

Dr. Evelyn E. Escobar, PsyD
(docevelynescobar@gmail.com)

Clinical Psychology License # PSY 15917
1202 S. Bristol Street #130
Costa Mesa, CA 92626
(714) 437-9663

General Information

Name: _____ Age: _____ Sex: _____

Address: _____
Street City State Zip Code

With whom do you live? _____

Mailing Address: _____
Street/ PO Box City State Zip Code

Telephone: (Home) _____ (Work): _____

(Other- cell, etc.) _____

E-mail Address _____

Okay to leave voicemail/text or email messages _____

Special Instructions for contacting you at these numbers (e.g.- don't leave message, ok to leave message, etc.): _____

Date of Birth: _____ Social Security #: _____

Marital Status: _____ Occupation: _____

Highest Level of Education: _____

Emergency Contact Person: (Name) _____

(Address): _____
Street City State Zip Code

Telephone: (Home) _____ (Work): _____

Health Information

Please describe your general health: _____

Date of last physical exam: _____

Primary Care Physician: _____ Phone Number: _____

Medical illnesses, surgeries, accidents, hospitalizations, that contribute to your present condition: _____

Other significant conditions or injuries: _____

Prescription medications currently being taken and dosage: _____

Past counseling or mental health treatment (including medications): _____

Please list names, addresses and dates of therapists, physicians for the above mentioned periods of treatment. _____

Have you had any changes in weight, sleep, eating or general energy levels during the past six months? If so, please describe. _____

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No-Show and Late Cancellation Policy and Procedure

Your session time is very important to me. I believe that your personal therapeutic progress is highly dependent on the commitment and trust we place on one another. I have a busy practice and am limited in the number of clients I can see. As a result I am currently turning away prospective clients and/or placing them on a waiting list. It is important that you understand that your session time is reserved especially for you. Failure to show for your appointment or a cancellation with **less than 24 hours notice** means that your session time is left empty and another person missed out on the opportunity to be seen. There is also a financial hardship on me if you do not pay for your reserved appointment.

On rare occasions, I may need to reschedule your appointment due to the need for professional training, personal time or unforeseen illness or client crises. However, I will make every effort to give you advanced notice of these rare occurrences.

Your Agreement

I _____ understand that my appointment is specifically reserved for me and that Insurance Providers do not pay for any missed and/or late canceled appointments (less than **24 hour** notice). I understand that I will be personally charged for any normal and customary fees associated with missed appointments and/or late cancellations. I authorize Dr. Evelyn E. Escobar to charge me for any missed and/or late canceled appointments.

Signature

Date

Evelyn E. Escobar, PsyD
Licensed Psychologist #15917
1202 S. Bristol Street #130
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OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy begins, I will usually schedule one session (appointments hours are 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours [1 day] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. [If it is possible, I will try to find another time to reschedule the appointment.]

PROFESSIONAL FEES

My hourly fee is generally 200.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 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 of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$300.00 per hour for preparation, travel, and attendance at any legal proceeding.]

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through a small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require you to *allow* me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information database. I will provide you with a copy of any report I submit, if you request it. *I understand that by using your insurance I am aware that such information may be provided to them. I will try to keep that information limited to the minimum necessary.*

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office some hours on Tuesdays, Wednesdays and Thursdays, I probably will not answer the phone when I am with a patient. I do have an Office Manager available Tuesday, Wednesday and Thursday between 8 AM and 5 PM at 714-437-9663. When I am unavailable, my telephone is forwarded and answered by either my Colleague, Office Manager or voice mail. I am in close contact with my staff and they know where to reach me. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, you can try me on my mobile number 714-470-4472. If you are unable to reach me and feel that you can't wait for me to return your call, contact the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

As I am sure you are aware, I am required to keep records of the professional services I provide and your treatment. Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.

MINORS

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. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will provide a verbal summary of our work together for your parents, and we will discuss it before I meet with them.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Please be aware that although I am located within a multi-specialty practice I am a sole proprietor and am not legally connected to the other providers in this office.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature

Date

Dr. Evelyn E. Escobar

Date

I have reviewed this document with patient including reporting requirements and no show policy.

Form Update 2/22/23

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Release of Information Authorization Form

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my psychologist, Dr. Evelyn E. Escobar, PsyD, and/or his or her administrative staff to release and/or exchange information as it relates to my psychological care

This information should only be released to (name and address of person to whom the information is to be released)

I am requesting my psychologist to release this information for the following reasons: (“at the request of the individual” is all that is required if you are my patient and you do not desire to state a specific purpose.)

This authorization shall remain in effect until (fill in expiration date) or until (fill in an event that relates to the individual or the purpose of the use or disclosure).

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Patient

Date

If the authorization is signed by a personal representative of the patient, a description of such a representative's authority to act for the patient must be provided.