

Office Policies and Therapy Contract

Welcome to my practice. This is the beginning of an ongoing process and new relationship. Our work is collaborative and the level of your contribution to this work both in and out of session is likely to greatly influence its impact. When in doubt about our work, or having strong feelings about our relationship, please discuss this with me. I value your input and your experience of our relationship gives me useful feedback. Your experience also offers us insight into your other relationships, and we get to use this one to better understand and enhance how you interact with your world.

Benefits and Risks of Psychotherapy

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Qualifications

My Bachelor of Arts is in Linguistics from the University of California at Santa Barbara. I earned my Master of Arts in Counseling Psychology and Counselor Education in 2008 from the University of Colorado at Denver. I earned Licensed Professional Counselor (LPC) status in the State of Colorado in 2010. I have been a National Certified Counselor (NCC) since 2008 and Licensed Professional Clinical Counselor (LPCC) in the State of California since 2015 when I relocated my practice to the west coast. I furthered my graduate education with additional trainings in EMDR, Somatic Psychotherapy, Mindfulness-Based Cognitive Therapy (MBCT), and the Hakomi Method, among others. In Colorado, I supervised fellow psychotherapists toward LPC licensure and also taught masters-level courses at a university. My licensing boards are: <http://www.bbs.ca.gov/> (CA) and <https://www.colorado.gov/pacific/dora> (CO). Our professional relationship is governed by the board of the state in which we are working.

My specialization is in insight-oriented depth work, with an emphasis on self-understanding and self-acceptance. To this end, I work from an integrative perspective and rely on a broad range of techniques, particularly including psychodynamic, body-centered, mindfulness-based, relational, systemic, and cognitive interventions. I enjoy working with a diverse range of individuals, and am dedicated to the belief that all people deserve thoughtful, accepting, and compassionate therapy experiences, regardless of race, sexual orientation, gender identification, socioeconomic status, age, religion, size, and physical ability. These factors may be useful to explore within the context of therapy and the therapeutic relationship and I encourage this transparency.

Assessing for Fit

During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients who I believe I cannot be helpful to, and if this is the case, I will aim to refer you to others who work well with your particular issues. If we are considering using telemedicine (online therapy), I will also assess for appropriateness of your presenting concerns and level of functioning. If I judge that telemedicine is not a good fit for us at that time, we will discuss this and whether we might still meet in person. Throughout our work together, we will

discuss my working understanding of your issues, my proposed treatment plan/approach, and therapeutic objectives and possible outcomes of the therapy. If you have questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan in general, please ask me. I consider therapeutic growth a slow evolution and will allow our therapeutic objectives to evolve as you and your goals change in the course of our work. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to encourage you to obtain those treatments.

Session Structure and Fees

My fee is \$110 per session (50-55 minutes). Longer sessions may be scheduled and will be billed at a prorated amount of \$2/minute. Unless other arrangements have been made, you are responsible for full payment at the end of each session. I will charge your credit card via Square. You may pay cash if you prefer. If you are unable to pay at the time of our session, please discuss this with me in advance to avoid an interruption in our work together.

I do not work directly with insurance companies, though you can request a detailed invoice with diagnostic information from me so that you may submit it to your insurer for out-of-network reimbursement. Before giving you diagnostic information for your insurance company, we will discuss the potential implications of submitting mental health care records.

Video Communication

I use the encrypted video telecommunication service VSee for online therapy sessions. Its functionality is similar to Skype and FaceTime, so will likely feel somewhat intuitive to users of those programs. You can read about its security features here: <https://vsee.com/security>. If we decide to meet online, we will discuss the protocol in detail before the session.

Cancellations

Since my time has been scheduled specifically for you, there is a full fee charge for cancellations made less than 24 hours in advance. In the event of an emergency, special consideration may be given regarding the cancellation policy. If you are running late for your appointment, please phone or email 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 your session. 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 appointments and I can be on time for them.

Phone Calls and Emergencies

I check my messages regularly and will be glad to return your calls as promptly as possible. I will make every effort to return calls within one business day, with the exception of holidays and personal vacations. Because I am typically so reliable about returning messages, please assume your message did not reach me and try me again if you do not hear back within one business day. Unless other arrangements have been made, I charge for therapeutic phone calls lasting longer than 10 minutes, and they will be prorated accordingly. I do not provide 24-hour assistance. If you need emergency assistance, please call 911, or go to your nearest emergency room.

Email

I recognize that for many people, email contact with their therapist between sessions allows for more continuity in the work and deeper processing. For this reason, you are welcome to email me your thoughts and experiences between sessions *as long as they are not of an urgent nature*. **Please do not ever use email to communicate an emergency or expect me to receive and react to an emergency via email communication.** I will do my best to read the emails you send me before our next session, and in many cases I will reply to them as well. My replies are typically short acknowledgements of receipt, they are not an extension of our work in session. If you choose to use email between sessions, we will likely discuss this at various points to ensure that it feels like a helpful tool for you and a manageable commitment for me. I will communicate it to you if we need to alter this arrangement. Your choice to use email to communicate with me indicates your consent to use this non-encrypted means of communication and also gives me permission to reply to you via this medium in discussion of the same content.

Termination and Follow-Up

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process 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 am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the psychotherapist of your choice (with your permission only) in order 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. If you choose to do so, you may ask me to help locate names of other qualified professionals whose services you might prefer. Noncompliance with treatment recommendations may necessitate early termination of services, when it seems to indicate an incompatibility between us that will prevent effectiveness. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest, and offer what is within my scope of practice or refer you to someone else when outside my scope. 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 my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If you commit violence to, 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 any time your financial situation changes.

Dual Relationships

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment, or therapeutic effectiveness or could be exploitative in nature. Sexual intimacy is never appropriate in a therapeutic relationship and should be reported to the board which governs the license holder. It is possible that during the course of your treatment, I may become aware of other

preexisting relationships that may affect our work together, and I will do my best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with me if you have questions or concerns.

Because dual relationships are not in service of your therapy, I do not intentionally accept friend or contact requests on any social networking site. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

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. Most of the provisions explaining when the law requires disclosure are described in the enclosed *Notice of Privacy Practices*.

When Disclosure Is Required by Law: Disclosure is required 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, to property, or is gravely disabled.

When Disclosure May Be Required: 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/or 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. In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For

this purpose I may contact the person whose name you have provided on your General Information form.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or 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.

Consultation: I consult regularly with other professionals regarding my clients in order 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, I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/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.

Complaints

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 can contact the Board of Behavioral Services which oversees licensing, and they will review the services I have provided.

Board of Behavioral Services
1625 North Market Street, Suite S-200
Sacramento, CA 95834
916-574-7830
www.bbs.ca.gov

Records

You are entitled to view your records upon request. We will discuss the nature of your request and the possible impact of reading your records. Please give me advance notice so that I may prepare them. You may be responsible for a printing or copying fee based on the extent of the documents requested.

I hope this answers some of your questions. Please let me know if you have concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy.