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***Informed Consent for Psychological Services  
Policies & Procedures***

Welcome to my practice. This document contains important information about my professional services and policies. Please read it carefully so that we can discuss it and I can address any questions that you might have when we meet. Also, if you have any items that you would like to have changed or added, feel free to discuss them with me. This information applies if I will be seeing you, you with your partner or family member, or if I will be seeing a child under your legal custody.

***Professional Background***

I received my doctorate in clinical psychology in 1999 from Bowling Green State University, a program approved by the American Psychological Association. I then completed a Postdoctoral Fellowship in child and adolescent psychology at the University of Michigan. I have been licensed to practice since 2001. I am trained and experienced in providing individual, couples, group and family psychotherapy, and have worked in a variety of settings (e.g., hospitals, outpatient clinics, schools) with a wide range of individuals who complain of personal troubles such as family problems, school-related or academic issues, parenting issues, uncontrollable behaviors, relationship struggles, and social adjustment issues. In addition, some individuals come to see me for personal growth and not just for amelioration of distress or specific symptoms. Please feel free to ask me anything else about my professional background, training, and experiences.

***Psychological Services, Benefits, Risks & Alternatives***

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. During the course of our work together, I will use various psychological approaches depending on the problem(s) being addressed and my assessment of what will benefit you. In general, my approach can be described as “cognitive-behavioral.”

Sessions will typically focus on whatever thoughts, feelings, and descriptions of behavior you express, and entail detailed exploration and clarification of your experiences. Within this general approach, I may emphasize the use of certain techniques such as cognitive (i.e., focusing on the way you think about things and how this might affect your feelings, behaviors and perceptions), interpersonal (i.e., focusing on your relationships with others), or specific problem-solving (i.e., generating alternatives for action on a specific issue). Behavioral recommendations and approaches may also be used to change the patterns of interactions in your life via modified antecedents and consequences. For couples therapy, I emphasize communication skill development, interpersonal problem solving, and increasing pleasurable time together. As a result of our work together, it is expected that you will become better at making decisions and choices in your life in a way that will help ameliorate your

distress, provide you with a greater sense of security, and assist in your emotional and interpersonal growth. If you have questions about my approaches, their possible risks and benefits, or my skill in using them, please ask me and I will address them as fully as possible.

If you could benefit from any interventions that I do not provide, I am ethically obligated to assist you in obtaining those services. Although discussion of any physical problems that you might have may become a focus, and your physical self-care may improve as a result of our work together, I do not specifically treat physical illnesses, and it is your responsibility to have these treated by your physician. If at any point during therapy I decide that I am not being effective in helping you make progress toward your therapeutic goals, I am obligated to discuss it with you and, if necessary, end the therapy. Also, you may end the therapy at any time, although I prefer that we discuss your intentions in a session or two before we end. In either case, I would give you appropriate referrals and, if you request and authorize me in writing, I can talk with the therapist of your choice to ease the transition to that professional. On very rare occasions, a conflict of interest may develop regarding a business or personal matter that would require me to end the therapy. The exact reasons for such termination may not necessarily be explained to you so that all parties involved can remain protected.

The majority of individuals who obtain therapy benefit from the process. Benefits may include relief of specific symptoms (e.g., anxiety, depression, fears), improved interpersonal relationships, greater self-confidence, easier decision-making, and improvement in the specific concerns that led you (or you and your partner/family member) to seek psychotherapy. Success may vary depending on the particular problems being addressed. Psychotherapy involves active participation, self-exploration, gaining new understandings of yourself and others, finding ways of dealing with problems, and learning new skills. Typically the length of psychotherapy is determined by our collaborative discussion and agreement as we work together. However, we can agree on a predetermined number of sessions or length of time at the outset. The length of psychotherapy needed usually depends upon the extent and severity of your specific problems, practical considerations that may impact your ability to commit time and financial resources, any preferences that you may have, and my recommendation.

Although research and clinical experience indicates that psychotherapy is typically beneficial, there are some risks. While the benefits of therapy are well known, you may have unwanted experiences such as disruptions in your interpersonal relationships, negative experiences in your immediate work life, unhappiness, anxiety, fear, anger, guilt, frustration, or insomnia. These are often a natural part of the therapy process and typically provide the basis for change. Important personal decisions are often a result of therapy. These decisions, including changing behavior, modifying family roles, substance use patterns, schooling, or relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. There are no guarantees that therapy will produce positive or intended effects, and in some cases it can actually be harmful. If this were to happen we would discuss it and act accordingly. However, commitment to the process will most likely assist in a helpful outcome. Changes are sometimes made easily and quickly, but sometimes change is a slow and frustrating process.

Within the first meeting or two, I will assess whether I can be of help to you (or you and your partner/family member/child). If, in my opinion, I cannot be of help to you, I will give you appropriate referrals for you to contact. Psychological assessment in the form of testing can also help us understand why behaviors occur and I may recommend it. Initial impressions about treatment plans, suggested procedures, and goals will be discussed by us. In the beginning of our work together, and periodically along the way, we will discuss your goals and revise them as needed, and discuss how long therapy will be expected to last to meet your goals. Your own feelings about whether you are comfortable working with a particular psychologist such as myself is an important part of the process. Feel free to discuss these issues with me at any time. If you have questions about the services being provided at any time, you may ask me for clarification. I will help you secure an appropriate consultation with another mental health professional whenever necessary.

