
Risa Newell, Ph.D., L.L.C., Licensed Clinical Psychologist

7047 E. Greenway Parkway, #250 | Scottsdale, AZ 85254 (T) 602-478-1477 (F) 602-773-0998 risa@newellphd.com
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**Signature required below*

Psychological Services

Psychotherapy is an interactive process between Psychologist and Patient that involves discussing and understanding the problems you are experiencing. The goal of psychotherapy is to reduce distress using various therapeutic methods that address thinking, feeling, and behavior. Frequency of sessions and length of treatment can vary a great deal. Sessions may be either in-person or Telehealth.

Psychologists do not prescribe medication, so I may refer you to a psychiatrist or other medical provider for a medication evaluation, if needed. You may wish to have a family member or significant other join a session, which is always an option, if relevant to your treatment goals.

Psychotherapy involves both risks and benefits. You may wish to discuss individual, relationship, or family issues that are upsetting and causing you to experience sadness, anger, loneliness, or fear. Psychotherapy calls for active participation on your part. It is imperative that you report any self-destructive, suicidal, or homicidal behavior, as well as any abusive or dangerous situation that may impact your safety and mental health.

For treatment to be most effective, you will need to continue to work on therapeutic issues between sessions. Benefits of psychotherapy often include stress reduction, relationship enhancement, and problem resolution, as well as improved understanding, skill development, and a greater ability to address future challenges.

Treatment begins with a Diagnostic Evaluation, including completion of the Patient Identification and History Form, where I will:

- 1) Assess what brought you to treatment;
- 2) Ensure that I can provide you the most effective interventions;
- 3) Develop a treatment plan with goals and objectives, and
- 4) Recommend solutions for symptom reduction, problem solving and behavior change.

Your evaluation is an important time for you to assess your comfort level in working with me and with my treatment recommendations. If you decide that this is not for you, I will be happy to assist in a referral. Throughout therapy, I provide evidence-based interventions, emotional support, and guidance to help you reach your desired goals. This treatment can help patients better manage distress, recognize their strengths and resilience, and make meaningful life changes, which can also enhance confidence and self-esteem.

Professional Fees and Sessions

Our first session will involve an evaluation of the problem that led you to seek treatment. I will gather and review relevant historical and diagnostic information, requiring that we meet for the full hour (Initial Evaluation \$200).

Following this, I will be able to offer you some clinical impressions and an Initial Treatment Plan. Should we agree that therapy is indicated and that we will work together, I will typically schedule weekly or biweekly 45-minute (\$150) or 60-minute (\$175) sessions. Other professional services - such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings which you have authorized, and time spent performing any other service you may request of me - are charged on a prorated basis. If you become involved in legal proceedings that require my participation, you will be charged for my professional time, even if I am called to testify by another party. For court appearances, I charge a minimum of \$500, due in advance of the appearance.

Cancellations or Missed Appointments

For a sick or unexpected cancellation, please text or call 602-478-1477. Please do not email because of possible delays. If sick – please cancel by 8:00 AM the day of your appointment. Please note that insurance companies do

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not reimburse for late cancellations or missed appointments. If possible, please provide 48-hour notice to cancel or reschedule an appointment, excluding emergencies. If adequate cancellation notice is not given, a \$75 Late Cancellation Fee will be assessed. Missed appointments are \$100. If several appointments are cancelled or missed, we will need to reconsider our agreement to work together.

Contacting Me

My direct line is 602-478-1477. My email is risa@newellphd.com. I am often not available by telephone and generally rely on voicemail, email and text messages. I always carry my business cellular telephone with me and routinely check messages throughout the day. I respond to urgent matters as soon as possible. However, I typically return calls, texts, and emails at the end of my business day, generally after 7:00 PM. If you need immediate assistance and are unable to reach me, please contact a Crisis Line at 480-784-1500 or 602-222-9444, call 911, call your family physician, or visit your nearest emergency room. If I am unavailable for an extended period of time, I will provide you with the contact information of a trusted colleague.

