

Alison Jones, Ph.D.
Licensed Clinical Psychologist PSY30169
5700 Stoneridge Mall Rd., Suite 315
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(925)494-0637
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PSYCHOLOGICAL SERVICES AGREEMENT

This document contains important information about the professional services and business policies of Alison Jones, Ph.D., Licensed Clinical Psychologist. I am an independent practitioner and am not associated with or in business with any other practitioner in this location. Please read the information below carefully and feel free to discuss any questions you have.

CONFIDENTIALITY

The confidentiality of communications between you and myself (psychologist) is important and in general is legally protected. Normally, information can only be released to another individual with your written permission. There are, however, some important exceptions. For example, in suspected cases of child/adolescent abuse, reports are required to be made to Children's Protective Services. In cases of elder abuse or abuse of the disabled, reports to Adult Protective Services are required. In addition, when a person may be a danger to him/herself or another person, steps must be taken to prevent the danger. If you are suicidal, I will do whatever I can, including contacting spouses and/or family members, to ensure your safety. In most legal proceedings, you have the psychotherapist-patient privilege to protect information about your treatment. However, in certain court proceedings, or other legal activity, may limit your ability to maintain confidentiality. In the event that any of these situations arise, we will discuss how your confidentiality will be affected.

ELECTRONIC COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

Email and Text Message Communications

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with me should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Email and text messaging should not be used to communicate with me in an emergency situation. I make every effort to respond to emails, texts and phone calls within one business day, except on holidays. In case of an emergency, please call my phone line at (925) 494-0637. If I am not immediately available by phone, please call 911 or go to the nearest emergency room.

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter Instagram and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant privacy risks for you.

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BENEFITS AND RISKS OF TREATMENT

The majority of individuals who obtain therapy benefit from the process. Success may vary depending on the particular problems being addressed. Therapy requires a very active effort on your part. I like to think of therapy as a journey of self-exploration. My role is to guide you, help you understand the problems you are facing and help facilitate change in your life. Your role is to put these changes into effect. Some reasons why people seek therapy are because they think they can benefit from self-exploration, gaining insight into their problems and learning new skills. While there are many benefits from therapy, there are also some risks.

These risks may include experiencing feelings of anger, guilt or frustration. These feelings are a natural part of the therapy process and often provide the basis for change. Important personal decisions are often a result of therapy. These decisions are likely to produce new opportunities as well as unique challenges. For example, sometimes a decision that is positive for one family member may be viewed quite negatively by another family member. During your therapy with me, we will discuss your feelings, both positive and negative, and we will attempt to work through them.

I work collaboratively with my patients on their treatment goals. I want you to be included on any decisions made so that treatment goals are met and therapy is a rewarding experience. If you have questions about any services being provided at any time during treatment, feel free to ask me for clarification.

APPOINTMENTS

Appointments are available in my office, or by Skype or phone after an initial evaluation. I will only provide appointments by Skype or phone after determining whether such services are in your clinical best interest.

A therapy appointment is 50-minutes of session time and at least 10 minutes of preparation, review, and session documentation. Most people are seen once per week. However, frequency and length of treatment will depend on treatment goals and your needs.

Prior to your first appointment, I recommend a 15 minute phone consultation. This 15 minute consultation is free of charge. During the consultation, we can decide whether I am the best match to provide the services you need.

Scheduling

I provide services at a time that we mutually arrange. To schedule an appointment, please leave a voice mail, text message, or email me. If you email or text message me, please limit your communication to scheduling information. If you wish to provide me with additional information at the time of scheduling, please call and leave me a voice mail. I can be reached at (925) 494-0637 or alisonjonesphd@gmail.com.

I respond to messages within one business day. If I am out of town, another therapist will be available to assist you. In a crisis situation, I encourage you to call 911 or go to your nearest emergency room if I am not immediately available.

RELEASE OF INFORMATION

In order to maintain patient confidentiality, I require a written Release of Information if any information is to be released from my office (written or verbal).

PAYMENT AND FEES

I accept all forms of payment at the time of service. I accept cash, check or credit card. As a health care provider, I am also authorized to take HSA debit cards. If you are paying via credit card, the charge will run first thing in the morning and appear

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on your statement as "Alison Jones." I do not do any direct insurance billing, but I can provide you with a receipt of your therapy session that you can submit to your insurance company.

The standard charge for a 50 minute session:	\$185.00
The standard charge for a 90 minute session:	\$300.00
Phone Consultations over 10 minutes*:	\$3.25 per minute
Report writing:	\$185.00 per hour
Involvement in Legal proceedings	\$300.00 per hour
Meetings with professionals regarding your care:	\$185.00 per hour (at my office)
Travel time:	\$185.00 per hour
Review of Records:	\$185.00 per hour
Returned check fee:	\$40.00 per check

*Please note there is a charge for calls 10 minutes or longer. You will be required to pay for phone consultations at your next appointment.

It is very important that you keep your account current. If there is a financial hardship, we will work out a payment plan. I require every patient maintain a credit card on file for any outstanding payment due including no show. A credit card authorization form must be submitted at the time of your first appointment and kept up to date. Unless otherwise agreed upon, after 30 days, a charge of 10% interest per month will be added to any balance that you owe and delinquent accounts over 90 days will be turned over to collections. You will be notified by mail that your account will be turned over to collections if you do not pay the remaining balance. Please inform me as soon as possible if there is a problem paying your account.

INSURANCE REIMBURSEMENT

If you have a health insurance plan, it may provide some coverage for therapy. You can call your 800 number on your insurance card to determine benefits. The category of services is "outpatient" mental health. You need to be aware that insurance companies require me to provide them with a clinical diagnosis (if you have one) in order to process the claim. This information will become part of the insurance company file and will probably be stored in the company's data base. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). If you do not want me to provide your insurance with a diagnosis, please inform me, and circle "no" when asked this question below. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will inform you if your insurance requests additional information and if appropriate I will have you sign a release of information.

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. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that you review them in my presence or in the presence of another qualified mental health professional.

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COMPLAINTS OR CONCERNS

I have clients complete a weekly evaluation to provide feedback on whether you are getting your needs met in therapy. I hope that you will discuss any concerns with me. You may also report any concerns you have to the Board of Psychology at 800-633- 2322 and/or the U. S. Department of Health and Human Services at 877-696-6775.

CANCELLATION POLICY

I have a 24-hour cancellation policy. Any appointments cancelled with less than 24 hour notice will be charged to your credit card on file. I require that every patient maintain a credit card on file for any outstanding payment due, including no shows. I do understand that emergencies occasionally arise that prohibit you from giving me 24 hour notice. Except in emergencies, the above charges will apply to any appointment missed or cancelled without 24 hour notice. Insurance companies do not pay for missed appointments.

CONTACT

You have my permission to leave a message at my personal number. Check one YES NO

You have my permission to send text messages to my personal number. Check one YES NO

You have my permission to leave a message at my work number. Check one YES NO

You have my permission to send text messages to my work number. Check one YES NO

What is the best phone number to reach you? _____

What is your alternate phone number? _____

You have my permission to contact me via e-mail. Check one YES NO

If yes, my e-mail address is: _____

ACKNOWLEDGEMENT

I give you permission to provide a diagnosis to my insurance company on the receipt that I may submit to my insurance.
YES_____ NO_____

Signature of Client/Parent if Minor

Date

I have reviewed the information in this agreement, and have had my questions answered to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in treatment and/or psychological testing.

Signature of Client/Parent if Minor

Date