

Tri-Valley Psychological Services, PC

Information for Clients

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers some questions clients often ask about any therapy practice. It is important to me that you have a clear idea of what we are trying to do.

This brochure talks about the following:

- The risks and benefits of therapy
- The goals of therapy and my methods of treatment
- How long therapy might take
- How much my services cost and how I handle money matters
- Other important areas of our relationship.

After you read this brochure, we can talk in person about how these issues apply to you. This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is based on Cognitive Behavioral Therapy, which takes into account your thoughts, feelings, behaviors and physical symptoms to help identify the most appropriate way to treat the presenting problem. With that said, I also draw from other approaches such as mindfulness meditation practices, motivational interviewing, behavioral modification, acceptance and commitment therapy, among others. When treating couples, I draw from the Gottman method to assist couples in communicating more effectively and bringing fun back into their relationship. I seek to use research-based methods to help us use our time most efficiently and effectively. I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office.

While I have taken training in the Gottman Method Couples Therapy, I want you to know that Tri-Valley Psychological Services, PC is completely independent in providing you with clinical services and is fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

For individual sessions, I will tell you how I see your case and how I think we should proceed by the end of the first or second session. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you most want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

For couples therapy, the first session will be a joint assessment session, the second will be a split individual assessment session for each partner and the third a joint feedback session. It will also be important for you to complete assessment questionnaires to assist in the assessment process. These questionnaires are available through The Gottman Institute, which allows for online completion and computer-generated interpretation, called the Gottman Relationship Checkup. I will ask for your consent to provide The Gottman Institute with your name and email address so that a link to this computerized assessment will be sent to you via email for you to complete after the first session, prior to our next session. These questionnaires are an integral part of the assessment and will help to efficiently pinpoint the areas for us to focus on in treatment. There is an additional fee of \$29 per couple that you will be asked to pay directly to The Gottman Institute and you can find their privacy policy at checkup.gottman.com. If you prefer to complete the paper-and-pencil version of this assessment, the 1-hour fee of \$200 will be charged to pay for the hand-scoring and interpretation of the assessment.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look

together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and challenging, and you will need to keep trying. Unfortunately, there are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 3 to 4 months, sometimes longer. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

I may send you a brief set of questions about 6 months after our last session. These questions will ask you to look back at our work together, and sending them to you is part of my duty as a therapist. I ask that you agree, as part of entering therapy with me, to return this follow-up form and to be very honest about what you tell me then.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. During therapy, a marital relationship can get disrupted and sometimes may even end in divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor (only with your signed consent).

If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association,

or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot have contact with you via social media, including but not limited to LinkedIn, Twitter, Instagram, and Facebook. Any invitations sent through social media will not be accepted, and similarly, messages sent via social media will not be responded to. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

In order to protect the therapeutic relationship, I will not attend family gatherings or celebrate holidays together. I also cannot give or receive gifts.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child (under age 18), elder (over age 65), or dependent adult has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in this situation: I sometimes consult with other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited.

Except for situations like those I have described above, my office staff and I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. My office staff makes every effort to keep the names and records of clients private. My staff and I will try never to use your name on the telephone, if clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. In couples or family therapy, all adults (ages 18 and over) in treatment will need to sign an authorization form for the records to be released. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 7 years (or age 25 for minors) after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

Insurance companies and third-party payors generally require information regarding your symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. By signing below, you are authorizing me to release the medical information necessary to determine eligibility and benefits payable and to submit and process claims. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company or third-party payor will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you. You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

My Background

I am a licensed psychologist since 2004. I am trained and experienced in doing one-on-one and couples therapy with adults (18 years and over). Since 2004, I have been working at Kaiser Permanente, working with adults presenting with various mental health conditions and relationship concerns.

- I have a doctoral degree in clinical psychology from the University of Nevada, Reno, whose program is approved by the American Psychological Association (APA).
- I completed an internship and postdoctoral fellowship in clinical psychology at the VA Palo Alto Healthcare System, approved by the APA.
- I am licensed as a psychologist in California.