Patients under 18 years of age who are not emancipated can consent to psychological services subject to the involvement of their parents or guardian unless the psychologist determines that their involvement would be inappropriate. A patient over age 12 may consent to psychological services if he or she is mature enough to participate intelligently in such services, and the minor patient either would present a danger of serious physical or mental harm to him or herself or others, or is the alleged victim of incest or child abuse.

### ***Limits on Confidentiality***

I consider our privacy of utmost importance and take great effort to protect it within the boundaries of the law and my professional ethics. In most situations, I can only release information about your work with me to others if you sign a written authorization form allowing me to do so. However, there are some situations where I am permitted or required to disclose information about you without either your consent or authorization:

1) If I have reasonable suspicion that a child is being neglected, physically abused, sexually abused, subjected to willful cruelty or unjustifiable mental suffering, or exposed to domestic violence in the home, I am required by law to report my suspicion to child protective services or a local law enforcement agency. It is important to realize that this does not mean that just because you talk to me about angry, violent, or sexually disturbing thoughts and feelings toward children that I will compromise our privacy. There is an important difference between expressing thoughts/feelings versus acting on them against children. For some people expressing such feelings may be an important part of therapy. I will only seek protective action if there is a reasonable suspicion that a child is actually being abused by yourself or someone else identifiable.

2) If there is reasonable suspicion that physical abuse, misuse of physical or chemical restraint, neglect, abandonment, isolation, abduction, or financial abuse is occurring against an elderly (age 65 or older) or dependent adult (i.e., an adult with a mental or physical disability), I am required by law to report the suspicion to the appropriate government agency. This does not mean that just because you express thoughts or feelings about abusing an elder that I will be informing authorities. Expressing such feelings in therapy may be an important part of coming to terms with the influence that others have or have had on your life so that you can improve your circumstances. There is an important difference between expressing

thoughts/feelings versus acting on them against others. There must be a reasonable suspicion that you or someone else identifiable is actually abusing an elder for me to compromise our privacy and take protective action.

3) If I feel that you may be in imminent danger of seriously physically harming yourself, I may call the person whom you designate as your emergency contact, a family member, legal guardian medical or emergency personnel, or a local law enforcement agency in order to obtain help, protection, and possibly hospitalization for you. This does not mean that just because you may express feelings and thoughts about harming or killing yourself that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with your life and improving your circumstances. There is an important difference between expressing self-harm thoughts/feelings versus acting on them against yourself. Only if you are in imminent danger of seriously harming yourself and you cannot control your own behavior will I take protective action. I also expect that should you feel in imminent danger of harming yourself, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.

4) If I receive credible information from you or anyone else leading me to believe that you could be a serious threat of physically harming an identifiable individual(s), I have a legal duty to warn and protect the identified person(s) by communicating the threat of harm to the person(s), to a local law enforcement agency, and/or to others who can assist in protecting the person(s). I could also seek involuntary hospitalization for you in this case. This does not mean that just because you may express violent or angry thoughts and feelings about someone else that I will compromise our privacy and take protective action. Expressing these kinds of thoughts and feelings may be an important part of your therapy in coming to terms with anger, understanding the impact that others have or have had on you, and improving your circumstances. Once again, there is an important difference between expressing your thoughts/feelings versus acting on them against others. Only if I feel that you are in imminent danger of actually harming someone else and you cannot control your own behavior will I take protective action. I also expect that should you feel in imminent danger of harming someone else, before doing so, you will do everything you can to contact me and/or seek emergency psychiatric services at a local hospital.

5) If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is protected by psychologist-patient privilege law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required), has stated valid legal grounds for obtaining the information, and I do not have grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

6) If you file a complaint to the California Board of Psychology or a lawsuit against me, I may

disclose relevant information regarding you in order to defend myself.

7) If you file a worker's compensation claim, I must, upon appropriate request, disclose information relevant to your condition to the worker's compensation insurer.

8) In the event I become debilitated or deceased, a trusted colleague will have access to your records so that you can be contacted, informed of my status, offered support, and be provided with any appropriate referrals.

Should it become necessary to break our confidentiality due to #1 through #7 above, I will make a reasonable effort to notify you ahead of time of any disclosures so that we can discuss it before I take action, and I will limit my disclosures to what is necessary.

If I am seeing your child who is under the age of 18 on an ongoing basis, then much of what he/she talks to me about is kept private between us except for the above exceptions whereupon I will have to notify you (i.e., parents/guardians) for help. Privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential. During treatment I typically provide parents only with general information about the progress of the treatment and the child's attendance at scheduled sessions. I may also speak to you about what your child has discussed with me if I feel that it would be essential for his/her welfare and would help the family situation. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents/guardians of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. For couples or marital counseling, I can disclose any information given to me by one partner to the other. However, it is acknowledged that I cannot be held responsible for a breach of confidentiality by your partner or family member(s) in therapy with you.

