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## Client Information and Agreement

Welcome to my practice. This document contains important information about how I like to work with my clients. Please read it carefully and jot down any questions you might have so that we can discuss them when we meet.

### Psychological Services

Psychotherapy varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

While psychotherapy has been shown to have significant benefits for most people who apply themselves to it, no outcome is guaranteed, and it can be unpleasant, difficult work. Because it often involves discussing troublesome aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

Our first few sessions will be an evaluation of how best to meet your needs. By the end of the evaluation, I will be able to offer you an assessment of your situation and a plan for moving forward. You should evaluate this information along with your own sense of how comfortable you feel working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. Most clients have questions about the process of therapy, and I encourage you to raise those so we can discuss them when they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### Contacting Me / What to do in an Emergency

I am often not immediately available by telephone. I check voicemail daily, except weekends and holidays, and will make every effort to return your call as soon as I get it. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, the nearest emergency room, or Psychiatric Emergency Services at (415) 206-8125. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### Arriving Late

If you are going to be more than 10 minutes late, please call me to let me know, or I may not be available when you arrive.

### Fees

I charge \$200 for a 50-minute session. I prefer that you pay at the time of the session. If you would like to set up a different arrangement, please let me know.

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Once we schedule an appointment, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation.

I charge my regular fee for other professional services, including phone calls lasting longer than 10 minutes, report writing, attendance at meetings with other professionals you have authorized, etc.

## **Confidentiality**

In general, the privacy of all communications between a patient 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.

-If I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate state agency.

-If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

-If a patient presents a threat of bodily harm to another, I am required to notify the potential victim and contact the police. I also may need to seek hospitalization for the patient.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

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.

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.

## **Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to defer access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have.

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## Insurance

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 mental health treatment. I will give you a bill for my services that you can submit to your insurance carrier for reimbursement. In addition, I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

## Access to Records

As outlined in the accompanying HIPAA Notice of Privacy Practices, you have certain rights to your Health Insurance Portability and Accountability Act (HIPAA) – defined Protected Health Information. In addition, you are entitled to review or receive any other records that I keep, unless I believe that seeing them would be emotionally damaging. I generally recommend that we review records together. Alternately, I may be able to prepare a summary for you or to send them to a mental health professional of your choice who can review them with you. Your signature below indicates that you have read and agree to the information in this document.

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Signature

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Date

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date