

Informed Consent, Policies, and Authorization for Psychotherapy

Welcome to my practice. This document contains important information about my professional services and business policies. Please take the time to read it carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Professional Background

I received my doctorate in Clinical-Community Psychology in 2004 from DePaul University. My clinical experience includes training in psychotherapy and psychological testing with children, adolescents, and adults at the DePaul Community Mental Health Center, Cook County Hospital, Spokane Mental Health, and Butte County Behavioral Health.

Psychological Services

I aim to provide evidence-based treatment and promote a collaborative, supportive, and nonjudgmental therapeutic relationship. I enjoy working with a range of individuals with diverse goals, including reducing emotional distress, increasing life satisfaction, improving relationships, making healthy lifestyle decisions, and enhancing competitive, academic, and vocational performance. You are free to ask questions at any time about my professional background, experience, and education.

Our first few sessions will involve an evaluation of your needs. Within a reasonable period of time after starting treatment, we will discuss my working understanding of your issues, my proposed treatment plan, therapeutic objectives, and possible outcomes of therapy. Therapy involves a large commitment of time, money, and energy, so it's important to select a therapist who can help you to achieve your goals. If you have questions about any of the procedures used in the course of your therapy, their possible risks, or the treatment plan, please ask me. I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies or scope of practice. If I believe I cannot offer services, I will refer you to others who work well with your particular concerns. If you could benefit from any treatments that I do not provide, I also have an ethical obligation to assist you in obtaining those treatments.

Participation in therapy can result in a number of benefits to you, including improvements in insight, personal control, cognitive decision making, emotional health, interpersonal relationships, and resolution of other concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness to change your thoughts, feelings, and behavior. For therapy to be effective, you will have to work on things we discuss during our sessions and at home. I will ask for your feedback and views on your therapy and its progress.

Since therapy often involves discussing unpleasant aspects of your life, there are some risks. During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing discomfort, such as anxiety, depression, anger, or insomnia. I may challenge some of your beliefs, propose different ways of thinking about yourself, your relationships, and your future, or make suggestions about behavioral changes that might improve your functioning. Attempting to resolve issues that brought you into therapy may lead to changes that were not originally intended. The issues we examine together may result in decisions to change behavior, employment, substance use, schooling, housing, or relationships.

Change can sometimes be quick and easy, but it can also be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Treatment Concerns

I am committed to providing you with the highest quality care. If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you may contact the California Board of Psychology, and they will review the services I have provided.

Board of Psychology
1625 North Market Street, Suite N-215 Sacramento, CA 95834
(916) 574-7720
bopmail@dca.ca.gov

Termination of Therapy

Ideally, therapy ends when we agree your treatment goals have been achieved. Deciding when to discontinue our work together is meant to be a mutual process. If it is not possible for you to complete therapy, I recommend that we prepare for your transition with at least two termination sessions.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I will discuss this with you, terminate treatment if appropriate, and give you referrals to other qualified professionals who may be able to help you. If you request it and authorize it in writing, I may communicate with the psychotherapist of your choice to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time.

Noncompliance with treatment recommendations may necessitate early termination of services. We will consider your concerns and goals together, and I'll provide recommendations for treatment I believe will be effective. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about the process, you're always welcome and encouraged to express them so that we can resolve any differences or misunderstandings.

Additional conditions of termination include becoming enraged or threatening during session, bringing a weapon or illicit drug onto the premises, persistent drug abuse, arriving under the influence of drugs or alcohol, or disclosing illegal intentions or actions.

If you commit violence, or verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements if your financial situation changes.

Multiple Relationships

Therapy never involves sexual, business, or any other dual relationships that could impair objectivity, clinical judgment, or therapeutic effectiveness, nor may it be exploitative. It is possible that during the course of your treatment, I may become aware of other preexisting relationships that could affect our work together, and I will do my best to resolve these situations ethically. Depending on the type of conflict, I may be required to terminate treatment. Please discuss this with me if you have any concerns.