Billing and Payment

All fees, copays, coinsurance, deductible amounts, and cash payments are due at the time of service, unless other arrangements have been made in advance with Dr. Newell. I store encrypted credit or debit card information in my practice management software, Therapy Notes, which will be used to cover session cost, deductibles, copays, coinsurance, and late-cancellation or no-show fees, unless other arrangements have been made. My office will submit claims to all in-network insurance plans. You are ultimately responsible for payment of services rendered if your insurance company denies a claim made on your behalf.

Insurance Reimbursement

It is very important that we determine what mental health services your insurance covers. My office will attempt to contact your insurance company to verify your benefits prior to your initial visit. I will prepare and send in-network claims directly to your insurance company. Please understand that, in order to process claims, insurance companies require that I provide them with information relevant to your treatment, such as a diagnosis, treatment plan or treatment summary. Every effort will be made to release only the minimum information about you that is necessary. Though all insurance companies claim to keep such information confidential, I have no control over how they manage this data, once it is submitted. Sometimes insurance companies request a utilization review, where they ask for more detailed information about your treatment to determine medical necessity for payment.

Professional Records

Arizona state law and the standards of my profession require that I keep treatment records for a minimum of seven years. You are entitled to inspect your medical record by providing a written request. Because these are professional records and may be misinterpreted, I recommend that we review your chart together so that I may address any questions that might arise. Please review the attached Notice of Privacy Practices for detailed information regarding the Health Insurance Portability and Accountability Act (HIPAA), a federal law that ensures privacy protection and patient rights on the use and disclosure of your Protected Health Information for the purpose of treatment, payment, and health care operations. Your records are stored in both an electronic form (computer) and on paper (locked cabinet). Should I become incapacitated or close my practice, a designated professional will act as executor and will attempt to contact my current and recent patients. The executor will facilitate transfer of your medical record to your choice of provider, if requested. If unable to reach you at that time, the executor will ensure that your records are stored in a secure and confidential manner as required by law.

Limits of Confidentiality

All communication between a Patient and a Psychologist is protected by Psychologist-Patient Privilege law. Release of Information about your treatment can only be given with your written authorization, noting the following exceptions:

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- If you inform me that you are threatening serious bodily harm to yourself or someone else, I must take protective action that may include hospitalization, contacting the police and your Emergency Contact, and/or notifying the potential victim.
- If I believe a child, elderly or disabled person is being abused, neglected or exploited, I am required to file a report to the appropriate agency.
- If a judge (court-order) requires me to testify about you or you are accused of a crime and use your sanity as a defense.
- If you file a complaint against me, I will use my records to defend myself.
- If a medical emergency arises while you are in session, I will contact emergency services and/or the Emergency Contact designated on your Intake Form.
- If you file a worker's compensation claim and I am providing services related to that claim, I must provide appropriate reports to the Worker's Compensation Commission or the insurer.
- If a government agency is requesting information for health oversight activities, I may be required to provide it to them.

The above situations are rare, and I will make every effort to speak with you before taking any action. The laws governing confidentiality are complex and certain situations may require legal advice. If I consult with another professional about a case, I will make every effort to avoid revealing identifying information. The consultant is also legally bound to keep the information confidential.

Patient Rights

- To be assured that the information you share is kept confidential, except for the limits above.
- To receive an explanation of your diagnosis and treatment.
- To participate in decisions regarding your treatment.
- To receive information about the fees for your treatment.
- To address any concerns/grievances with me.
- To contact me at any point with questions about your treatment.

Complaints

If you have a concern or complaint about your treatment, please talk with me about it. I will make every effort to address your concerns and remedy the situation. If you believe, however, that I have been unwilling to respond or have behaved unethically, you may contact the Arizona Board of Psychologist Examiners and they will hear your complaint and review the services I have provided. (Arizona Board of Psychologist Examiners, 1740 W. Adams Street, Phoenix, AZ 85007, 602-542-8162, www.psychboard.az.gov.)

Thank you for choosing my practice! I look forward to working together to help you feel better and reach your desired goals.

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Therapeutic Agreement Consents

Please sign and date the following consents:

I have received a copy of the Psychological Services Agreement and have reviewed any questions or concerns I might have with Dr. Newell.

_____/_____/_____
Signature Date

I hereby request and consent to treatment rendered by Risa Newell, Ph.D. This consent is for voluntary treatment on an outpatient basis.

_____/_____/_____
Signature Date