

## Office Policies & Procedures

Welcome. This document provides information about my professional services and business policies. Before your child begins treatment, it is important for you to understand my approach and agree to some rules about his or her treatment. Please read this document carefully and let me know if you have any questions or need more information. I will be glad to clarify. When you sign the Acknowledgment and Consent form, it will represent an agreement between us.

### Confidentiality

In general, law protects the privacy of all communications between a client and a psychologist. I can only release information about my work with your child to others with your written permission. However, there are a few exceptions.

**When Disclosure is Required by Law:** 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 disabled person has been abused or neglected, I must file a report with the appropriate agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client 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.

**When Disclosure May Be Required:** In many legal proceedings, you have the right to prevent me from providing any information about your child's treatment. In some proceedings involving child custody and/or those in which your emotional condition is an important issue, the confidentiality of my records may be limited.

**Health Insurance and Confidentiality of Records:** Your health insurance provider may require disclosure of confidential information in order to process claims. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office.

**Minors:** Minors seeking therapy services should be aware that the law may provide parents the right to examine treatment records. It is my policy to work with teens and their parents to come to an agreement about what information can be shared and what information the teen would prefer to keep private. This is an important part of work with adolescents and young adults.

**Consultation:** I consult regularly with other professionals regarding my clients in order to provide the best possible care. However, clients' identity remains anonymous, and confidentiality is fully maintained. If I believe it is important to consult with another professional in depth and I believe identifying information about you or your child may be shared, I will ask you to sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you or your child.

**Email, Voicemail and Fax Communication:** Email, voice mail and fax communication can be easily accessed by unauthorized people, compromising privacy and confidentiality. Please notify me if you

would like to avoid or limit the use of any or all of these means of communication.

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 or at any other time they arise during our work together.

### **Benefits and Risks of Psychotherapy**

Participation in therapy can result in a number of benefits, including improvement or resolution of the concerns that led you to seek therapy for your child. Working toward these goals requires effort. Candid discussion about views of the therapy and providing feedback are part of the therapeutic process.

Remembering or talking about unpleasant events, feelings or thoughts during our work can result in your child experiencing discomfort, negative emotions or other difficult reactions. I may propose different ways of looking at, thinking about or addressing situations, which may cause you or your child to feel angry, challenged, disappointed or otherwise upset.

If you are concerned about your child's reaction to or experience in therapy, please speak with me about it. While change can happen quickly, it may also happen more slowly than desired. There are no guarantees of what your child or adolescent will experience.

One risk of child and adolescent therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the needs of the child. If such disagreements occur, I will try my best to listen carefully so that I can understand your perspectives and explain mine. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. If I believe that the treatment of a child is being impeded, I may elect to discontinue treatment or refer you to another professional.

### **Child & Adolescent Therapy**

Therapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" wherein they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents, who are naturally developing a greater sense of independence and autonomy. We will discuss and come to a mutual agreement about which information about your child's treatment may be revealed to you.

If your child is an adolescent, it is possible that he or she will reveal sensitive information regarding sexual contact, alcohol and drug use or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. I expect that you will carefully and directly discuss your feelings and opinions regarding acceptable behavior. If you have clear expectations, you agree to inform me of what they are. If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.

I am a treating professional and not acting as an independent forensic evaluator. Upon your request and subject to my clinical discretion, I may provide information to an independent evaluator. However, I am unable to make custody recommendations. You agree that my role is limited to treatment.

### **The Process of Psychotherapy**

**Initial Appointment:** The first appointment is usually a longer appointment of 75 minutes in length, which only the parent(s)/guardian(s) attend. This lengthier appointment allows us to talk about your concerns, discuss relevant background information, review my office procedures and decide whether it makes sense to proceed to the next step of my meeting with your child.

**Initial Assessment:** I typically meet with the child/adolescent in the second appointment, which is usually 45 minutes long. In particular for younger children, a parent is usually present for at least part of this appointment as we do introductions, orient the child to the therapy setting and discuss why he or she is there.

Our initial meetings provide the opportunity for us to decide if I seem to be well matched to provide the psychological services you are seeking for your child. My initial assessment usually takes from 2 to 4 sessions.

When the initial assessment is complete, I typically meet with parent(s)/guardian(s) to discuss my working understanding of the child's issues, a proposed treatment plan, therapeutic goals/objectives and possible outcomes.

**Regular Sessions:** If we decide to continue with ongoing psychotherapy, I usually schedule one 45 minute session per week at a mutually agreed upon time. In some situations the frequency or length of sessions may vary.

The success of therapy depends on the consistency and continuity of our meetings. It is important that your child attend regularly and is on time for appointments. Child therapy is based on the idea that such consistency provides a sense of security and predictability. Frequent cancellations, missed appointments, late arrivals or erratic scheduling may limit treatment effectiveness.

**My Approach:** As a psychologist working with children, I draw on my experience in both clinical and developmental psychology. I attend to strengths while applying psychological techniques and knowledge to support your child in reaching his or her treatment goals.

I welcome questions about your child's therapy at any time. If you have questions about other possible treatments for your child's condition and their risks or benefits, I encourage you to ask me about them. Throughout the therapy we will continue to assess whether the goals for your child are being met or if they require revision.

### **Contacting Me**

You may leave me a message on my confidential voicemail at any time. If you need to contact me between sessions for a small administrative matter such as rescheduling an appointment, please email me or call me. If you need to contact me between sessions regarding a clinical matter, please call me.

As described in my Social and Electronic Media Policy, for the protection of client privacy and confidentiality, I prefer to restrict the use of email to simple administrative matters such as scheduling. Please do not communicate with me via email regarding personal or clinical information or during emergencies. Texting is not part of my practice.

Due to the nature of my work, I am often not immediately available by telephone. However, I check my voicemail regularly during business hours Mondays - Fridays. I will attempt to return your call within a business day with the exception of holidays and vacations. I do not monitor messages on weekends, holidays or during vacation.

**Emergencies:** Although you can leave me a message at any time, I am often not available to call you back immediately. If an emergency situation arises, please call 911, Psychiatric Emergency Services at 415-206-8125 (24 hours a day), and/or go to your nearest emergency room.

**Vacations/Planned Absences:** I will give you advance notice of vacations and planned absences and request that you do the same. Please let me know in advance of school holidays or events that may conflict with your child's appointment. If possible I will try to reschedule your child's appointment for another day the same week.

**Office Space:** Although I share common space with other tenants, my practice is independent of theirs.

#### **Payment and Financial Information**

**Fees:** My current fee for a standard 45 minute sessions is \$175. My current fee for a 75-minute initial appointment is \$290. I review my fees annually and will provide advance notice of any fee increases.

Other professional services are billed and prorated in 15-minute increments on the basis of my standard session rate. This includes telephone calls over 15 minutes in length, consultation, attendance at meetings you have authorized, preparation of documents (including letters, reports, treatment summaries), report review, site visits and travel time.

If you plan to seek insurance reimbursement, it is important that you know that many of these other professional services are not typically reimbursed. If you have any questions about or issues with this, please speak with me about it.

Clients who seek reimbursement through insurance should remember that professional services are rendered and charged to the client and not to the insurance companies. You agree that you are ultimately responsible for payment.

I do not have a sliding scale. However, I offer a number of reduced fee slots during off hours. If you feel that financial considerations are a barrier to your seeking or receiving mental health services, please speak with me about it.

**Legal Proceedings:** If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. This includes time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

Appearances at legal proceedings are charged in 4-hour blocks (e.g. 8:00 AM to 12:00 PM). Payment of all fees must be made by credit card or cash no later than 5:00 PM, 3 business days prior to the scheduled court proceeding. You agree that if payment is not made in advance, I am not required to attend. This agreement shall supersede all other documents.

