

## Treatment Agreement

Please allow me to warmly welcome you as a new client.

I am looking forward to meeting with you for our first appointment. I love my work as a psychologist and helping you find the solutions and experience the improvements you are seeking in your life. Directions to my office are available on my website, [drmpk.com](http://drmpk.com) via the **Forms and Directions** tab.

The detailed policies and procedures in this document should be read and understood before you begin treatment so you can make a fully informed decision about participating in therapy. When we meet my focus will be on understanding you and your concerns. So that our session can be entirely devoted to that goal it is important that you have fully read these policies and we address any questions you may have about them before we begin. This will help us avoid any confusion and get started right away discussing what brings you to therapy. As you read through these pages, if you have *any* questions or concerns, please feel free to call me or discuss it with me at your first visit. I encourage you to raise questions or concerns you have about these policies or any other matter in treatment at any time. Please retain this agreement for your review as needed. I support you in being a proactive healthcare consumer and am committed to your being fully informed.

My view of psychotherapy is that you, the client, are hiring me as your therapist and consultant to work on resolving problems that significantly impact your life or making important improvements that you desire in your life. Some of my clients view our relationship as coaching them to achieve their goals, while others need a supportive place to work through pain and difficulties. In addition to providing therapy to people in distress, some clients come for personal growth and skill building in such areas as improving relationships, making decisions, solving problems, setting healthy boundaries, improving communication, and achieving balance.

You and I will collaborate in setting the goals of your therapy or coaching so that our agenda is clear and can be most effective for you. With these goals in mind, a treatment plan will be developed using psychological information and expertise to assist you.

### **Disclosure Statements**

The following statements are to provide you with information concerning therapy, as well as the legal and ethical issues related to services provided by licensed psychologists in California and related federal rules and regulations.

**TYPE OF THERAPY:** There are many types of psychotherapy available in healthcare today. Although it is difficult to present a comprehensive statement of my therapy style and theory in this brief disclosure statement, I want to share some core ideas that guide my work that we can discuss in more detail if you wish. Information about my background and a description of my therapy style are available on my website for you to explore.

Therapy occurs in the context of an important, emotionally safe, and confidential relationship between the client and the therapist. The client may be an individual, a couple or a family. The initial focus of the therapy is on understanding thoughts, emotions and life situations that concern the client. Therapy then offers support, skill building and direction to facilitate the client's desired changes.

As a client in this process, you have an opportunity to better understand yourself, your life and to implement change. You are responsible for deciding your own ultimate course of action, but your therapist will provide support and guidance to your important decisions, helping you consider options and outcomes that reach your goals. Through self-exploration, which often includes an investigation of your family history and experimentation with change in some of your personal behaviors, you learn more about yourself and the external factors that affect the quality of your life. Results of this process can include improved skills in the areas of communication, decision making, personal effectiveness, self-control, and self-understanding. Formal and informal assessments, readings, structured experiences, journal writing, and "homework" are sometimes used to augment the therapy experience. You are in full control of what you want to accomplish in therapy, and we decide together what methods to use. It is most helpful if you are as open and honest as possible in what you choose to share. I hope our work together will add significantly to your experience of well-being and achieving your goals. If I feel you can best be helped by a therapeutic method different from my own scope of practice, I will discuss a referral with you.

**BENEFITS AND RISKS OF THERAPY AND COACHING:** Information about both the benefits and risks of treatment is important to have when considering informed consent for treatment. The desired benefits that frequently occur include an improved ability to identify your own problematic areas, evaluate reasonable coping options and choices and take action in an honest manner. An effective therapy or coaching experience also offers opportunities to learn other important things about yourself, to acquire helpful life management skills and to integrate both past and present learning toward higher functioning. Life improvement through meeting goals with the assistance of therapy generally results in greater feelings of well-being and coping strength going forward.

The risks involved in engaging in therapy include an increased awareness of negative situations and feelings, some of which may not be changed to your satisfaction. Becoming more aware of deeper issues or distress may cause emotional episodes that may result in some disruption to your current life. Additionally discovering that therapy can be helpful and desired but may be beyond the limits of your financial resources is also a risk that could present you with an important but difficult decision.

Receiving treatment via teletherapy has some unique benefits, mainly related to convenience but also has some unique risks. These include potential loss of privacy should transmissions be somehow intercepted, and the absolute security of the technology and systems used for this process cannot be guaranteed. The Therapysites platform used by this practice is HIPAA compliant in its security policies and practices providing a higher level of security for sessions and messaging than other standard teleconference programs. A more detailed description of issues unique to teletherapy are presented in a separate informed consent document you will be asked to sign if there is any chance that your treatment might be delivered via teletherapy at any point.

