

CONSENT FOR TREATMENT AGREEMENT

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them prior to your signing this document. Once you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy, also known as “talking therapy,” can be practiced using various methods. Often, the method is dependent on the personalities of the psychologist and client, and the problems being treated. In order for psychotherapy to be successful, the client often must engage in additional work between our meetings, in order to practice new behaviors and continue the process of gaining deeper insight into the issues we discuss.

Psychotherapy has benefits, but it also involves risks. Psychotherapy can uncover unpleasant feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy often helps people build better relationships, find solutions to problems, and reduce feelings of distress. Although there can be no guarantee that psychotherapy will produce this or that positive outcome, effective psychotherapy has helped many people to change their lives in positive ways.

The first few sessions of psychotherapy involve an evaluation of your needs. By the end of the evaluation, I will describe my initial impressions of the work that I believe would be beneficial. It is vital that you evaluate this information and come to your own decision regarding whether you will choose to work with me. Therapy involves commitments of time, money, and energy. In making these commitments, it is best that you be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional who can provide you a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can assess whether I am the best person to provide the services that will assist you to meet your treatment goals. Psychotherapy sessions are typically 45 minutes long but may be longer. Sessions are generally conducted weekly. The frequency of appointments and the length of individual sessions vary from person to person and may vary during the course of treatment. We make decisions in this regard together, during the collaborative treatment process.

MISSED APPOINTMENTS

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours of advanced notice** of the cancellation, **regardless of the reason for the cancellation.** This cancellation policy is not intended to represent a penalty or punishment, but rather a means

of accounting for a time when I was unable to work with a different person who would have been available during that hour.

PROFESSIONAL FEES

The fee for a 45 minute psychotherapy appointment is \$175.00. A limited number of reduced fee clients can be seen. These spaces are generally reserved for those clients who do not have family resources to assist them and/or those who are confronting multiple health-related challenges or work-related crises that are impacting on their ability to pay. The charge for other professional services you may need is \$200.00 per hour, which will be charged by the quarter hour. Other services include report writing, telephone conversations lasting longer than ten(10) minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, I ask that you reimburse me for the time I am asked to participate even if I am called to testify by another party. Although I am a licensed attorney, my participation cannot and will not include my providing legal advice or representation. Due to the complexity of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

Payment for each session is due by the start of the session or prior to it. Payment schedules for other professional services will be agreed upon when they are requested. If, for some reason, a balance develops in your account, and your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I may secure payment by other means. This may involve hiring a collection agency or going through small claims court. If legal action is necessary, its costs will be included in the claim. In collection situations, the only information I would release regarding a patient's treatment is his/her name, contact information, the general nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for out of network mental health treatment. To assist you in making a claim, I will provide at no charge a summary of the sessions I have provided up to the date of your request. **I will never communicate with your insurance company without your prior consent.** You would be responsible for identifying which mental health services your insurance policy will reimburse and the amount of reimbursement you can expect. You will also be responsible for finding and submitting the forms for reimbursement.

If insurance coverage is important to you, you may want to call your plan administrator to clarify types of coverage and monetary limits. It is important to be mindful that any information I provide the insurance company regarding our work together will become part of your health care treatment record your insurance company maintains. I will provide you with a copy of any report I submit to your insurer, if you request it.

You should also be aware that most insurance companies require me to provide them with a clinical diagnosis. In addition, I may have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). To protect your privacy, **I will not provide anything to your insurer without your prior permission.**

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by an automated system that is private. I monitor my phone frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In an emergency, for immediate help you should only contact 911 for assistance, rather than seeking that from me. You may also try to contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will inform you of that and will make arrangements with you so that you will have a way of seeking support while I am away, should we decide that would be helpful.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you, instead. Professional records can be misinterpreted by untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen(18) years of age but are twelve(12) years of age or older, California law likely gives you the authority to consent to your treatment without your parents' permission. It is my policy to ask for contact information for your parents. Unless there is a reason why it would be inappropriate for me to inform your parents that we are working together, California law requires that I do that and I normally would do that, with your permission. If you were to grant me this permission, I would provide them only with general information about our work together. Normally, this is done only at the beginning and end of our work together, unless I feel at some point that there is a high risk that you will seriously harm yourself or someone else. In that case, I would notify them of my concern immediately.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional

condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency. Another example involves a situation in which I believe that a patient is threatening serious bodily harm to another person. I am required to take protective actions in such a situation, such as notifying the potential victim, contacting the police, and seeking hospitalization for the threatening patient. If the patient threatens to harm him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Finally, I may occasionally find it helpful to consult other professionals about our work together. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex. Although I am an attorney, I cannot act as your attorney, including providing brief legal advice.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Printed Client Name

Client Signature

Date