About Our Appointments

The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1 hour for this first meeting. Following this, we will usually meet for up to a 50-minute session once a week for a few months, then less often (depending on the severity of your symptoms and progress in treatment). Couple sessions meet for up to 75 minutes each. We can schedule meetings for both your and my convenience. I will tell you at least a month in advance whenever possible of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

A cancelled or missed appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss

sessions if you can possibly help it. When you must cancel, please give me at least a week's notice. I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore, I am rarely able to fill a cancelled session unless I have several weeks' notice. You will be charged the full fee for missed sessions or sessions cancelled with less than 48 hours' notice, for other than the most serious reasons.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. I cannot be responsible for any personal property or valuables you bring into this office.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment to our agreement.

My current regular fees are as follows. You will be given advance notice if my fees should change.

Individual therapy services (in-person or by video/phone): For an Individual session of up to 50 minutes, the fee is \$200. Couples therapy sessions: For a session of up to 75 minutes, the fee is \$270, as well as a 1-time fee of \$29 to pay for a computerized assessment at the start of treatment (or \$200 for the hand-scored assessment should you choose not to complete the computerized assessment). Please pay for each session at its end. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 5 days of when you get it.

At the end of each month, I can send you a statement that can be used by you should you try to obtain any reimbursement from your health insurance carrier. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, I would be happy to send you a final statement for your tax records if this would be helpful to you.

Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor. Cost of transportation to and from appointments and fees paid may be deductible from the client's personal income taxes as medical expenses.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$300, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.

The only insurance I accept at this time is Lyra Health and Modern Health, both of which contract with some employers to provide psychotherapy services. If you were referred to me by Lyra Health or Modern Health, a specified number of 50-minute sessions will be paid directly by Lyra Health or

Modern Health based on a formal arrangement. The exact number of sessions covered vary by employer and it will be your responsibility to stay informed as to the number of sessions that are covered. If you miss an appointment without cancelling at least 48 hours in advance, you may be expected to pay for that session out-of-pocket, depending on the arrangement your employer has with Lyra Health or Modern Health. It may also be deducted from the number of sessions covered. If you would like to pursue additional sessions after you have reached your session limit available to you through Lyra Health or Modern Health, you would be responsible to pay for each session at the rates described above.

I am also an opt-out provider for Medicare, which means that if you are a Medicare beneficiary, you will be expected to sign a private contract between you and I that states that you understand that Medicare will not pay for the services I provide. If you choose not to sign this contract, I will not be able to treat you as I will not be able to collect compensation for the treatment I provide. I ask that you inform me if you are a Medicare beneficiary prior to starting out work together.

I was a Medi-Cal provider when I worked for Kaiser Permanente but I do not accept payment from Medi-Cal in my private practice. As such, I am not able to accept Medi-Cal beneficiaries in my private practice as I am not permitted to accept payment from Medi-Cal clients. I ask that you inform me if you are a Medi-Cal beneficiary prior to starting any work together.

If you have any other health insurance, it is your responsibility to work with your insurance carrier to discuss whether or not it is possible for you to be reimbursed for an out-of-network provider. Thus, the fee for the session is expected to be paid in full by the end of each session. Payment options include cash, check, or credit card. If your check bounces, you will be responsible to pay the entire fee plus an additional \$25 fee.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Need to Contact Me

I cannot promise that I will be available at all times. I am in the office on Thursday afternoons only. I usually do not take phone calls when I am with a client. You can always leave a message on my confidential voicemail, and I will return your call as soon as I can. Generally, I will return messages within 24 hours except on weekends and holidays. Email is not a reliable means by which to reach me. Please do not email me for advice, updates, or any crisis or emergency. Confidentiality of communication through email exchanges cannot be guaranteed. If you choose to correspond with me via email then you are agreeing to accept the risk that a breach of confidentiality may occur.

If you have an emergency or crisis, call 9-1-1 or go to the nearest emergency room. You can also reach the 24-hour Alameda County Crisis Line at 800-273-8255 or the National Suicide Prevention Lifeline at 800-273-8255.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Termination of Therapy

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, your needs are outside my scope of practice, or you are not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will invite you to participate in at least 1 termination session. This termination session is intended to facilitate a healthy termination experience and give both parties an opportunity to reflect on the work that has been done. When indicated, I will also attempt to ensure a smooth transition to another therapist by

offering you referrals.

Other Points

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my California license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the California Board of Psychology, the organization that licenses psychologists. The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the internet at www.psychology.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address: Board of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client(s)

Printed name

Date

I, the therapist, have met with this client for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have

responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client(s)

Copy kept by therapist