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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

If you need to cancel or reschedule a session, please notify me at least 24 hours before the session start time. If you fail to do so or if you fail to show up at a scheduled appointment, you will be responsible for full payment for the session. This is necessary because a time commitment is made to you and is held exclusively for you. If you are submitting superbills to your insurance company, keep in mind that insurance companies do not reimburse you for a missed session or a late cancellation.

The standard meeting time for psychotherapy is 45-50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 45-50 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$20.00 service charge will be charged for any checks returned for any reason for special handling.

If a client is late for a session, the session will still end at the scheduled time and a full session payment will still be applied. If the therapist is late for a session she will extend the session if our schedules permit, or will rescheduled the session at the client's convenience.

FEES AND PAYMENT

Your fee is set and agreed upon by you & I before we begin therapy. Payment of this fee needs to be made at the beginning of each session in full unless other arrangements have been made. I accept cash, credit/debit cards, and checks. If paying by check, please bring your check ready made (payable to Dr. Natalie Feinblatt) so that we can maximize your therapy time. You may also choose to authorize payment through your credit card. Your session fee may be increased annually. In the event of any fee changes, you will be notified at least 30 days prior to such changes. Failure to pay may result in a cancellation of session and possible termination of services. Any remaining balances at that time may be handled by a collection agency or small claims court.

Session Fee for new clients as of 4/1/15: \$190 per 45-50 minute session.

Extended sessions and telephone conversations exceeding 10 minutes, written reports or evaluations authorized or requested by you, or printing your file will be charged an additional fee prorated on the basis of your regular session fee.

TELEPHONE ACCESSIBILITY

If you contact me Monday through Friday, I will try my best to reach you by the next business day. On weekends and holidays, I will only return calls in the case of an emergency, otherwise I will return calls the next business day. Phone calls are generally limited to 10 minutes, beyond on this time you will be charged at a prorated amount of my full fee.

If you are having an emergency where you feel you may hurt yourself or someone else, please call 911 or go to the nearest emergency room. You may also call the National Suicide Prevention Lifeline, open 24 hours a day 7 days a week, at 1-800-273-8255.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. Please understand that email & texts are not substitutes for therapeutic treatment. If it becomes necessary I may terminate treatment if email or text usage becomes inappropriate. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

OTHER POLICIES

Please refrain from using drugs & alcohol 24 hours prior to a session. If there is reasonable suspicion that you are under the influence when you arrive for session, the session will be terminated & fees will not be refunded.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on

payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.