**Payment:** I accept payment by cash, check, credit or debit card. If you choose to pay by cash, please bring exact change. The fee for each session is due by the end of each session unless we establish an alternative arrangement. Payment for phone consultation is due at the next session. Payment schedules for other professional services will be agreed to when they are requested. Invoices are due upon receipt.

**Insurance:** I am an out of network provider. I do not accept medical insurance or bill insurance companies directly. If you wish to receive insurance reimbursement for your child's sessions, it will be your responsibility to communicate with your insurance company regarding potential coverage for out of network services, complete insurance forms and obtain reimbursements.

Insurance companies require a diagnosis and do not cover all of the issues that may lead a person to seek therapy. I can provide you with a monthly statement, which some people choose to use for filing claims with their PPO. It is always your responsibility to pay the full agreed upon fee for services at the time they are rendered, regardless of your insurance arrangements.

**Balances:** I do not permit clients to carry a balance of more than two sessions. If you do not pay for 2 or more sessions, I have the right to immediately stop treatment. Let me know if problems arise during the course of therapy regarding your ability to make timely payments. I reserve the right and you are hereby notified that I may use an external vendor such as a collection agency to collect unpaid balances.

**Returned Checks/Denied Credit Card Charges:** A \$25.00 fee will be charged for all returned checks. Clients are responsible for promptly making payment for any returned check or denied credit card fee.

#### **Cancellations, Missed Sessions and Tardiness**

Please let me know as soon as possible if you are running late. Sessions still end at the regular time, as I need to be prepared and on time for my next appointments. Please inform me as early as possible of a need to cancel or reschedule. With enough advance notice, we can often reschedule for another time the same week.

In order to maximize treatment effectiveness, it is expected that your child will attend therapy on a weekly basis (unless we agree to a different frequency of meetings). I set aside and hold your child's weekly time. I also limit the number of clients I see so that I may better address your child's needs.

Given challenges with filling your child's session time on short notice, I enforce a 24-hour cancellation policy. I will charge for appointments cancelled with less than 24 hour notice, unless we are able to reschedule for a later time that same week. Missed sessions are not reimbursable through insurance.

#### **Records and Your Right to Review Them**

Both the law and the standards of my profession require that I keep appropriate treatment records for at least seven years from the date a client reaches 18, in other words until the client is 25 years old. Unless otherwise agreed to, I retain clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records please discuss them with me.

As the parent of a minor client, you have the right to review or receive a summary of records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information may be harmful. In such a case I will provide the records to a mental health professional of

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Psychologist

your choice.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your child's records, I recommend that you review them in my presence so that we can discuss the contents. Clients may be charged a fee for professional time spent in responding to information requests.

### **Complaints**

If you have a concern about your child's treatment, please speak with me about it. As a licensed psychologist, I have the following notice posted in my office, but am also making it available here for your reference.

NOTICE TO CONSUMERS: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact the Board on the Internet at [www.psychboard.ca.gov](http://www.psychboard.ca.gov), by emailing [bop@dca.ca.gov](mailto:bop@dca.ca.gov), calling (916) 574-7720, or writing to:

Board of Psychology  
1625 North Market Street, Ste N-215  
Sacramento, CA 95834

### **Ending Therapy**

You may end your child's therapy or take a break from it at any time. Ideally, therapy involves a well-planned end point that we both agree upon. In this type of situation, your child's therapy ends when he or she has reached his or her treatment goals, and we agree that he or she is likely to maintain these gains. However, there are a variety of reasons therapy comes to an end, and not every therapy ends in this way.

I like to offer my clients my full support in leaving therapy. When you are ready for your child to end counseling, I would like to help him or her leave therapy well. In order to do this, all you need to do is give me advance notice. A month or so notice is ideal, although further notice is appreciated and may be beneficial for some children.

Noncompliance with treatment recommendations may necessitate early termination of services. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please let me know any time your financial situation changes.