



**WELLSPRING**  
PSYCHOLOGY

## **Office Policies and Consent for Psychotherapy Services**

Welcome to Wellspring Psychology. Thank you for your interest in our practice. This form is designed to give you important information about treatment and our professional relationship. When you sign the acknowledgement of notifications it is in reference to this document, that signed document will represent an agreement between us. Please read this document for all related details and if you have questions or concerns, bring them to the attention of your therapist.

### **Beginning Treatment**

In our first sessions we will mutually assess if the two of us are a good match for psychotherapy. I do not accept clients who I believe I cannot be of help to, nor is it appropriate for therapy to continue should you feel similarly. In this case, appropriate referrals will be provided. Throughout our working relationship, we will collaboratively develop a treatment plan based on your therapeutic objectives. I will work to intentionally facilitate and encourage an open, honest and transparent working relationship.

### **Confidentiality**

All information disclosed in therapy sessions and in written records pertaining to the content of therapy sessions are confidential: this information may not be revealed to anyone without your written consent except where federal and/or state law requires disclosure. Disclosure is required when there is clear intent expressed to harm self or another identifiable person. Disclosure is also required when there is reasonable suspicion of child, disabled or elder abuse or neglect. Disclosure may also be required in a legal proceeding. For example, if you place your mental status at issue in litigation that you initiate, the court may claim the right to obtain your complete psychotherapy records. Disclosure may also be required in collecting outstanding fees to a collection agency or small claims court in order to resolve payment noncompliance or dispute.

Wellspring Psychology is a group practice and we may consult with other psychotherapists regarding clinical concerns within our practice without formal consent.

In an effort to process insurance claims, minimal necessary information may be shared including, name, diagnosis, date, length, and frequency of sessions as well as CPT codes for services rendered.

Upon your request, and with your written consent, I may release information to any person or agency you specify. I may choose to deny this request if I believe that releasing such information may be harmful to you and/or our work together.

### **Confidentiality of Email and Fax**

Communications such as email and fax can be easily accessed by unauthorized people and may compromise confidentiality. Please be me mindful when using these methods of communication with me, and share any concerns you have regarding communication through these mediums.

### **Benefits and Risks of Psychotherapy**

Participation in therapy may result in a number of benefits to you including reduction in presenting symptoms, increased insight and understanding, improved relationship with self and others, resolution of presenting concerns and benefits to your physical, emotional and spiritual health. Good psychotherapy requires honesty and openness and a sincere commitment to the process. The risk of psychotherapy is that you may encounter challenging emotions, thoughts and/or memories, however this is often an integral part of change, healing and growth. You are encouraged to share these experiences with me if/when they occur.

### **Payment and Financial Arrangements**

Our standard fee is \$185 for individual 50-60 minute sessions and \$220 for 50-60 minute couple or family sessions. The fee is to be paid each session unless other arrangements have been made. We accept cash, personal checks or most credit cards. Each session will begin on time and will not run over the allotted amount of time. An annual fee increase may occur at the beginning of the calendar year. You will be notified in advance of any fee increase.

We are an in-network providers for Medicare, Railroad Medicare, and Stanford Health Care Advantage, but we are out-of-network for all other insurance companies. I am happy to help you determine your benefits, and I can either submit claims on your behalf or provide you will the necessary documentation to do so yourself. Most PPO plans will pay a percentage of the fee once the annual deductible has been met. However, you are responsible for paying the full fee, unless other arrangements have been agreed upon. Please let me know if there are any problems or concerns with payment that arise during the course of treatment.

### **Cancellations**

We require a minimum of **48-hours** notice for cancellation or rescheduling of appointments. **If you are unable to give 48-hours notice you will be responsible for paying the full fee. Please note, We cannot bill insurance for missed appointments. This applies to all patients including in network Medicare and Stanford Health Care Advantage patients.**

### **Tele-therapy and Phone sessions**

We are able to offer tele-therapy and phone sessions, however if you are a Medicare patient per CMS regulations, Medicare will not reimburse for services rendered over the phone. If you choose to participate in a phone session, you will be responsible for the full fee.

### **Litigation and Other Requested Treatment Documents**

If I am required to attend a deposition, hearing, or other legal proceeding in the capacity of your current or former therapist, you will be billed \$500 per hour of my time, including preparation, travel time, and the time I spend at the legal proceeding. If you are a current or past client, my testimony will not include forensic opinions.

If I am required by subpoena to submit records, progress notes, summary of treatment, or any other required legal form, or if you are requesting any of these documents for your own records, disability, leave of absence, or any other reason, you will be billed \$250 per hour of time required to write, obtain, produce, and deliver such documents.

### **Termination**

There are many ways to transition or end treatment. I strongly encourage this process to be transparent and mutual. I encourage an open discussion with me regarding transitions and endings of treatment.

Noncompliance with treatment recommendations may result in termination of services. If you have concerns about treatment I strongly encourage you to share them with me. You have the right to terminate treatment at any time.

If you commit physical violence or verbal harassment to me or anyone associated with our practice or services, I reserve the right to terminate your treatment immediately and unilaterally. Failure or refusal to pay for services after a reasonable amount of time may also result in termination of services.

### **Dual Relationships**

Therapy never involves sexual, business or other relationships that could impair clinical judgment, therapeutic effectiveness, or could be exploitive in nature.

### **Phone Calls & Emergencies**

I strive to return calls promptly. On weekdays, every effort will be made to return calls within 24-hours and on weekends within 48-hours. In planned absences, I will notify you in advance and will provide you with emergency contact information.

If an emergency situation arises and I am unavailable, please contact the closest 24-hour psychiatric emergency service or dial 911.

## **Complaints**

If you have a concern or complaint about me or your treatment, please communicate this to me. I take feedback seriously and will respond to the best of my ability to resolve any concerns. If you believe that I have failed to listen or respond appropriately to your concern, or if you feel I have behaved unethically you can contact the Board of Psychology or the Board of Behavioral Sciences.

Board of Psychology  
1625 North Market Blvd., Suite N-215  
Sacramento CA, 95834  
866-503-3221  
[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov).

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S-200  
Sacramento CA, 95834  
916-574-7830  
[bbswebmaster@dca.ca.gov](mailto:bbswebmaster@dca.ca.gov).

In conclusion, I hope this information has been helpful. Please let me know if you have any concerns or questions about these policies, treatment, or this agreement for working together. I sincerely look forward to building a relationship with you.