

Nusha Askari, Ph.D.

Statement of Understanding

PSY31985

Welcome!

Welcome to Nusha LLC. I look forward to our partnership in your wellness, healthy aging and healing journey. This Statement of Understanding contains important information regarding your psychological consulting/counseling services. It explains the policies and practices of Nusha LLC. Please read this Statement of Understanding carefully and feel free to bring up any questions you might have.

Service Provider Credential

Dr. Nusha Askari, founder of Nusha LLC, is a licensed psychologist, certified by the California Board of Psychology. This license is in good standing and can be verified on the licensing board website at <u>www.dca.ca.gov.</u>

Session Attendance and Between-Sessions Contact

To enhance your healthy well-being and transformative experiences, you are encouraged to maintain a consistent series of appointments.

Dr. Askari will jointly review and update your treatment plan once every 6 months to ensure counseling service effectiveness and the successful attainment of counseling goals.

As a client, I am advised that there may be certain risks of participating in counseling, such as experiencing some uncomfortable feelings, and/or facing difficult aspects of life. However, most people find the benefits outweigh any such risks. In fact, sometimes there can be more risks associated with not participating in counseling services.

Nusha LLC does not offer counseling by phone as a norm. In rare occasions when my counselor determines that, in a crisis situation, a phone session is warranted, my counselor will notify me at that time that we are beginning a phone session and provide me with the option to continue or to hold our conversation until our next regularly scheduled telehealth video session. If I agree to have a phone session, I understand that my phone session will be charged to me at my full session fee.

Service Fee Policy

Nusha LLC conducts an annual service fee review, upon which time the fee might be modified to meet Cost of Living Adjustment (COLA). In the event that my service fee is to increase, I will be given advanced notification by Nusha LLC or Dr. Askari directly.

Dr. Askari/ Nusha LLC does not accept any insurance, and is thus considered an out-of-network provider. However, Nusha LLC will provide me with a monthly bill statement which I may submit to my insurance carrier for reimbursement. I understand that it is my responsibility to contact my insurance carrier to find out about my benefits for counseling services and to file and follow up required payment/reimbursement documentation.

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Cancellation, Tardiness, and Absence Policy

Nusha LLC requires 48 hours' advance notice to cancel or reschedule appointments. A full session fee will be charged if client fails to provide a 48-hour advanced notification of cancellation. Similarly, any no shows will also be charged a full session service fee.

As a client, I understand missing 2 regular appointments consecutively or cancelling more than 2 appointments without 48 business hours advanced notice may result in termination of services. I will also be responsible for any unpaid balance at the time of termination. One exception to the above cancellation policy is when I am involved in a life or death-threatening emergency.

As a client, I understand that I will be sent home if I come to my in-person appointment with a communicable disease, such as a cold. I will be held responsible for the full session fee when this occurs. The best practice is to call in at least 48 hours in advance to cancel or reschedule appointment as soon as I become aware of such communicable disease. I understand this policy is strictly reinforced for my self-care and for protection of the public's health.

As a client, I understand that I will be sent home if I come into my appointment under the influence of any drug, inclusive of alcohol intoxication. I will be held responsible for the full session fee if this is to occur.

Confidentiality

As a client, I understand that, legally and ethically, what I share in counseling services is held confidential. I also understand there are some legal limitations to confidentiality:

- <u>When I present an imminent and serious danger to myself</u> (e.g., plans to commit suicide). In this instance, I understand that Dr. Askari/Nusha LLC must disclose the information because my safety takes precedence over my confidentiality.
- <u>When I present an imminent and serious danger to others.</u> In this event, I understand that Nusha LLC/ Dr. Askari must take actions to ensure safety for me, the potential victim, or the public. Actions might include notifying the potential victim, contacting the police, or seeking hospitalization for me.
- When <u>child abuse, dependent adult abuse, or elder abuse</u> is suspected. In this instance, I understand that Dr. Askari/Nusha LLC must report such reasonable suspicion to proper authorities.
- When I am experiencing <u>a treatment emergency</u>. In this instance, I understand that Dr. Askari/Nusha LLC must disclose information to medical staff to ensure timely coordination of care.
- When certain <u>legal situations</u> become involved in my care. For example, Dr. Askari/Nusha LLC is court-ordered to disclose my information; I am a court- mandated client for the services; or when there is an ethical complaint.
- When <u>I authorize the release of my information</u> with my signature on the Consent to Release of Information (R.O.I.).
- When my <u>insurance</u> carrier requires confidential information in order to process claims.
- When <u>professional consultation</u> is necessary. I understand that from time to time, Dr. Askari/Nusha LLC will consult with other mental health professionals, who are also

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 legally bound by the same standard of confidentiality. In this event, my counselor will make every effort to avoid revealing any identifying information about me.

<u>Minimal Disclosure</u>: I understand that in all of the above-stated instances, Dr. Askari/ Nusha LLC will make every effort to limit the content to minimum that solely fulfills purpose of such disclosure.

I voluntarily agree to respect and safeguard the confidentiality of others. This means that if I see someone I know at Nusha LLC, I will not discuss their private information without their consent. Similarly, I will not talk about other people and what is said during the service sessions outside of Nusha LLC.

Conclusion of Treatment

There are many reasons that we might end treatment/consulting/counseling. Examples include, but not limited to: when the therapeutic goals have been met, when the client is behind on payments, when the client is relocating, when there is no contact from clients for 2 or more weeks without any advanced notification, when the client is unable to commit to counseling for three consecutive weeks, when the client is not benefiting from the counseling service, when the client needs services that is outside of the therapist's scope of practice or competence, etc.

