

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

Please read the following information below regarding my standard policies and then sign at the bottom of the page indicating that you have done so. Please feel free to ask any questions. You have the right to any information that will allow you to make an intelligent decision about the service you desire.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone (except within the context of supervision) without written permission of the client, except where disclosure is required by law.

When Disclosure is Required by Law: Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also *Notice of Privacy Practices* form).

When Disclosure May be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain my psychotherapy records and/or testimony.

In Couples Counseling or Family Therapy: I will consider all information disclosed when I have an individual session with one member of a couple or family as confidential. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Confidentiality of E-mail, Cell Phone and Fax Communication: E-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your written request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message on my answering machine and your call will be returned as soon as possible. I check my messages a few times each day unless I am out of town. If an emergency situation arises; please indicate it clearly in your message. If you are having a psychological emergency please call the Police (911). You may also call the Alameda County Crisis Support Services Crisis Line at 1-800-309-2131; call 1-800-SUICIDE; or go on the web to www.crisissupport.org.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the agreed on fee at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate unless indicated and agreed otherwise. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Many insurance companies cover a percentage of the counseling fee. I am happy to extend the courtesy to bill insurance but in any event, you understand that all balance remaining is your responsibility to pay.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of client(s) and me. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessfully, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Alameda County in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in

