

LEANNE L. EARNEST, P.H.D.

Licensed Clinical Psychologist

8440 W. Lake Mead Blvd #206

LAS VEGAS, NEVADA 89128

(702) 496-4839

StressLessLasVegas.com

Type of Practice: Thank you for selecting me to evaluate and care for you and/or your minor child. I have a Ph.D. in clinical psychology from the California School of Professional Psychology and I am a licensed clinical psychologist. Before this I was a licensed marriage and family therapist and a registered nurse for many years. My training is diverse and I specialize in performing psychological evaluations, behavioral assessments, cognitive behavioral therapy, dialectical and mindfulness-based therapies.

Office Hours: My private practice is limited to a part-time basis. I generally schedule appointments Monday and Wednesday evenings. I can be available at other times on a limited basis.

Telephone Procedures: When you call the office to speak with me, I most likely will not be immediately available and your call will be forwarded to my pager. Kindly leave your name and number and I will get back to you as soon as possible. Occasionally my cellular phone will drop a message, so if you do not hear from me, please leave another message.

Emergencies: I have a regular meditation practice and a very limited part-time private practice. I am often not available by phone and therefore do not consider myself a resource for emergencies. We will identify an emergency contact together at the outset of treatment and discuss whether or not this will meet your needs.

If you have an emergency you may call 911 or:

Division of Child and Family Services 486-6100

Southern Nevada Adult Mental Health Crisis Unit 486-8020

If I am not available due to illness or a planned vacation, with your permission, your treatment information can be made available to a responsible mental health professional.

Evaluation and Treatment Sessions: In most instances, treatment begins following an evaluation. Before treatment begins, we will discuss whether or not we feel that we can work well together. Possible treatment goals, treatment methods and length of treatment are discussed and selected through a collaborative process.

Fees: A separate fee agreement will be made available to you. Intake appointments (for individual therapy) last for 60 minutes and follow-up appointments are 45 minutes with the remainder of the hour used for documentation. It is customary to pay fees in full at the time of service and/or before any written reports are provided. You will be provided with a receipt that you can submit to your insurance. Follow-up appointments and/or regularly scheduled meeting times will be established at the close of each session. If it is not possible to keep your appointment, please call at your earliest convenience to reschedule. In any event, please call at least 24 hours in advance so that someone on my waiting list can be offered your time. **Any cancellation made with less than 24 hour notice will be charged to you in full and is not billable to your insurance.**

Risks and Benefits of Psychotherapy: Persons contemplating psychotherapy should realize that clients frequently make significant changes in their lives. For example, clients may make changes in their emotions, attitudes and behaviors. They may also make changes in their significant relationships or employment. However, specific outcomes cannot be guaranteed. A large part of treatment success depends on your commitment and involvement with the process. Once your evaluation is completed, you and/or your child will be actively involved in selecting your treatment goals and treatment methods. At times, the discussion of alternative treatment strategies such as medication may be appropriate. If you have any specific questions about therapy, please ask.

Risks and Benefits of Psychological Testing: If you are here for psychological testing, you have the right to an explanation of the tests being administered. Psychological tests can be very personal in nature and many individuals feel a certain amount of discomfort sharing this information. You may decline answering individual questions, or

stop the testing process at any time. In those situations, I can try to make the best use of the information available. You also have the right to a summary (which may be either verbal or written) of any test results.

Termination: Treatment is most often ended by mutual agreement. Both the client and the therapist have the right to terminate treatment. Most often, this decision is best discussed during a session. Discussing the advantages and disadvantages of terminating your treatment with your therapist is often helpful. If you are thinking about terminating from treatment before you reach your goals, we can talk about revising your goals and/or change the structure or focus of therapy. If requested, assistance will be provided to smoothly transition to another treatment provider. In any event, if you decide to terminate treatment, please communicate this during a session, by writing or telephone.

Medical Records: A clinical record is maintained for services provided and is maintained in a locked file. Under the Nevada State Law, you have access to the information in your record. When parents are divorced or separated, and the child is in treatment, the other parent may have access to the record as well. For adults 23 and older, your record will be kept for five years and until age 23 for children.

Confidentiality: Information about evaluation and treatment is confidential. This information will not be released to insurance companies, attorneys or others without a court order or your written consent. Electronic transmission, communication by email does not have the same safeguards for confidentiality. Please limit any communication by email to brief questions or clarification of appointment times.

Limits to confidentiality: Certain laws and ethical standards limit the confidentiality of treatment information as follows:

As a licensed clinical psychologist in the State of Nevada:

I am:

- required to report suspected incidents of abuse or neglect of children, vulnerable individuals or elders to law enforcement authorities.

I may:

- breach confidentiality if you or your child are suspected to be a danger to self or others.
- be required to report treatment information to the court if you or your child’s mental status is used a defense in court proceedings.

Please read the statement below carefully before signing:

Client/Guardian Consent to Treatment: My signature below indicates that I have read and I understand the procedures described above. It also certifies that I have the legal right to authorize treatment for myself and/or my child. I understand the nature and purpose of the evaluation and treatment procedures. Following the evaluation I will be informed of recommendations and, I may then choose to enter a collaborative relationship to reach my goals.

Signature of Client or Guardian Date

Signature of Child or Youth Date

Signature of Witness Date