

OFFICE POLICIES, COMMUNICATIONS POLICY & AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you have so that we can discuss them at our next meeting. When you sign this document it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. Psychotherapy can have benefits and risks. Since therapy often involves remembering or discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, etc., or experience anxiety, depression, insomnia, etc. On the other hand, psychotherapy has been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, better work or school performance, significant reductions in feelings of distress, and a greater sense of well being. But there are no guarantees of what you will experience.

SCHEDULING AND CANCELLATION POLICY

I normally conduct an evaluation that will last from 1-3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If we begin psychotherapy together, we will schedule at least one 50-minute session (one appointment hour of 50-minute duration) per week at a time we agree on.

I request that if you ever need to cancel an appointment that you provide me with 24hours notice, otherwise you will be charged the full session fee. This policy is in place to help all clientele access the care they need. I regularly receive calls from clients who wish to access open slots for emergencies and immediate treatment needs, when clients cancel in advance I can ensure that all clients can get in when they need it most and one day you may be the client who calls for that extra appointment. I appreciate your understanding this policy as it is built to ensure that all clients get the assistance they deserve

PROFESSIONAL FEES, PAYMENT

My fee for a 50-minute session is \$200.00. In addition to weekly appointments, the same amount will be charged for other professional services you may need. The hourly costs will be broken down if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than ten minutes, preparation of treatment summaries, and time spent performing other professional service you request of me that is within my scope of practice.

TIME AWAY FROM MY PRACTICE

I am in practice throughout the year except for the summer months, which typically include the month of July, August and through mid-September. Thus, my practice is not amenable for certain clients that may need more consistent contact throughout the year. I will discuss this with you first before meeting.

COMMUNICATIONS POLICY

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (650 339-3306) You may leave messages on the voicemail, which is confidential.
- By text message (650 339-3306)
- By email (annecooperpsychology@gmail.com)

Please note that I am not using secure email and text messaging. I use a regular Gmail account for business emails and conduct regular SMS texting on my work cell phone. Since there are confidentiality risks

communicating this way, I will ask that you read and complete the Consent For Non-Secure Communications form.

Also if you are contacting me to cancel an appointment within 24 hours of that appointment, I would prefer a voice message *and* a text message, as I do not have regular access to my email throughout the day. Please realize that SMS text messages occasionally get delayed and on rare occasions may be lost.

If you need to send a file such as a PDF or other digital document, please use my secure Dropbox/Sookasa account to avoid any confidentiality risks.

Please refrain from making contact with me using social media messaging systems such as Facebook, Messenger or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

Response Time

I may not be able to respond to your text messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours (weekends are excepted from this timeframe). I may occasionally reply more quickly than that or on weekends, but this will not always be possible.

Please note that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

Emergency Contact

If you are ever experiencing an emergency, including a mental health crisis, please call 911, the Suicide and Crisis Hotlines (855) 278-4204, or go to your nearest hospital Emergency Room and ask for the psychiatrist on call.

If you need to contact me about an emergency, the best method is:

- By phone (650) 339-3306
- If you cannot reach me by phone, please leave a voicemail and send an SMS text message

Please note that SMS (normal phone text messages) occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with me in emergencies.

INSURANCE REIMBURSEMENT

I don't bill insurance carriers directly; I decided to not bill carriers directly as I was spending more time on insurance paperwork, than with patients. This way I can insure that your experience in therapy is 100% focused on your care, versus adding another party to the insurance billing process which slows things down and which distracts me from my clinical work. However I am glad to hear you have insurance and I strongly advocate for clients utilizing their benefits each month. I provide all of my clientele with a monthly insurance ready statement that they can use for reimbursement. I advise all new clients to call their insurance carrier to see what their out of network benefits may be. Many of our clients receive reimbursement for the services they have paid for.

CONFIDENTIALITY

Your privacy is of the utmost importance. The law protects the privacy of all communication between a client and a psychologist. But there are a few exceptions:

1. The client (or parent if client is under 18 yrs) authorizes release of information with his/her signature
2. The client presents a physical danger to self
3. The client presents a danger to others
4. Child/elder abuse/neglect are suspected

If I believe that a patient is threatening serious bodily harm to another (#3), 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 harm to himself/herself (#2), I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patients. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important in our work together.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I maintain basic information about my treatment in a confidential manner. Release of records other than as noted above will occur only with your consent. Basic client records include the following: initial intake information, this agreement form, any relevant insurance information, copies of relevant correspondence or testing, and brief progress notes. This information is privileged and confidential.

PATIENT RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) is a new federal law that provides new privacy protection and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI). This notice, which is attached to this agreement, explains HIPAA in detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

DISCLOSURE REGARDING THIRD-PARTY ACCESS TO COMMUNICATION

Please know that if we use electronic communications methods, such as email, texting, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

CONSENT FOR TREATMENT

I am requesting psychological services from Dr. Anne Cooper. I have read this agreement and agree to its terms. I understand that I may stop treatment at any time. In addition, I have received The HIPAA Notice of Privacy form.

Patient Name _____ Date _____ Signature _____