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CLIENT SERVICES CONTRACT

Welcome to my practice. 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 next meeting. When you sign this document, it will represent an agreement between us. This consent form describes more about how I work, and more specifics about my professional policies. While I do share office space with others at this address, I operate as an independent practitioner.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, 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 the therapy to be most successful, you will have to work on things we talk about both during our session and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anxiety, anger, frustration, pain, or helplessness. On the other hand, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. Please keep in mind that there are no guarantees of what you will experience.

While I have taken training in the Gottman Method of couples therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Our first session will involve an evaluation of your needs. Sometimes this evaluation may take 2-3 sessions. 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 we mutually decide to begin 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 be very careful about the therapist you select. If you have questions about my procedures, we should discuss them as they arise. If your doubt persists, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

PSYCHOTHERAPY SESSIONS

I normally conduct an evaluation that will last from one to four 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 45-50 minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. I will try to find another time to reschedule the appointment as soon as possible.

It is very important for you to be on time as appointments will begin at the scheduled time. If you are late, our appointment will still end on time and you will be charged for the full hour.

PROFESSIONAL FEES

My fee for an initial intake session, which includes a diagnostic assessment, is \$150.00. My hourly fee for individual psychotherapy sessions is \$150.00, unless another fee is agreed upon. 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 a period of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any 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. Because of the difficulty of legal involvement, I charge \$200.00 per hour for preparation and attendance at any legal proceedings. This includes return travel time from my office to the court location plus any air or lodging expense.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 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. If such legal action is necessary, such costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name and contact information, the nature of services provided, and the amount due.

CANCELLATION:

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or cancellation of an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. All messages, including cancellations, may be left on the therapist's voicemail, 909-293-9729.

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 will usually provide some coverage for mental health treatment. I typically require that you pay my fees up front, and obtain reimbursement from your insurance company afterward, unless we have specifically agreed otherwise. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, with your permission I will be willing to call the insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMO's and PPO's often require authorization before they provide reimbursement for mental health services. These insurance plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as symptoms, treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above (unless prohibited by contract).

CONTACTING ME

I am often not immediately available by telephone. While I may be in my office when you call, I probably will not answer the phone if I am with a client. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your call on the same day you call me, with the exception of weekends and holidays. If you are difficult to reach, please inform me of a time when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, please either call 911, contact your family physician, or go to the nearest psychiatric hospital or emergency room and ask for the psychotherapist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

EMERGENCIES:

If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I will do what I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the Client Information Form.

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 an appropriate fee for any professional time spent in responding to information requests. Please see the document, "Notice of Privacy Practices," for further information about how these records may be used or disclosed, and how you can gain access to these records.

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. Before giving them any information, I will discuss the matter with you whenever possible, and do my best to handle any objections you may have.

MEDIATION & ARBITRATION:

All disputes arising out of, or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of your therapist and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in

Los Angeles County or Orange County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, your therapist can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum and applicable attorney fees. In the case of arbitration, that sum will be determined by the arbitrator.

CONFIDENTIALITY

In general, the laws within the state of California and the ethical codes of the American Psychological Association protect the privacy of all communications between a client and therapist. The law and ethical guidelines state that I can only release information about our work to others with your written permission. Within the law and ethical guidelines there are several exceptions to maintaining confidentiality:

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 the judge 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 client's treatment. Please keep in mind that I am a mandated reporter of child, elder, or dependent adult abuse. For example, if I have reason to suspect that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate county or state agency.
3. If a client seriously threatens to harm himself/herself, I may be obligated to breach confidentiality in order to protect the client from harming him/herself. This breach of confidentiality might include helping the client to seek hospitalization for him/herself, and/or to contact family members or others who can help provide protection.
4. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.

Please keep in mind that these situations have rarely occurred in my practice. If such a situation does occur, 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 client. 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. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

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

Client's Name (Print)

Client's Signature

Date

Therapist's Signature

Date