition. If at any time you would like another professional's opinion, or wish to consult with another therapist, Dr. Pokrajac will assist you in finding someone qualified, and if she has your written consent, she will provide her/him with the essential information. You have the right to terminate therapy at any time. If you choose to do so, Dr. Pokrajac will offer to provide you with names of other qualified professionals whose services you may prefer.

Dual Relationship:

Therapy never involves sexual or business relationships or any other dual relationship that impairs Dr. Pokrajac's objectivity, clinical judgement, therapeutic effectiveness or which can be exploitative in nature.

Legal Parent ofrGuardian Signature

Date

Legal Parent (If joint custody, both signatures required)

Date

Teri Pokrajac, Psy. D.

Date