I maintain very firm personal boundaries. I will not accept personal communication of any nature in any capacity (e.g., “friend requests” on a personal Facebook page, LinkedIn connections, etc.). I do operate a publicly available Facebook page for the Chico Center for Cognitive Behavior Therapy that I use to share articles and practice updates, but I will not interact with clients in any way on this page or any other online public context. I reserve the right to terminate treatment if a client obtains my personal telephone phone number or residential address or makes attempts to connect with me in any other way on a personal level.

If you are a local client, there is a possibility we will find ourselves in the same public setting from time to time. This is normal, unavoidable, and expected in small communities. To protect your privacy and to maintain confidentiality, I will not initiate contact. If you choose to say hello, I will be cordial and respond in turn, but will not discuss anything about our therapeutic relationship in that setting. If you prefer not to greet me, that is also acceptable. You are free to make the choice that feels right to you at the time and I will follow your lead. There is no judgment either way.

Contacting Me

For small administrative matters, such as checking appointment times or changing them, you are welcome to e-mail me at joel@cbtchico.com. With the exception of weekends, I generally receive and return these emails within 24 hours.

If you need to contact me between sessions about a clinical matter, please leave a message for me at (530) 690-5635. I check my messages daily unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know if I have someone covering for me if I plan not to take calls or respond to phone messages during my absence. For non-urgent matters, I return weekday calls within 48 hours. I am unavailable to return calls on Saturday and Sunday or after 8:00 pm during the week. If there is an urgent need to speak with me, please provide this information in your message.

Correspondence sent to this office is retrieved intermittently, and several days may go by before mail is retrieved. My office hours vary from day to day, and normally no one is available to sign for deliveries.

Emergency phone consultations of five minutes or less are normally free. However, if we spend more than five minutes in a week on the phone, if you leave more than five minutes of phone messages in a week, or if I spend more than five minutes reading and responding to emails or coordination of care, I will bill you on a prorated basis for that time. If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, call 911.

Although I make every effort to protect your privacy, e-mail, fax, and web-based communications are not confidential methods of communicating. Please keep this in mind when contacting me via these modes of communication or when requesting that I contact you or someone else regarding your case.

Scheduling, Cancellations, and Lateness

Missed and cancelled sessions pose some issues for both of us. The work of psychotherapy can be challenging, and when the process becomes difficult, it can feel easier to want to avoid coming in for treatment. Should this happen, I prefer that we discuss your concerns over cancelling

sessions. I hold your scheduled appointment time specifically for you and prepare for your sessions so that I can give you the attention you deserve. It is difficult for me to fill your last-minute cancelled session on a short notice. Therefore, I charge for appointments cancelled with less than 24 hours' notice unless we can find another time that week that works for both of us. In these cases, I will allow you to reschedule at no extra fee.

Cancelling or rescheduling appointments must be done by telephone at (530) 690-5635 to avoid having to pay the full fee for a missed session. Other forms of contact (e.g., e-mail, website, Facebook message) do not qualify as an approved form of cancellation.

If you are running late for your appointment, please phone or e-mail me as soon as you can to let me know you will be late. If I do not hear from you by 20 minutes into your session, I will call to check on you and may assume you do not plan to attend. If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointment.

Sessions are typically scheduled to occur one time per week at the same time and day, if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome.

Professional Fees and Payment

My standard fee is \$150 for a 50-minute individual session, and \$225 for 75-minute initial sessions. The fee is to be paid at the start of each session unless other arrangements have been made. If you are late, we will end on time and not run over into the next client's session. I will inform you in advance if I intend to increase fees.

Full payment is expected before each service unless otherwise agreed upon. You may pay online with Visa or MasterCard or through PayPal. The benefit of this policy is that we may begin your sessions immediately upon arrival, and that payment and other financial matters are separated from the in-office therapeutic relationship. I do accept personal checks in the office at the beginning of sessions if you prefer to pay for services this way. There is a \$25 fee for returned checks.

