



## **Informed Consent/Client Bill of Rights**

This document contains important information about the professional services and business policies of Ponzuric Learning Solutions. Please read it carefully. Because the signed document constitutes a binding agreement between you and Ponzuric Learning Solutions, it is important that you do not sign it until you fully understand the policies and all of your questions have been answered. You will be given copy of the signed agreement for your records.

The client has the right to be informed of certain policies and procedures before giving consent for intervention services. Intervention services can assist the client in achieving their goals at home and in the educational setting.

### **Philosophy of Practice**

We envision that all students who struggle in school will have opportunities to learn to their potential. We partner with families to provide those solutions.

### **Billing**

Ponzuric Learning Solutions offers rates to support access for all clients. Insurance company billing is not available at this time.

- Full payment for intervention service packages is due at the time of initiation of services.

### **Cancellations and No-Shows**

Forty-eight (48) hours advance notice is required for cancellations and/or rescheduling requests. We understand that urgent matters sometimes arise, so we will not charge a fee for the first missed session. Subsequent missed sessions or late cancellations will incur a \$40 fee, payable prior to the next scheduled appointment.

### **Services**

- Intervention: Intervention sessions generally last 1 to 1 ½ hours.

### **Public School Services**

In many cases, assessment and intervention services for school aged clients can be provided by the public schools at no charge to the family.

### **Intervention Risks and Benefits**

Intervention is typically not an emotionally charged activity, but anxiety and/or frustration can arise during certain sessions. Every effort is made to mitigate any negative impact intervention may have on the client. Interventions may include some psychological discomfort depending on the nature of the concern. Families are advised to communicate their concerns to the educational psychologist so that they may be addressed.

### **Minors**

Sessions are conducted with the highest level of confidentiality. The student benefits from some expectation of privacy, and although progress in treatment will be shared, details of the student's experience will be limited. In certain cases with minors, clinicians are mandated reporters in regard to harm to the student and/or others.

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### **Confidentiality**

All information disclosed in sessions is confidential and may not be revealed to anyone without the client or guardian's written permission, except where disclosure is mandated or allowed by law. Such situations include the following:

- The licensed educational psychologist believes that a client may be a danger to themselves, another, or another's property and that disclosure is necessary to prevent the danger. In the case of danger to another, the psychologist is required to notify the police and take reasonable steps to warn the intended victim.
- There is a reasonable suspicion of actual or potential child abuse (emotional, physical, sexual) or neglect involving the client, or someone known by the client.
- There is a reasonable suspicion of neglect or abuse of a dependent adult or elderly person.
- A client is "gravely disabled" (i.e., is unable to take care of basic needs such as feeding, self-grooming, getting home safely).
- A valid court order (legal subpoena) is issued for a client's files.

### **Abuse**

If there is reasonable belief that abuse, neglect, or violence is happening, the licensed educational psychologist is required by law to report the abuse to a government agency.

### **Records**

A licensed educational psychologist shall retain a client's health service records for a minimum of seven (7) years from the date therapy is terminated. If the client is a minor, the client's health service records shall be retained for a minimum of seven (7) years from the date the client reaches 18 years of age. Health service records may be retained, in a secure location, in either written or electronic format.

### **Contact** (Also see "Emergencies," below.)

Call the educational psychologist, leave a voicemail, or send an email when you have questions or need assistance. Although I cannot always respond immediately, I monitor messages throughout the day and make every effort to return calls on the same day (except on weekends and holidays). If you are difficult to reach, include times when you will be available. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact, if necessary.

### **Emergencies**

- If you are experiencing an urgent matter, call your primary care physician or 911.
- If a family member is threatening violence or suicide, immediately call 911. The police are well trained to handle situations ranging from suicidal individuals to out-of-control teens.
- Additional numbers that may be helpful include:
  - California Youth Crisis Line: (800) 843-5200
  - Child Abuse Hotline: (800) 540-4000
  - Domestic Violence Hotline: (322) 681-2626
  - Elder Abuse Hotline: (800) 992-1660
  - Suicide Prevention Center: (310) 391-1253.

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**Patient Bill of Rights (California Board of Behavioral Sciences)**

Patients have the right to:

- Request and receive information about the psychologist’s professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
- Have written information about fees, payment methods, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning sessions.
- Receive respectful treatment that will be helpful to you.
- A safe environment, free from sexual, physical and emotional abuse.
- Ask questions about your sessions.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request and receive information from the psychologist about your progress.
- Know the limits of confidentiality and the circumstances in which a psychologist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your psychologist will discuss your case.
- Refuse a particular type of treatment, or end treatment without obligation or harassment.
- Refuse electronic recording (but you may request it if you wish).
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a psychologist.
- Receive a second opinion at any time about your sessions or psychologist’s methods.
- Have a copy of your file transferred to any psychologist or agency you choose.

Your signature below indicates that you have read and fully understand all of the policies and procedures described above;

- understand that violation of any of these policies may result in the termination of services;
- are voluntarily consenting to and authorizing Jenny Ponzuric to provide or counseling/intervention sessions.

\_\_\_\_\_  
Client Signature (if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if client is under the age of 18)

\_\_\_\_\_  
Date

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