

## Patient Consent to Treatment with Policies and Procedures

Welcome to my practice.

The following information is provided to assist you in understanding policies and procedures at my office. I strive to provide you with quality mental health services that meet your unique needs as a client. Please read the contract carefully and do not hesitate to ask me questions about these policies.

### Appointments and Cancellation Policy

Clients are seen by appointment only. I have a strict 24-hour cancellation policy. Please give no less than 24 hours advance notice to avoid being charged a late cancellation fee equivalent to your usual fee for appointments. Please note: If you usually use insurance to pay for your sessions, you will be fully responsible for this late cancellation fee, as your insurance company will not pay for it.

### Emergencies and Telephone Calls

You may leave me a message at any time on my office number 510.545.2321. If you are in crisis and need immediate assistance, please call 911 or go to the nearest emergency room. I return messages only between Mondays and Fridays, 9 am to 9 pm. This means that I do not return after hours calls until I retrieve messages during these times.

### Fees and Payments

Fee: My full fee for individual therapy is \$140 for a 50-minute session, \$180 for a 75-minute session, and \$210 for a 90-minute session. For relationship counseling, I charge \$160 for a 50-minute session or \$200 for a 75-minute session. The fee for group psychotherapy is determined per group.

Payment: I accept payment in cash, check, or credit card.

Late Payment Fees: Full payment is expected at the time services are rendered unless otherwise agreed upon. A grace period will be allowed with no late fee if payment is received by 6:00 pm the following business day. After this time, there will be a \$20 charge for late payment within the first week, and a \$30 charge thereafter.

A collection agency and/or the courts may be used in the event of delinquent payment of more than 60 days. This would require that certain information is released to the collection agency, attorneys, and/or the courts, which identifies the parties involved, gives the patient diagnoses, and describes the dates and nature of the charges, as well as other information contained on any claim filed. There will be a 33.33% collection charge added to the outstanding balance and you are responsible for any costs incurred from the collection agency.

### Out-of-Network Insurance and Issues of Confidentiality and Privileged Communication

I take your confidentiality very seriously. Please be aware that using insurance may limit confidentiality and control over your treatment. If you choose to file out-of-network insurance coverage, it is your responsibility to ascertain out-of-network insurance coverage and file your own claims. I will provide an invoice for you with the documentation and diagnosis needed in order to file a claim with your insurance company. Beyond this required documentation, unless you specifically sign a release of information authorizing me to talk to someone, all communications here are kept private, confidential, and privileged (i.e., If someone calls me asking about you, I will not acknowledge knowing you unless you sign a release form.).

Psychotherapists have a strong privileged communication law, which carries the same legal status as that of attorney-client. What you talk about in your sessions with me is protected by privileged communication laws and confidentiality principles, with the following specific exceptions:

1. Imminent danger of client harm to self, to others, or by others.
2. Suspected abuse or neglect of a child or adult who cannot take care of themselves, including the elderly and disabled (made to the Department of Human Services).
3. Demographic information related to suspected domestic violence.
4. Court order for clinical records, if client is involved in legal proceedings.

Social Media and Technology Policy

The following policies serve to inform you about how I conduct myself as a mental health professional on the Internet.

- Social Media: I do not accept or respond to friend requests from current or former clients on social networking sites, as this may compromise confidentiality, threaten the integrity of treatment, and blur the boundaries of our therapeutic relationship.
- Interaction: Please do not use SMS (mobile phone text messaging), messaging on social networking sites, or wall posts to contact me. If you need to communicate with me, please do so via telephone or secure e-mail.
- E-mail: While I use a secure e-mail account to correspond with clients, this is done mostly to ensure that our therapeutic relationship is confidential. I prefer using e-mail only for scheduling or other logistical concerns. Any correspondence via e-mail is retained in the logs of your and my Internet service providers. While it is unlikely that anyone will read these logs, they are available to be read by the system administrator(s) of Internet service providers. Also please be aware that any written communication you have with me will be printed out and kept in your treatment record. In order to ensure your privacy and confidentiality, I will ask you for a security question and answer that you will have to answer in order to open my e-mails to you.
- Use of Search Engines: It is NOT a regular part of my practice to search for clients (potential, current, or former) on search engines (e.g. Google, Facebook). Extremely rare exceptions may be made in times of crisis if I suspect you or someone else may be in imminent danger. If I ever resort to such means, I will fully document it and discuss it with you in our next session.
- Business Review Sites: You may find my psychology practice on sites such as Yelp, Healthgrades, Bing, or other places which list businesses. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you. The American Psychological Association’s Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials. You have a right to express yourself on any site you wish, but I ask that you consider your confidentiality when doing so. Due to confidentiality, I cannot respond to any review on any of these sites, whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services I have provided.

California Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825, 1-866-503-3221

Your Informed Consent to Care

I have provided this information to you in the hope of fully informing you about the policies of my office and some of the parameters of care you will receive here, such as the importance of confidentiality. Psychiatric and psychological care, like other things in life, offers no absolute guarantee of success and there are limitations to any form of care offered a client/patient. Since such limitations are always a function of the particular problem in question, I invite you to discuss your treatment with me.

Please feel free to discuss any of these matters with me in more detail. By signing below, you acknowledge having read, understood, and agreeing to these policies and procedures. Your signature acknowledges your informed consent for care. I recommend printing a copy of this form for your records.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Client  
is Less than 18 Years of Age

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Therapist

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date