

General Information

Agreement for Psychotherapy Services

This document contains important information about my professional services and business policies so we can begin with a clear mutual understanding of our work. Please read it carefully and feel free to ask about anything that is unclear to you. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues brought forward. There are many different methods that we may use to deal with the issues that you hope to address. 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. Sometimes you will have to work on things we talk about both during sessions and at home.

Since therapy often involves discussing difficult or painful aspects of your life as well as positive experiences and triumphs, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness during the process and will be assisted in working through these when and if they occur. Psychotherapy has been shown to have significant benefits for people who go through it, these outcomes include better relationships, increased understanding of oneself, increased choices instead of feeling stuck or trapped in old patterns, or solutions to specific problems.

Therapy never involves sexual or other dual relationship that impairs a therapist's objectivity and clinical judgment or threatens the safety of you, the patient.

SESSIONS

The first few sessions will involve an evaluation of your needs. During this time, we can both decide if I am the best person to provide these services in order to meet your treatment goals. By the end of this period of time, if I have not already done so, I will be able to offer you some impressions of what the work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working in this way. You always maintain the right to ask about other treatments for and about their risks and benefits.

Once psychotherapy has begun, I usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree upon. Based on your needs, some sessions may be longer or more frequent.

Missed sessions present a special problem in therapy because the given hour is specifically blocked out for you and often can not be filled on short notice. If you must miss an appointment, please notify me as soon as possible at (650) 566-9920. I will try to find another time to reschedule the appointment. Unless you give 48 hours notice of your intention to miss the session, you will be billed for the session. Insurance will not reimburse you for missed sessions.

PROFESSIONAL FEES

Sessions are 50 minutes long and are billed at the rate of \$225. If this rate should change, you will be given at least 2 months notice. Longer or shorter sessions are pro-rated by prior mutual agreement. You will be expected to pay for each session at the time it is held unless we arrange for monthly billings.

If for any reason you should become involved in legal action that requires your therapist or other counseling clinical staff to protect your privilege of confidentiality or testify on your behalf, you must agree to cover legal expenses and the therapist's time. I do not agree to take on any cases where there is an established legal case or where you would expect me to testify in any such case. Our contract is for treatment purposes only. In the rare case of your records being subpoenaed by the courts, you will be expected to cover the cost incurred by me for the processing of the records.

CONTACTING YOUR THERAPIST

Often, I may not be available immediately by telephone. Should you wish to reach me between sessions, you can leave a private voice mail message on my phone. If you will be difficult to reach, please leave information on this voice mail as to what times you will be available.

If you are unable to reach me and feel that you can not safely wait for me to return your call, contact your family physician or nearest emergency room and ask for the psychologist or psychiatrist on call. If necessary, you can do this by dialing 911, or you may call the suicide or crisis hotline at either (650) 368-6655 or (408) 279-3312. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in the event of an emergency or for sessions in my absence if these are needed.

PROFESSIONAL RECORDS

The standards of our profession require that we keep records. If the circumstances require it, you are entitled to receive a copy of your records, or a summary of your course of treatment. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you end up needing to see your records, I recommend that you review them in my presence so that we can discuss the contents together. There will be a fee charged for such a meeting as for any other session. Clients will also be charged an appropriate fee for any professional time spent in responding to information requests.

If you are involved in litigation of any kind and inform the court of your therapy with me, you may be waiving your right to keep your records confidential. The above situations rarely occur in our practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

INTERNET USAGE/SKYPE SESSIONS

If you decide to contact me via email please note that I cannot guarantee the confidentiality of any information communicated on the internet. Additionally, if we deem it necessary or helpful to consider doing a periodic session using Skype it is important that you know that I cannot guarantee the confidentiality of our communications via Skype. This is also true of any text communications between us. You may choose to not use any form of internet communication to ensure your privacy.

CONFIDENTIALITY

Confidentiality is one of the cornerstones of psychotherapy. As an individual in therapy, the basic rule is that what you tell your therapist is confidential and will not be repeated to any third party except at your written request or as specified below and in the accompanying documents.

The most common reason for confidentiality to be broken is around issues of safety. If you are a danger to yourself or others, I will act to protect the individuals involved. The specifics of these situations are explained in detail in the Notice of Privacy Practices provided in association with this document and in the Agreement for Psychological Intervention signed as part of this agreement.

In most legal proceedings, you have the right to prevent the therapist from providing any information about your treatment. In some proceedings involving child custody or those in which your emotional condition is an important issue, the judge may order the therapist's testimony if he or she determines that the issues demand it.

Regarding confidentiality, if the patient is under eighteen years of age, please be aware that the law may allow parents or guardians the right to examine treatment records unless I determine that access would have a detrimental affect on my professional relationship with your child or to his/her physical safety or psychological well being. The importance of privacy in psychotherapy for a minor varies depending on their age, needs, familial situation, and psychological issues. In some cases privacy can be crucial to successful progress, particularly with teenagers. In these cases, I will request an agreement between your child and yourself that either I will provide you/the parent or guardian with only general information about our work

together on a periodic basis or not be in communication with the parent unless I feel there is a high risk that the client will seriously harm himself/herself or someone else; or the minor and I decide that there are important issues to discuss or work on with their parents or guardians. In such situations, I will notify the parents or guardians of my concern and schedule a session or sessions with them. Before giving them such information, I will discuss the matter with the minor patient.

If you have any further questions about privacy and confidentiality please discuss them with me. The following signature(s) indicates that you have read and understood the limits of confidentiality as well as the other aspects of this psychotherapy services agreement.

Client Name (print)	Date	Signature
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Client (or Guardian)Name	Date	Signature
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Psychologist	Date	Signature
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