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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask any questions you might have. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular concerns you bring forward. There are many different therapies and methods I may use to deal with the concerns and goals that you bring to therapy. Psychotherapy calls for a collaborative effort and a consistent commitment.

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. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and communicate a general treatment plan. If you have questions about my procedures, we should discuss them whenever they arise.

MEETINGS

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. Once psychotherapy begins, I will schedule a regular 45-minute session per week at a time on which we agree. Although, we may decide that more frequent sessions are helpful or necessary.

PROFESSIONAL FEES

My hourly fee is \$____. If my full fee is outside of your financial capabilities then I am open to discussing the rate. 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 45 minutes. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, 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 my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$400.00 per hour for all pre-testimony time and services and \$500.00 per hour for testimony in deposition, mediation, arbitration, or trial. The minimum to me for deposition is three hours and the minimum time for trial testimony is 4 hours. If retainer is not received one week in advance, Dr. Artson may not be available for that time.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

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, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is the name, the nature of services provided, and the amount due.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 8 AM and 5:30 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a voice mail that I monitor frequently. 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 leave a message on my office voicemail. On evenings and weekends,

please leave urgent messages at both office numbers 415-923-0866 and 650-359-9239. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, family member, friend or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, during vacations, I will provide you with the name of a colleague to contact, if necessary.

VACATIONS

Missed or cancelled sessions will be charged since that hour remains held for you. Please inform me in advance, when you will take this vacation time. I allow for 3 weeks of vacation time per year without charge. If more time is taken, make up sessions due to vacation will be offered either the week prior or following your vacation week.

CONFIDENTIALITY

In general, confidentiality laws/ethics protects the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most **legal proceedings**, you have the right to prevent me from providing any information about your treatment. Exceptions include any lawsuit you bring claiming emotional distress. 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.

- Child Abuse (Mandated)
- Elderly Person or Disabled Person Abuse (I may be required to file a report with the appropriate state agency)
- If I believe that a patient 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, or seeking hospitalization for the patient.
- If the patient **threatens to harm himself/herself**, I am mandated to take whatever action to protect their safety. I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If any of the above situations 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 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 of your questions or concerns.

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

Print Name

Signature Date

Print Name

Signature Date

Tracy Artson, Ph.D. Date