To some, ending counseling can be difficult. Thus, Nusha LLC will make every effort to ensure a termination process in order to achieve a smooth closure of the therapeutic relationship, which often includes a discussion on therapeutic gains. At any given time, Dr. Askari/ Nusha LLC will not end the counseling without first discussing the reasons and purpose of termination. If counseling is terminated, you will receive a formal letter from Dr. Askari/Nusha LLC. The date specified on the letter serves as the official date of the ending of counseling services. The letter may also include a list of referrals, if you choose to resume counseling services in the future.

When there is a balance on the client's account at the time of termination, Nusha LLC will forward this account information to either a payment collection agency or Small Claims Court.

Treatment Record

Dr. Askari/Nusha LLC keeps treatment records in accordance with the laws and standards of the profession of Psychology. Clients' treatment records are secured in a location that only the treating counselor can access. The client is entitled to receive a copy of his or her treatment records or a summary of the records by submitting <u>a written request</u>. Every effort will be made to send such copies/summary as per California Board of Psychology guidelines. Please note that there may/ would be associated fees involved. Because professional records could be misinterpreted or misunderstood by untrained readers, Dr. Askari/ Nusha LLC suggests that the client and the counselor/psychologist review the records together. Alternatively, if there is a reason why the counselor/psychologist cannot share the records directly with the client, such as viewing the records would impose a physical or mental harm on the client, the counselor will be happy to send the treatment records or summary to a mental health professional of the clients' choice.



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Treatment Record Continued

Please note that discussions between the client and Dr. Askari/ Nusha LLC will take place before the final release of treatment records. This is to ensure that the client and the psychologist/ counselor are clear on the reasons and purposes for the release, as well as the mutually agreed content to be released.

Please also note that clients will be charged at the full session fee (prorated depending on the time spent in preparing the treatment records) for any professional time spent in responding to such requests.

Grievance

If the client has a concern or complaint about his or her treatment, the client is encouraged to bring such concern up to discuss with Dr. Askari/ Nusha LLC. Dr. Askari/ Nusha LLC. will take client's concern or complaint seriously and respond with care and respect. Also, complaints may also be directed to the California Board of Psychology at address and phone number below:

CA Board Of Psychology 1625 North Market Blvd., Suite N-215 Sacramento CA 95834 Phone: 1-866-503-3221

Client Code of Conduct

The client will treat everyone he or she comes in contact with at Nusha LLC with respect.

Client who displays hostile, threatening, disruptive behaviors that interfere with the provision of services may be cause for immediate termination of services.

Client is refrained from carrying any weapons, such as guns, knives, tools, or anything that is considered weapons by the personnel at Nusha LLC.

Client is refrained from choices of outfit that promotes violence, drug uses, or any bias against specific gender, religion, sexual orientation, culture, ethnicity, political views, age groups, etc at the site of New Light Counseling Service.

Client is refrained from being under the influence within 24 hours of the appointment time. When this occurs, the therapist will send client home via safe measures of transportation to protect the safety of the client and also the public. Some of these safe measures include, but not limited to, encouraging client to contact families or friends who can provide safe transportation for client, arranging public transportation at client's expense, or contacting the local police department. Client will be responsible for the full session fee if this is to occur. Repeated offenses to this code of conduct may result in termination of services.



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Memorandum of Service

Nusha LLC is an outpatient service provider.

Nusha LLC is not an alcohol or other drug detox center.

Nusha LLC does not provide 24-hour emergency crisis intervention.

- In the event of a life-threatening emergency or extreme crisis, please contact 911.
- For local crisis and suicide prevention, please contact 650-579-0350
- For local psychiatric emergency help, please contact 650-573-2662

Nusha LLC business hours are by appointment only.

Nusha LLC does not accept gifts or barter of any amount or kind from clients. The client's long-term well-being will be the greatest gift and compliment to Nusha LLC/ Dr/ Askari.

Nusha LLC does not offer counseling via unsecured media such as FaceTime, Skype or other formats. Nusha LLC does have a Business Associate Agreement (BAA) with Zoom for HIPAA Compliant transmission of telehealth services.

Dr. Askari/ Nusha LLC has the following policies for in-between sessions contact

- No client information will be communicated through email, as it might not be a confidential means of communication. Telephone contact will be preferred over other means of communication.
- Dr. Askari/Nusha LLC is often not immediately available by telephone due to being with other clients. Please leave your name, contact number, a brief message, and your best availability for contact. Nusha LLC/ Dr. Askari will make every effort to respond to voice mails within 48 hours, with the exception of holidays, time off, or temporary leave.
- Telephone contact is to be limited to a brief conversation of no more than 5 minutes for the purpose of discussing scheduling and/or informational changes.
- In the event that a telephone conversation goes beyond 5 minutes, such as an absolute need for a wellness check, the telephone session will be charged at the regular session fee, prorated depending on the total length of the telephone session.
- With the exception of a medical or psychiatric emergency, please limit your number of
 phone calls to no more than 2 per day. In the event that you call more than twice a day
 without any evidence of an emergency, Nusha LLC/ Dr. Askari will not be subject to
 the 48-hour response policy and will answer the calls and voice mails based on level
 of urgency of the phone calls.
- Nusha LLC Dr. Askari reserves the right to change the content of this Statement of Understanding at any time when it is deemed appropriate and needed. Client will be given advanced notification for such changes.

Thank you again for choosing Nusha LLC/ Dr. Nusha Askari as your guide to healthy well-being and healing. I look forward to our collaboration and work together.



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I hereby acknowledge that I have read and understand the terms and conditions in the Statement of Understanding, and hereby consent and agree to all terms and conditions specified herein by Nusha LLC/ Dr. Nusha Askari.

Print name:

Signature_____Date_____