

Dear Parents,

Welcome to my practice. If your son or daughter is receiving psychological services from me, you may have some questions about the treatment process, whether we can exchange information, how I respond to high-risk behavior or situations, and how to coordinate invoicing and payment of fees. Some of these answers depend on whether the client is a minor (under 18) or an adult. The information in this document should answer most of your questions.

### **How does psychotherapy work?**

Psychotherapy is sometimes called counseling or talk therapy. The purpose is to provide a supportive, nonjudgmental environment for a client to develop personal insight and coping skills.

### **What is cognitive behavior therapy (CBT)?**

Cognitive behavior therapy examines how thoughts, emotions, and behaviors are connected, and this information is used to create plans to feel better and improve functioning.

### **What can you tell me about the treatment process?**

As your son or daughter participates in therapy, it's natural to wonder about the work we do together and whether progress is being made. For various reasons, there are limits to what I can share with you.

One of the most important aspects of effective therapy is the quality of the relationship between the client and the therapist. This relationship is enhanced by maintaining a degree of confidentiality that rarely occurs in our personal relationships. Over the course of treatment, clients often share highly personal information with their therapists about thoughts, feelings, and patterns of behavior. It can be therapeutic for clients to reveal this information in sessions, but these details could be misinterpreted and damaging to personal relationships if shared with others.

To protect clients and to ensure treatment effectiveness, the information your son or daughter shares with me will remain confidential during our work together and also after we discontinue treatment.

In addition to the therapeutic importance of protecting clients' personal information, confidentiality is an ethical and legal imperative. I maintain strict practices of confidentiality in accordance with the guidelines stipulated by the American Psychological Association and the California Board of Psychology.

### **Are there exceptions to confidentiality?**

*For parents of minors (under 18):* In the early stages of treatment, we will collaboratively develop a treatment plan, which I will summarize in writing for you to review and sign. As treatment progresses, we may decide to discuss current problems, the process of treatment, and strategies to help improve your child's functioning and relationships. As parents of minors, you may review other documents in your child's treatment record; however, to protect your child's privacy, I believe it's best for me to restrict the information I share with parents to broad goals, treatment strategies, outcomes, and effective coping strategies that we have identified during our work together.

*For parents of adult clients:* If your son or daughter is willing to allow us to exchange information, I will do so only after I have received a signed authorization form (available on my website at [www.cbtchico.com/forms](http://www.cbtchico.com/forms)). This form allows adult clients to stipulate the type of information that is shared. It is completely up to the client to decide whether to authorize the release of information to a parent. Please know that, if an adult client authorizes me to share information with others, I will prioritize the client's privacy and safety when requests for information are made. For communication lasting more than a few minutes, there will be a fee charged for the consultation.

**Do you inform parents about high-risk behaviors or situations?**

If a client informs me that he or she is suicidal or homicidal and intends to take action, this would be an exception to our confidentiality agreement, and I would contact the police or county crisis hotline to respond to the emergency. I would also contact the client's designated emergency contact. Risk and potential for harm are ambiguous and difficult to predict. Without written authorization from a client, I would prioritize confidentiality in all other situations. The informed consent and privacy practices documents on my website ([www.cbtchico.com/forms](http://www.cbtchico.com/forms)) have more detailed information about the legal and ethical practices I follow.

If I am informed by an adult client that he or she engages in activities that you believe are objectionable, I am not at liberty to share this information with you. Examples include truancy, alcohol or drug use, criminal activity, or fighting.

**If I agree to pay the fees for psychological services provided to my adult son or daughter, how do we discuss administrative matters, such as billing?**

If you accept financial responsibility for services I provide to an adult client (e.g., a college student), I will ask your son or daughter to authorize us to communicate about fees, invoices, and therapy session attendance. I do this for two reasons.

The first is accountability. Parents who take on the expense of psychotherapy assume that their son or daughter will put effort into the process and attend sessions consistently. From time to time, clients will need to cancel sessions due to illness, vacations, or to address other commitments, and I will do my best to reschedule for the same week or cancel a session altogether if I'm given more than 24h notice. However, I do charge a full-session fee (\$150) for late cancellations (less than 24h notice) or "no shows," and I believe parents should be given this information to help them decide whether they wish to continue paying for sessions in the event attendance problems persist.

The second reason is to assist with the process of requesting partial reimbursement from insurance carriers. I have a self-pay practice, which means that I do not handle insurance claims for clients. However, upon request, I provide invoices called "superbills," which can be submitted directly by clients or their parents to insurance carriers, and reimbursement may be provided if a client meets the diagnostic criteria for a disorder that qualifies for services provided by an out-of-network provider.

## Agreement

I acknowledge that I have read this document, as well as the informed consent and privacy practices documents on Dr. Minden's website, [www.cbtchico.com/forms](http://www.cbtchico.com/forms), and I agree to the terms and conditions.

\_\_\_\_\_  
*Client name*

\_\_\_\_\_  
*Signature of parent or legal guardian*

\_\_\_\_\_  
*Date*

## Credit Card Authorization

I authorize Dr. Joel Minden to charge my credit or debit card for professional services provided to the client listed below. I understand that my card will be charged \$225 immediately before the 75-minute intake session and \$150 immediately before 50-minute psychotherapy sessions, and that I will be responsible for paying full appointment fees if the client cancels a session less than 24h before the scheduled meeting time or if the client does not show up for a scheduled appointment. I authorize the client listed below to store my credit card information on a secure server through Dr. Minden's client portal. I understand that, at any time, if I no longer wish to accept financial responsibility for this client's treatment, I reserve the right to terminate this agreement.

\_\_\_\_\_  
*Client name*

\_\_\_\_\_  
*Signature of parent or legal guardian*

\_\_\_\_\_  
*Date*