Considering the benefits and risks presented above, while I expect that therapy will be helpful, there is no guarantee that therapy with me will be the best way to reach your desired goals. Because every therapeutic experience is unique, it varies from individual to individual. Therefore, it is vital that you feel free to discuss any concerns you have about the course of treatment with me at any time. As a client, you also have the right to seek a second opinion from another clinician. If at any time you desire to seek a different treatment approach or provider, I will be happy to assist you in finding an appropriate referral. The top priorities in your therapy are always your best interests, improvement, and satisfaction with care.

**RIGHTS OF CLIENTS:** My practice is guided by the Ethical Code of the American Psychological Association. A copy of that code, as well as a statement of Clients Rights, can be made available for you to read. It is required by law to inform you that sexual intimacy between client and therapist

is *never* appropriate during or following a therapeutic relationship. The State Board of Psychologists in Sacramento investigates reports of such behavior or other serious complaints.

**INDEPENDENT PRACTICE:** My office location in The Psychology Center allows my practice to benefit from collegial interaction with my very skilled peers, however, my practice is completely independent from those of other clinicians in The Center. We each are separately responsible for our own policies, practices and records. My client records are not accessible to anyone but me.

### **Treatment Policies, Procedures and Approach**

**TREATMENT SESSIONS:** Therapy sessions are typically held once a week for forty-five to fifty minutes. Sessions are scheduled on a weekly basis until you and I mutually agree that a different time schedule is appropriate. Goals for therapy are determined within the first few sessions. These are periodically reviewed and refined. Concluding therapy occurs when we both agree that the goals have been satisfactorily addressed or there is some other reason to terminate, such as a required move. You have the right to terminate at any time. It is very important that you discuss your concerns with me for at least one session before you leave to allow optimal closure to your therapy and provide any additional information or resources that may be helpful to you.

**FEE FOR SERVICES:** The fee for a standard appointment is \$250 and is expected to be received before or at the beginning of your session. Payment is accepted by cash, Zelle deposit (to mpkphd@gmail.com) or check. The reason payment is collected first is so your session can be exclusively focused on your issues and you can comfortably leave directly at the close of session. This practice is most conducive to your being able to discuss and explore challenging material during your session without interruption. Regarding insurance concerns, If you have coverage that includes an “out-of-network benefit” you may be able to submit an itemized statement to your insurer for partial reimbursement of your charges. I can provide a statement satisfactory for filing a reimbursement claim at your request. These are generally provided to clients who request them at their first session each month. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

**MISSED APPOINTMENTS AND CANCELLATIONS:** When you schedule an appointment a full session time is reserved exclusively for you. No other client can be scheduled for that appointment. Since that is the case, if you must cancel a scheduled appointment, please provide notice at least **24 hours in advance of your scheduled appointment** time so the treatment time can be offered to others in need. If, for any reason, you do not give notice at least 34 hours in advance, or you do not show up for your scheduled session (i.e., “missed appointment”) you will be charged the regular fee for the time reserved.

**CONFIDENTIALITY:** The information you share in therapy is personal and confidential. This information is also legally protected. The only circumstances when information could be shared without your prior written and verbal permission are when there is a clear intention to do harm to yourself or to someone else, when you have previously authorized an insurance company to have access to routine information and when a court subpoena is valid. I also have a legal and ethical responsibility to notify appropriate social agencies of any suspicion of emotional, physical, or sexual abuse or neglect of a child, a dependent disabled adult, or an elderly person. Please note that if you instigate a lawsuit, your mental status and all your records may become subject to court scrutiny. Even when I receive previously signed written authorizations from insurance or regarding legal matters, I will contact you to discuss whether I feel releasing all or some of the information is in your best interest. It is my general policy to forward all information to you, for you to release to your Insurance Company as you see fit.

**ORIENTATION AND CONFIDENTIALITY IN COUPLE, AND/OR FAMILY THERAPY:** When I treat you as part of a couple or family group, no information is released to outside parties without the written consent of all parties present. Minor children will also be asked for their consent. When we meet in individual sessions in the context of family therapy, no information is shared with other members of the family unless the individual (even though he/she may be a minor child) shares it himself/herself or indicates willingness for me to share. My orientation to family and marriage therapy is that children and individuals do better when the family remains intact except in cases of high conflict, domestic violence, or child abuse. Family changes have a major impact on all involved. Careful consideration of the type and timing of family changes can offer significant help to the adjustment of all.

**CONSULTATION WITH PEERS:** I routinely consult with my therapist peers regarding cases. This is to ensure my objectivity and that I do not overlook possible avenues to help you. I do not use my clients' names and try to omit all identifying information. Confidential records of these contacts are kept with your records, and I inform you of the discussion if I feel it is helpful to you. If you have any questions or discomfort about this, please do not hesitate to discuss this with me.

**THERAPY AND PHYSICAL SYMPTOMS:** Physical symptoms are often the result of emotional stress. They can be reduced and even eliminated under certain therapy conditions. It is important, however, that an appropriate medical specialist review your current situation to ascertain the degree to which the symptom has a physical base. A physical exam is therefore required when a physical symptom is a primary concern. If there is a physical problem that affects your therapy, I will work closely with your medical specialist to coordinate treatments and services. It is important for you to let me know if you have a persistent physical discomfort. I will discuss a referral to another specialist with you.

