

## PSYCHOLOGICAL SERVICES CONTRACT

Psychotherapy is not easily described in general terms. It varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. There are a number of different approaches that can be effective in the treatment process. During the course of psychotherapy, I am likely to draw on various psychological approaches depending, in part, on the problem that is being treated and my assessment of what will benefit you. Psychotherapy will also require active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Participation in psychotherapy can have benefits and risks. Benefits include reduction of distressed feelings, increase of coping skills, improved relationships, improvement of presenting symptoms, and resolution of the concern that brought you to seek therapy. Achieving these benefits requires your involvement, honesty, and openness in order to make progress towards the goals you have set. The psychotherapy process can also have some risks, sometimes influenced by having to discuss unpleasant aspects of personal experiences in life. You may experience uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. At times patients may experience an increase of symptoms before they experience relief. Attempting to resolve issues can lead to changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, relationships, or other areas of your life. While change can sometimes be easy and swift, it can also seem at times slow and frustrating. Finally, while psychotherapy has been found to be beneficial and effective, there are no guarantees on the outcome.

During the initial assessment period (typically 2-3 sessions) I will determine if I can be of benefit to you. I do not accept clients that I feel I cannot help. If I feel that I am not the best person to provide the services that you need in order to meet your treatment objectives, I will provide you with a number of referrals that you can contact. If at any time during therapy I feel that I am not effective in helping you to reach your goals, I am obligated to discuss this with you and, if and when appropriate, terminate treatment. In such a case I would provide a number of referrals. You also have the right to terminate therapy at any time. If you choose to do so, I will offer to give you the names of other qualified professionals whose services you may prefer.

### **Minors**

If patients are under 18 years of age, please be aware that the law may require parents/legal guardians to consent to the minor's psychotherapy treatment. The law also provides parents/legal guardians with the right to examine treatment records. However, it is my policy to request an agreement from parents/legal guardians to give up access to such records. In consultation with the patient, I typically provide parents/legal guardians with only general information about the treatment process unless I believe that there is a high risk that the minor will seriously harm him/herself or another. Before giving legal guardians any information I will

discuss the matter with the minor, if possible, and will do the best I can to resolve any objections regarding confidentiality.

## **Confidentiality**

In general, the confidentiality of all communications between a patient and a psychologist is protected by law, except when you provide written permission to release information about your treatment to others or when the law requires disclosure. There are various exceptions to confidentiality.

Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect, and where a client presents a danger to self, others, property, or is gravely disabled. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, the police, or seeking appropriate hospitalization for the client. If a client threatens to harm him or herself, I may be required to seek hospitalization for the client, or to contact other family members or others who can provide protection.

In most legal proceedings you have the right to prevent me from providing any information about your treatment. However, in some proceedings involving child custody, and those in which your emotional condition is an important element, a judge may order the release of records and/or testimony.

I may occasionally find it helpful to consult about a case with another professional(s) for the benefit of a patient's progress. In these consultations I make every effort to avoid revealing the identity of and/or any identifying information about my patient. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important to discuss any questions or concerns you may have regarding this. The laws governing these issues are quite complex. While I am willing to discuss these issues with you, you may decide you need specific advice and may find a formal legal consultation desirable.

## **Emergencies**

I am not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential voice mail that is monitored frequently. I will make every effort to return your call by the next business day (not weekends or holidays). If you are difficult to reach, please leave some times when you will be available. When you need to contact me immediately due to an emergency or crisis situation you may call me at (858) 353-1631. If you receive my voice mail, please indicate clearly that the situation is an emergency. In the case of an emergency, and you cannot wait for me to return your call, you should call 911, the San Diego Crisis Hotline

(888-724-7240), your family physician, or visit the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If I am unavailable for an extended period of time, I will provide you with the name and contact information of a trusted colleague whom you can contact if necessary.

**PLEASE DO NOT USE TEXT MESSAGING OR EMAIL AS A WAY TO ALERT ME TO AN EMERGENCY.**

### **Confidentiality of e-mail, cell phone, and fax communications**

It is important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication cannot be guaranteed. Emails in particular are vulnerable to such unauthorized access, and faxes can be sent erroneously to the incorrect address. As a result, if you decide to limit in any way the use of any or all of the above mentioned communication devices, please notify me at the beginning of treatment. Because I do not check email or fax regularly, please do not use email or fax in emergency situations.

### **Fees, Payment, and Insurance Reimbursement**

If psychotherapy is initiated, we will decide the frequency of our meetings. In general, sessions are **45 minutes in length** on a regular basis at a mutually agreed upon time. Once an appointment hour is scheduled, you will be expected to pay for the full session unless you provide 24 hours advance notice of cancellation. If you need to cancel or re-schedule a session, please contact me at least 24 hours before your scheduled session to make other arrangements accordingly at that time.

You will be expected to pay for each session at the time of the appointment, unless agreed otherwise. I only accept "Private Pay" patients. I do not bill insurance or accept payments from insurance companies. I require that you read and acknowledge with your signature that you understand my Billing and Insurance Receipt Policy. Payment schedules for other professional services such as report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings or consultation with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform other agreed upon professional services will be charged on a prorated basis.

### **Legal Proceedings**

If you become involved in legal proceedings that require my participation, you agree to pay for my professional time even if I am called to testify by another party. Because of the complicated nature of legal involvement, my fee is \$300/hour for preparation, travel time, being in attendance, testifying and any other case-related costs.

**Collections Procedures**

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information released about a patient's treatment would be the patient's name, the nature of services provided, and the amount due. I will notify the client before taking any action to collect through a third party.

*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 Name (please print)

\_\_\_\_\_  
Patient Signature and Date

\_\_\_\_\_  
Suzanne Mathews, Ph.D.

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Parent/Legal Guardian  
Signature and Date

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Parent/Legal Guardian  
Signature and Date