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PSYCHOTHERAPY SERVICE AGREEMENT

This document contains detailed information about my professional services and business policies. If you have any questions about anything contained in this document, please do not hesitate to ask.

When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless: a) I have taken action in reliance on it, b) there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or c) you have not satisfied any financial obligations you have incurred.

Psychotherapy

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 help you address your problems and achieve your goals. For example, we may focus on the ways in which your upbringing affects the way that you view the world (and yourself). By identifying how you adopted your worldview, we are in a better position to change it, if it is part of the problem. We may identify particular beliefs or thought patterns that you hold and help you to decide whether they are helpful and healthy, teaching you how to change them if they are unhelpful or unhealthy. Or we may identify specific tasks for you to work on to improve the quality of your life. Finally, we may focus on the role of emotions in your life; many people feel overwhelmed by or uncomfortable with certain emotions, and we can work to make those emotions more tolerable.

I ask you to work with me collaboratively to address the problems that brought you here. This means, in part, that you will be actively thinking about and working on things outside of our therapy sessions. In order for you to get the most value out of our

work together, you will need to take what we talk about in session and think about it during the rest of the week, and eventually apply it to your life outside of session. You will also get more out of our therapy if you come consistently to sessions. Therapy is a cumulative process; it builds upon itself. If you miss sessions more than occasionally, you will be losing some of the momentum that we have built together and will not get as much out of the process.

One reason that patients miss sessions is because therapy can feel uncomfortable at times. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness or anger. It is necessary to feel these feelings in order to get to where you want to be. I encourage you to let me know when you are feeling discouraged or uncomfortable so that I can help you to get through these more difficult periods. Although therapy can be hard at times, it has also been shown to have many benefits. Therapy often leads to improved self esteem, better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Our first two or so sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work might include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me to determine whether I am a good match for you. If you decide that I am not a good match, I will be happy to help you find a different therapist. If you have questions about my procedures, we can discuss them whenever they arise.

Sessions

Generally, we will meet at regularly scheduled times for 50-minute sessions. I typically meet with patients on a weekly basis. However, some patients benefit from more frequent meetings.

Limits on Confidentiality

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form specific to the situation. There are other

situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a patient. During such consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, provide appropriate information, including a copy of the patient's record, to the patient's employer, the insurer or the Department of Worker's Compensation.

There are some situations in which I am legally obligated to take actions that I believe are necessary to attempt to protect the patient or others from harm, and I may have to reveal some information about a patient's treatment.

- If I have reasonable cause to believe that a child under age 18 is suffering physical or emotional injury resulting from abuse inflicted upon him or her which

causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect (including malnutrition), the law requires that I file a report with the Child Protective Services. Once such a report is filed, I may be required to provide additional information. Additionally, if I hear in the course of our work together that an adult was abused in the past, when that adult was a child, I may need to file a report. This report would be filed only if the patient believed that the past abuser may still be abusing children.

- If I have reason to believe an elderly or handicapped individual is suffering from abuse, the law requires that I report to the Department of Adult Services. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates an immediate threat of serious physical harm to an identifiable victim or if a patient has a history of violence and the apparent intent and ability to carry out the threat, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Minors and Parents

Patients under 18 years of age (who are not emancipated) and their parents should be aware that the law allows parents to examine their child's treatment records, unless I believe this review would be detrimental to the patient or his/her treatment. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, I typically request an agreement from parents that they consent to give up full access to their child's records. If they agree, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization,

unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern immediately. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to address any objections s/he may have.

Professional Fees

My fee is \$150 per 50-minute session.

In addition to weekly appointments, 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 20 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

Billing and Payments

You will be expected to pay for each session at the time it is held (with cash or check), unless we make an alternative agreement. If you are using insurance to pay for your sessions, please pay me directly and have the insurance company reimburse you.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

Insurance Reimbursement

In order for us to set realistic treatment 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 may provide some coverage for outpatient mental health

treatment with an out-of-network provider (I am only contracted with the UCSB student insurance). If they do provide some coverage, you can submit my bills to them for reimbursement. I do ask that you pay me in full and get reimbursed by your insurance. In all cases, you (not your insurance company) are responsible for full payment of my fees. If you are relying on your insurance to reimburse you for all or part of my fee, please call them before our work together begins to find out exactly what mental health services your insurance policy covers (i.e., how much they will reimburse you for each session once your deductible is met and how many sessions they will allow per calendar year).

Please be aware that insurance companies require a diagnosis before they will reimburse you. I will put a diagnosis on each bill once I know that the bills will be submitted to the insurance company, and I will discuss your diagnosis with you. Sometimes I am required to provide additional clinical information such as treatment plans or summaries. This information will become part of the insurance company files. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier unless otherwise noted.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions.

Cancellation Policy

If you need to cancel a session, I require that you notify me at least 24 hours in advance of that session or you will be charged the full fee. Insurance will **not** provide reimbursement for cancelled sessions.

Professional Records

The laws and standards of my profession require that I keep Protected Health Information (see California Notice Form) about you in your Clinical Record. You may examine and/or receive a copy of your records if you request it in writing. In most situations, I may charge a copying fee of \$1 per page (and for certain other expenses). If

I refuse your request for access to your records, you have a right to review, which I will discuss with you upon request.

My Contact Information

Should you need to reach me non-urgently between sessions, please leave a message on my voicemail (805-895-4104), and I will return the call as soon as possible. I typically do not return calls on the weekend or at night unless it is an urgent matter. In case of emergency, please call 911 or go to your nearest emergency room. If I go on vacation or am otherwise unavailable for an extended period of time, I will provide you with the name and telephone number of a colleague to contact, if needed.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient Signature: _____

Patient Name: _____

Date: _____

If Patient is a Minor, a Parent or Guardian signature is also required:

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Relationship to Patient: _____

Date: _____