On occasion, if you are unable to pay in advance, I allow a grace period with no late fee if payment is received by 6:00 pm the next business day. After that time, there will be a \$20 charge for late payments made within the same week, and a \$30 charge the next business week. I expect you to remember to send your payment and do not send reminder e-mails.

I do not permit clients to carry a balance of more than two sessions. If you are unable to pay this balance, we will discuss whether it makes sense to pause your care. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time and services even if I have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to my regular practice, I charge \$300 per hour for preparation and attendance at any legal proceeding. I will provide bills after each session and expect to be paid upon receipt unless I consent to other arrangements.

Insurance

I do not currently accept insurance. I can provide you with a monthly billing statement or "superbill" if you wish to submit it to your insurance company for partial reimbursement. This monthly statement is your receipt for tax or insurance purposes.

Some or all of your fees may be covered by your health insurance if you have outpatient mental health coverage. However, insurance companies do not reimburse all conditions that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. Regarding confidentiality, please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

Professional Records

Psychotherapy laws and ethics require that California licensed psychotherapists keep treatment records. Professional records can be misinterpreted or upsetting to untrained readers. You are entitled to receive a copy of these records unless your therapist believes that seeing them would be emotionally damaging, in which case your therapist will review them together with you or send them to a mental health professional of your choice to allow you to discuss the contents. Clients will be charged copying costs plus \$2.00 a minute for professional time spent responding to information requests.

Your record includes a copy of this signed informed consent form, acknowledgement of receipt of my privacy policy, progress notes, any forms signed by you to release protected health information, and copies of your superbills. All records are only maintained electronically, including paper forms and data sheets you collect and share with me over the course of treatment. These forms are scanned upon receipt and, consistent with professional ethical and legal standards of care, are stored on secure offsite servers. All paper copies of documents are subsequently shredded.

Confidentiality

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. The provisions explaining the exceptions to confidentiality and instances in which the law requires disclosure are described below.

Exceptions to Confidentiality

Disclosure is required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect, and when a client presents a danger to self, to others, or to property, or is gravely disabled.

Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and possibly my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of your injuring someone else, or your need for psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another person and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your intake form.

Your health insurance carrier may require disclosure of confidential information to process claims that you submit. Only the minimum necessary information will be communicated to your insurance carrier, including your diagnosis, the date and length of our appointments, and which services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or information about progress toward goals are also required. Unless explicitly authorized by you, psychotherapy notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

E-mail, voice mail, and fax communication can be easily accessed by unauthorized individuals, which compromises the security of such communication. I do use a secure, encrypted e-mail service to communicate with clients, but there is always a risk that electronic communication can be intercepted. Please notify me at the beginning of treatment or at any other time if you would like to avoid or limit the use of any or all of these electronic forms of communication. Please do not contact me via e-mail or fax for emergencies.

I consult regularly with other professionals regarding my clients to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will ask you to sign a release of information form to allow me to share this information. Without such a release, I will not provide information to other health care professionals that might lead another person to be able to identify you.

Upon your request and with your written consent, I may release limited information to any person or agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

Office Policies

Please turn your cell phone off or to silent mode, and do not talk on cell phones in any part of the office, including restrooms. If you need to take or make a call while on the premises, please step outside, closing the door completely behind you. Inappropriate language (e.g., swearing, yelling) will not be tolerated in the public areas of the office. Appropriate dress is required (e.g., no swimsuits or bare midriffs). Please respect the confidentiality of others in the public areas of the office. It is inappropriate to ask for personal information, including (but not limited to) a client's name, the name of the professional who is providing services, or reason for visiting. Although I am the only person with access to my office, I do share a suite with other professionals who may occasionally be present in waiting areas. I use a Marpac Sound Conditioner to produce white noise outside of the office to maintain privacy for all clients. I may also use the white noise machine in the office during sessions if you request it.

Acknowledgement

By signing the attached Receipt of Notifications form, you acknowledge that you that you have read and understand all of the information provided above, are in agreement with it, and consent to proceed with treatment. Moreover, you agree to hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.