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OFFICE POLICIES & AGREEMENT FOR PSYCHOTHERAPY SERVICES

Welcome to my practice. Your first visit to a new therapist is very important, and you may have many questions. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our initial meeting, and decide whether we can work together. Please take time to read it carefully and let me know if you have any questions, or need further information. When you sign this document, it will represent an agreement between us.

QUALIFICATIONS

I received my doctorate in 1992 from Pacific Graduate School of Psychology (now Palo Alto University) in Clinical Psychology. Prior to that time, I earned two Master's degrees (from Santa Clara University, and PGSP) in Counseling & Clinical Psychology, and became a licensed Marriage & Family Therapist in 1988. I have held many positions in mental health, from 1985 to 1992 and primarily have been a clinician in private practice since 1988. My doctoral research involved conducting an original study on the effects of childhood sexual abuse within a non-clinical sample here in San Mateo County (published, 1991). I have been on the affiliate Psychiatric Staff at Peninsula for over 10 years, and have served as an expert witness on trauma-related disorders for the San Mateo County court system. In addition, I have represented Psychology on the Quality Improvement Committee (QIC), at the Mills-Peninsula Medical Group for several years (2007-2009). I am currently an Executive Board Member within the San Mateo County Psychological Association, serving as Treasurer (2 years) and, in the past as Government Affairs Chair (5 years). I am also a member of the California Psychological Association where I have been a Political Action Committee (PAC) Trustee. I also belong American Psychological Association, and the California Association of Marriage & Family Therapists.

I work from an integrative perspective and rely on a broad range of techniques; including psychodynamic, dialectical behavior therapy, and family systems interventions. As a Psychologist and a Marriage and Family Therapist, I bring certain expertise to our collaboration while you bring self-knowledge, the ability to learn from your life experiences, and a vision of what you want your life to be. I enjoy working with a diverse range of individuals, couples and families.

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 bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for your therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Change can sometimes be quick and easy, but more often it can be gradual, and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few 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 will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS & CANCELLATION POLICY

I normally conduct an evaluation that will last from 2 to 4 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 psychotherapy is begun, I will usually schedule one 45 to 50 minute session per week at a time we agree on, although some sessions may be scheduled longer or more frequently. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours, or 2 business days (Monday through Friday), advance notice of cancellation.** (For example, if your appointment is on Tuesday, you must call to cancel by Friday. If you provide cancellation notice outside the 48 hour policy, you will be not be charged for your session if I am able to schedule the hour with another patient.) Please keep in mind that most insurance companies will not reimburse you for missed appointments. **Cancellations will not be accepted that are communicated to my e-mail address—they must be called in to my voice mail.**

If you are running late for your appointment, please phone or email me as soon as you can, letting me know you will be late. If you are late, we still need to end at our regular time so that I have time to prepare for my next appointment and be on time for them.

TERMINATION & FOLLOW UP

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss what will work best for meeting less, or having a “check in” opportunity. If terminating in this way is not chosen, I recommend that we have closure on the therapy process to offer an opportunity to properly process the time we have spent together. How many sessions we do this depends on how long you have been in treatment.

PROFESSIONAL FEES, BILLING & PAYMENTS

My hourly fee is \$_____. The fee is to be paid at the start of each session unless other arrangements have been made. I accept checks and cash only. In addition to weekly appointments, I charge in increments of my hourly fee for other professional services you may need. Other services include report writing, telephone conversations lasting more than a few minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Please let me know if you would like me to provide a statement for you at the beginning of each month containing a record of therapy appointments from the previous month. This monthly statement can be used for tax or insurance purposes.

A monthly finance charge of \$5.00 or 1% (if this is greater) will be assessed on unpaid balances. If you carry an unpaid balance, and you do not make payment arrangements within 30 days, please be aware that your account may be forwarded to either a collection agency or Small Claims Court. If such legal action is necessary, its' costs will be included in the claim. In most collection situations, please be advised that I will release whatever information is requested by the collection service that has been provided on form you

completed (name, address, social security number, etc.) to facilitate collection of the monies owed. There will be a \$30.00 service charge for any returned check.

INSURANCE REIMBURSEMENT

Some or all of your fees may be covered by your health insurance if you have PPO outpatient mental health coverage. Please keep in mind that insurance companies do not reimburse for all conditions that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you do pay for therapy that are not reimbursed by your insurance may be deducted if you choose to itemize deductions on your taxes.

CONFIDENTIALITY

In general, the privacy of all communication between us is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions you should be aware of. The following are exceptions to the confidentiality of your therapy:

(1) In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

(2) 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, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

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

(4) Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment, your name and other personal information may be sent to a collection agency or small claims court.

(5) Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, dates of treatment, and procedure code. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy or future eligibility to obtain health or life insurance.

Overall, these situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

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 patient. 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 that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9AM and 6PM, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. If I am planning on being out of town, I will let you know in advance. I will also let you know who is covering for me if I am not available by phone during my absence. Please do not contact me via e-mail, faxes, or text messages for emergencies.

I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In emergencies, you can try me on my cellular phone number, which is noted on my voice mail message. If you are unable to reach me and feel that you can't wait for me to return your call, contact the nearest emergency room and ask for the psychologist or psychiatrist on call, or call 911. If I will be unavailable for an extended time, there will be the name of a colleague to contact in emergency situations on my voice mail message.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged my hourly fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

COMPLAINTS

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Psychology, and they will review the services I have provided. The address is:

BOARD OF PSYCHOLOGY
1422 Howe Avenue, #22
Sacramento, CA 95825
1-866-503-3221
bopmail@dca.ca.gov

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

Signature Date: _____

Signature Date: _____