Dr. Ginette Perrin

Financial Terms:

Fee Structure:

- Initial session $200.00
- Individual therapy: $150.00
- Couples/Family therapy: $165.00
- Letters: $65.00 (not reimbursed by insurance companies)
- Psycho-diagnostic evaluations, letters/reports, consultations with other health care professionals, or telephone conversations of more than 10 minutes: $150.00 per hour
- Missed Appointment charge: $150.00

Payments are due at time of service
We accept cash, check, Visa and MasterCard

Unless your insurance is Medicare or TRICARE West Region, a pre-payment equivalent to 50% of full session fees listed above will be required at the time of service and until payment is received by the Insurance Company. Once first reimbursement is secured with your Insurance Company, we will adjust any discrepancies between the pre-payment and the amount owed.

Name of insurance: ID#

Cancelation, Missed Appointment, and fees for services rendered:
A consultation "hour" is around approximately 55 minutes. If an appointment is missed or cancelled with less than 24 hours notice you will be billed the fee schedule listed above. You will be asked to have a credit card number on file with our office.
Payment is due at the time of service including deductibles, copays, and documents requiring Dr Perrin's signature. The patient is responsible for payments not covered by their insurance company
Bounced checks: the bank service charge, in addition to the amount of the check, will be processed to the credit card we have on file.
By signing this form you allow the office of Dr Ginette Perrin to charge the credit card we have on file for you for the above mentioned fees and service charges.

Initial Here: _____

Limits of Confidentiality Statement:

All information between practitioner and patient is held strictly confidential. There are legal exceptions to this:

1. You signed a release of information.
2. The records may be subpoenaed under certain conditions, and may be obligated to surrender them to the court.
3. You report to me that you are the perpetrator or victim of child abuse or molestation. Then I am obligated to report it to the authorities. If abuse is suspected, I need to report.
4. Child/elder abuse/neglect is suspected.
5. You indicate to me that you want to hurt or kill yourself or someone else. I must act to notify potential helpers or victims.

28581 Front Street, Suite 108
Temecula, CA
92590

Ginette Perrin, Psy. D.
Clinical Psychologist
CA Lic.22749

PH: 619. 955 .2059
FX: 760. 645 .7059
www.drginette.com

6. If you are a minor, your parents and guardians will be informed of your progress, if they ask. However, I will not discuss any details of our conversations without your permission.
7. As necessary for continuity of care.

It is understood that in cases #3, #4 and #5, the psychologist is required by law to inform potential victims and legal authorities so that protective measures can be taken. All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to the specified person, persons, or agency. If group therapy is utilized as part of treatment, details of the group discussion are not to be discussed outside of the counseling session.

Initial Here: _____

Release of Information:

I authorize release of information to my **Primary Care Physician, Psychiatrist, other health care providers, institutions, and referral sources** for the purpose of diagnosis, treatment, consultation and professional communication. If I am an insured client, I further authorize the release of information for claims, certification, case management, quality improvement, benefit administration, and other purposes related to my health plan.

Initial Here: _____

Appeals and Grievances:

The Department of Consumer Affairs˘Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the board on the Internet at **www.psychboard.ca.gov**, by e-mailing **bopmail@dca.ca.gov**, or calling 1-866-503-3221.

Initial Here: _____

Emergency Access:

Should a crisis occur, you may call my office to request an extra appointment. If you have an immediate need to talk with someone, please call the **Crisis Hotline at 800-479-3339**. If you have any other emergency, please call
9-1-1.

Initial Here: _____

Consent for Treatment:

I authorize and request Dr. Ginette Perrin to carry out psychological exams, treatment and/or diagnostic procedures, which now, or during the course of my treatment become advisable. I understand the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my psychologist can make no guarantees about the outcome of my treatment. Further, the psychotherapeutic process can bring uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between Dr. Perrin and myself.

Initial Here: _____

Patient; or parent/guardian Signature _____ Date: _____

Staff signature: _____ Date: _____

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