

102 N. Madison Ave.  
Pasadena, CA 91101

626.449.4737  
License #PSY11837

## **ABOUT PSYCHOTHERAPY, CONFIDENTIALITY, AND PROCEDURES**

The following pages contain important information about my professional services, obligations, and business policies. Please read them carefully and jot down any questions you might have so that we can discuss them in our initial session, at which time your signature will represent an agreement between us and show that you have given “informed consent” for treatment. While I would rather not begin our relationship with paperwork, and as impersonal as this information may feel, these matters are important both for legal reasons and for establishing clarity and trust in our work together.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you want to address, and *psychotherapy calls for an active effort on your part as well as mine*, both in and out of session.

*Psychotherapy entails benefits and risks*, and since it often involves discussing unpleasant aspects of one’s life, you may experience uncomfortable feelings such as sadness, guilt, anger, and frustration. On the other hand, psychotherapy has also been shown to have many benefits, often leading to better relationships, solutions to specific problems, significant reduction in feelings of distress, and increased confidence. But we cannot know what your experience will be and I cannot guarantee certain results.

Our first session or two will involve an evaluation of your needs. By the end of this evaluation, I will be able to offer you some first impressions of what our work will include if you decide to return. You should evaluate this information along with whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should give strong consideration regarding the therapist you select. *If you have questions or concerns about my procedures, we should discuss them whenever they arise.* If your doubts persist, I will be glad to refer you to another mental health professional for a second opinion.

### **MEETINGS**

Over our first few sessions we can both decide if I am the best person to provide the services that you need in order to meet your treatment goals. If psychotherapy is begun, I will schedule at least one 50-minute session per week at a time we agree on. Because psychotherapy requires a commitment of time from both of us, once an appointment hour has been scheduled you will be expected to pay for the session fee unless your absence has been scheduled in advance, or is due to illness.. Vacations should be scheduled at least two weeks in advance, if possible, which I will try to do as well. *(It is important to note that insurance companies do not provide reimbursement for missed sessions.)*

## TERMS OF AGREEMENT TO TREATMENT—2

Please feel free to arrive for your appointment a few minutes early in order to settle down and reflect on how you are feeling. There will rarely be someone else in the waiting room. Also, to maintain a distraction-free setting, please turn off any alerts on your cell phone (sound, vibration), unless you are expecting an urgent message.

### PROFESSIONAL FEES

My hourly session is \$190.00. In addition to psychotherapy sessions, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than ten minutes, consultations with other professionals, preparation of records or treatment summaries, and time spent performing any other service you may request. *I do not participate in legal proceedings* unless subpoenaed; in such circumstance, you will be expected to pay for the time I devote to your case, including preparation and transportation costs. (Because of the difficulty of legal involvement, I charge \$350 per hour for time spent giving testimony at a deposition or trial.)

### BILLING AND PAYMENTS

Payment should occur at each session for the first month, and monthly thereafter, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of financial hardship, I may be able to provide a fee adjustment. I have the option of using legal means to secure the payment of past-due balances of more than 60 days.

### INSURANCE REIMBURSEMENT

In order for us to set realistic goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, *please note that you (not the insurance company) are responsible for full payment of fees.* If necessary, I will provide you with a monthly statement. It is very important that you find out exactly what mental health services your insurance policy covers and how much of the cost they cover or reimburse.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis along with dates of service. This information will become part of the insurance company's files and subject to their privacy policies.

Once we have all of the information about your financial resources, we will discuss what we can expect to accomplish within the time frame they allow for.

### CONTACTING ME

It is best to contact me by telephone and leave a message on my confidential voice mail. I check my messages every few hours from morning till early evening, Monday through Friday, and will try to get back to you the same day. Although you may contact me by email (drjonp@earthlink.net), please reserve this mode for basic information exchange (appointment questions, etc.) that does not require a quick response. You may send personal information, but please remember that email is not private, I do not read it on a consistent schedule, and I will usually wait until your upcoming session to respond so I can do so in person. *Always use the telephone for cancellations less than two days in advance.*

### EMERGENCIES

To have your call returned, leave a complete message on my office machine (where this information is repeated, with paging instructions). If you don't hear from me in three hours, please repeat the process. If you feel that you cannot wait to speak with someone or if anyone is in physical danger, you should call emergency services. For occasions when I will be unavailable for an extended period of time, I will provide you, if necessary, with the name of a trusted colleague whom you can contact.

## LIMITS OF CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about your treatment to others with your written permission. But there are exceptions:

In most legal proceedings, you have the right to have me withhold any information about your treatment. In some proceedings involving child custody and those in which your psychological condition is or was an important issue, a judge may order my testimony and/or the release of your records. If you are or might become the plaintiff in a law suit alleging mental pain and suffering, you should inform your attorney because this assertion will likely remove your privilege to the confidentiality of your records.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child or an elderly or disabled person has been abused, sexually, emotionally, physically, or financially, I must file a report with the appropriate government agency. This includes cases wherein a child, elder, or disabled person has been abused in the past and the abuser may still be a danger in the present.

In 2015, a law was enacted that expanded child sexual abuse to include "sexual exploitation," and requires psychotherapists to report any evidence of a client who "knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct," *or has knowingly depicted or gained possession of an image, whether digitally, online, or in hard copy, of a child engaged in obscene sexual conduct.*

If I believe that a patient is threatening serious harm to a person or to property, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. *These situations rarely occur in my practice.* If such a situation does occur, I will make every effort to discuss it with you fully before taking any action.

Should anyone inquire if you are my patient, I will inform that person that I neither admit to nor deny knowing you, thus maintaining your anonymity. Should you and I meet in public, I will wait for you to acknowledge me, if you choose to.

If you don't let me know of your objection, I may occasionally find it helpful to consult other professionals about your case. During a consultation, I make every effort to avoid revealing the identity of my patient.

## Minors and Parents

Patients 12 or older and under 18 years of age, who are not emancipated, can consent to psychological services. I am required to involve the parents unless I determine that their involvement would be inappropriate. Unemancipated patients and their parents should be aware that the law may allow parents to examine their child's treatment records unless I determine that access would have a detrimental effect on my professional relationship with the patient, or to his or her physical safety or psychological well-being. Because privacy boundaries between child and parent in psychotherapy are so important, it is my policy to be clear with minors and their parents about access to information: During treatment I will provide parents with only general information about the progress of treatment. Any other communications will require the child's authorization, unless I feel that the child is in danger or is a danger to others, in which case I will

#### **TERMS OF AGREEMENT TO TREATMENT—4**

notify the parents of my concern. If possible, before giving parents any information, I will discuss the matter with the child, and do my best to address any objections he or she may have.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss at our next meeting any questions or concerns that you may have. Because the laws governing specific aspects of confidentiality can be complex, if you require further clarification you may need to contact an attorney.