**MEDICATIONS IN PSYCHOLOGICAL THERAPY:** As a psychologist I am trained to take a psychosocial approach to your care, and I am not licensed to prescribe medication. While many clients benefit from psychotherapy alone, some experience increased treatment response with a combination of therapy and medication. Depending on the symptom types and pattern presented medications used to treat psychological conditions may or may not be a helpful aide in your situation. If consideration of medication treatment seems potentially beneficial, I will recommend an evaluation, refer, and assist you in obtaining such a consultation with an experienced physician, preferably a psychiatrist as this is the medical specialty most highly trained in diagnosis and treatment of these conditions. It is your responsibility to inform me of all prescribed medications and changes in medications you take as they may significantly affect your mental status and therapy. It is also important that you are compliant with the course of treatment as prescribed by your physician. For some conditions however, therapy has been shown to be more effective than medications and I will inform you of my clinical opinion regarding how medications may affect or enhance your treatment.

**LIMITATIONS AS A THERAPIST:** In addition to my part-time, outpatient private practice I have other professional and personal responsibilities that limit my availability outside of session. I do not presently do hospital work or treat severe substance abuse cases. If we feel you require these special services or a higher level of care and access than I can provide, I will refer you to someone who offers these services. I will maintain contact with you and support you during the referral transition.

**PHONE CONTACT/VOICE MAIL SERVICE:** My office phone number is 949-494-0093. When in the office I am most often with a client, so I am rarely able to answer the phone personally. You may leave a message on my confidential voicemail when I do not answer myself and I will be notified that a message is waiting. Only I listen to these voicemail messages and check them

frequently. I make every effort to return calls promptly, usually within a few hours but nearly always within the day except on evenings and weekends. If you do not receive a call back within 24 hours of when you leave a message on a regular business day, please call again because I may not have received your message due to problems with reception in the local area. If your call is urgent but can wait for a call back, my voicemail message provides a number for contacting me more quickly. However, in a true emergency, where anyone's safety is at risk you should not wait for a call back, but rather, you should call 911 or go to your nearest hospital emergency room for immediate care.

**TELEPHONE CALLS AND E-MAILS BETWEEN SESSIONS:** Routine calls to discuss scheduling or payment concerns are an expected part of my service and are not charged. Calls, secure messages, email or other communication that is primarily therapeutic in nature and requires more than ten minutes of discussion is considered therapy care and will be charged at a prorated fee based on the usual charge for therapy service. Clinical telephone contacts are sometimes scheduled for clients if it is appropriate to their goals and treatment or coaching and charged accordingly. I restrict the use of email to scheduling and general information only and caution you NOT to include any identifying or other information in an email that you wish to be kept confidential as I am unable to guarantee the security of e-mail transmissions. I cannot guarantee a timely response on emails so ***schedule changes and cancellations should be handled by phone***. For technological reasons email correspondence and cellular phone calls cannot be considered secure communications. Please use secure messaging in the Therapysites platform for such information.

**REQUESTS FOR INFORMATION:** Insurance companies, health maintenance organizations, and preferred provider organizations sometimes require extensive documentation of your diagnosis, treatment plans and progress. While I am happy to comply with such requests, I must charge for my preparation time and routine costs if lengthy reports are required. Fees for report preparation will be billable at \$200 per hour..

Some organizations that may request your information are not covered by the legal protection of privilege or confidentiality and may have no ethical guidelines. It is my policy to contact you directly when I receive requests for your information even when the request includes written authorizations to release information. I do this so we can discuss exactly what you wish released and how I might accomplish this.

It is important for you to be aware that by using third party payment, the releases you sign and/or the processing procedures followed might eliminate your legal protections of privilege and confidentiality. I find many of my clients are unaware of the existence of the Medical Information Bureau that has over 750 insurance companies as members. They share with other health, life, and mortgage insurers, if you sign a general or specific release. For these reasons and because of the HIPAA regulations discussed elsewhere, when I am asked by you to release information I mail or give the original and a copy to you with an envelope so that you may forward it as you choose.

**RECORDS:** I regularly keep written records of our sessions. These records include date of meeting, who was present, how long we met and brief notes regarding the issues we discussed. I also record quotes and specific details if issues of homicide, suicide, abuse or neglect or other legal matters are discussed. I document calls to and from other care providers. These records are maintained seven (7) years after age 19 for a minor and seven (7) years for an adult per California guidelines. After that they are retained in either full or summary form for an additional three (3) years.

**VACATION POLICY:** It is my practice to inform you in advance about any plans I have to be away from the office and unavailable. If needed, I will discuss a plan for treatment support in my absence with you and provide guidance as to where you may seek assistance when I am