When I am unavailable, another psychologist will be available to cover crisis calls and be advised of issues about you that could arise. On occasion I find it helpful to consult about working with patients with colleagues so that I can provide the highest quality of care. I might also consult with individuals about you to whom I might refer you for adjunctive services (e.g., group therapy, medications). In these three instances your name and specific identifying information are not mentioned to the individual(s) with whom I advise or consult so as to protect your privacy.

### ***Emergency Contacts***

Please provide names of any individuals (e.g., spouse, intimate partner, family member, friend, mental/physical health care provider) that I can contact in the case of an emergency:

**Name(s) of Emergency Contacts: Area Code & Phone #: Relationship to You:**

### ***Hours and Availability***

I typically offer services at various times Monday through Friday during the afternoon and in the evening. Usually psychotherapy is scheduled as one or more 50-minute sessions per week, or to meet your therapy needs as we agree. The only reason that I may interrupt our session together is if an emergency arises. Meetings for psychological testing are typically longer than fifty minutes. If you need to reach me outside of our normal contact time, you can call me at (917) 697-2227. This number is both a voicemail and pager. Unless I inform you directly or my voicemail greeting states otherwise, you can leave a message for me at this number at any time. If you leave a voice message for me I will typically return your call no later than the following day. If you page me after you leave a message, I will know that your call is urgent and I will do my best to get back to you as soon as I can on the same day or night you called (if at night I cannot guarantee that I will call you back before the next morning). In a more immediate crisis situation, especially at night or on weekends, contact the police (911) or a local hospital emergency room, a crisis intervention service (e.g., 310-482-3260), or your primary care physician. If I will be unavailable for an extended period of time, I will let you know ahead of time if possible, and I will provide you with the name of a colleague to contact if necessary, either by informing you directly or on my voicemail greeting.

### ***Payment and Fees***

My fee for evaluation and psychotherapy is \$XXX per 50 minute session unless otherwise discussed. The per session fee is due regardless if you come late or decide to leave early. If you do come late I cannot extend the session to make up for the lost time. Telephone contacts (other than for scheduling) outside of our normal sessions are prorated according to the per session fee with a minimum of 15 minutes. There is no charge for calls lasting less than 10 minutes. There is no charge for emails, but please understand that email is not an effective way to communicate therapeutic material. Email can be used for scheduling, cancelling sessions, or setting up topics you would like to be discussed in the following session.

Billing statements will be sent out at the end of each month.

Payment **in full** is due upon receipt of the fee statement, unless we agree to a special arrangement that works better for you. If during our work together it becomes impossible for you to keep current on the fee payments and you would like to continue receiving services, we can negotiate a reasonable payment schedule. However, nonpayment of fees could result in having to end our work together, at least temporarily, until your outstanding balance is paid.

My fee for psychological testing is \$250 per hour and includes time for test administration, scoring, interpretation, contacting other professionals that have worked with you (with your written permission), report writing, and feedback to you or others that you designate. Other related services such as report writing, attendance at meetings, site visits, home visits, authorized consultations, consulting with other professionals with your permission, preparation of records or treatment summaries, travel time, or other services you may request are billed at \$250 per hour. My fees for any time that I spend on any legal matters for you are \$400 per hour.

***Cancellation Policy***

There are no fees for sessions that you cancel or change one or more days prior to a scheduled appointment. Sessions which are missed without at least one day prior notice of cancellation are charged the full fee unless there has been an emergency (e.g., sudden illness, accident, etc). We can attempt to re-schedule a missed or cancelled session for the same week, but I cannot guarantee that I will have another time available.

***Professional Records***

The laws and standards of my profession require that I keep protected health information about you in your clinical record. Except in unusual circumstances that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. There will be a fee for the time I spend gathering, copying and sending the records (\$250 per hour or \$350 per hour for legal matters), as well as the cost for copying and mailing. If I refuse your request for access to your records, you have a right of review, (except for information supplied to me confidentially by others) which I will discuss with you upon request.

Unemancipated patients under 18 years of age and their parents should be aware that the law may allow parents to examine their child’s treatment records unless I determine that access would have a detrimental effect on my professional relationship with the patient, or to his/her physical safety or psychological well-being.

***Acknowledgment of Informed Consent***

In signing below you are acknowledging that you reviewed all of the information in this document, you have had ample opportunity to discuss it with me, and you have had your questions answered to your satisfaction. In so doing, you are making an informed decision about engaging me for services. Your signature(s) indicates that you voluntarily consent to participate (or that you consent to your child’s participation) in the evaluation and/or psychotherapy. Your signature(s) does not mean that you have waived any rights.

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**Print Name Date Signature of Patient**

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**Print Name Date Signature of Patient**

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**Print Name Date Signature of Parent/Guardian, if participant is minor**

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**Print Name Date Signature of Parent/Guardian, if participant is minor**

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**Lesli J. Preuss, Ph.D. Date**