

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR
OUTPATIENT PSYCHOTHERAPY SERVICES AND
CONSENT FOR TREATMENT

JO CHRISTNER, Psy.D. • Clinical Psychologist • License # PSY15532

Welcome. This document contains important information and guidelines about my professional services and business policies. I have found that by establishing clear boundaries from the onset, the therapeutic experience is enhanced. *Please read carefully.* For the sake of this document “the client” “you” or “your” refers to you, the client, except where otherwise stipulated.

PSYCHOLOGICAL SERVICES

Psychotherapy can have both benefits and risks. Psychotherapy has been shown to have benefits for people who undertake it. It often leads to a reduction of feelings of distress, better relationships, resolutions of specific problems and a better understanding of goals and values resulting in greater maturity and growth as a person. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy may often require recalling unpleasant aspects of your history.

Therapy requires an active effort on your part. In order to be most successful, you will have to work both during our sessions and in your life. If you have questions about my procedures, ask me so we can discuss them openly. If your doubts persist, I will be happy to help you secure an appropriate consultation with another mental health professional.

COUPLES COUNSELING

Psychotherapy with a couple is for the benefit of the couple. If individual therapy is deemed necessary, the appropriate referrals will be given.

I have a “no secrets policy”. If any information is given to me outside of the couples therapy session by either partner, it is necessary that this “secret” information also be brought to the session to be processed. We can discuss how this will be done.

If either partner ever wants to have access to the therapy records or waive confidentiality in the future, both partners will need to sign a waiver for the records to be released.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are *confidential* and may not be revealed to anyone without your written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family member/s communicate to Dr. Christner that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Jo Christner Psy.D. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Jo Christner, Psy.D. will

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use her clinical judgment when revealing such information. Dr. Jo Christner will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination where Dr. Jo Christner becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she 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, she may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality Of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Jo Christner, PsyD., only the minimum necessary information will be communicated to the carrier. Dr. Jo Christner has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance. The risk stems from the fact that mental health information is entered into big insurance companies' computers as well as the, congress approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank data base is always

in question as computers are inherently vulnerable to break-in's and unauthorized access. Medical data has been reported to have been sold, stolen or accessed by enforcement agencies, which places you in a vulnerable position.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, your attorney, or anyone else acting on your behalf will call on Dr. Jo Christner to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: Dr. Jo Christner consults regularly with other professionals regarding her clients; however, your name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Your Right to Review Records: Both law and the standards the profession require that your therapist keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Christner assesses that releasing such information might be harmful in any way. In such a case Dr. Jo Christner will provide the records to an appropriate and legitimate mental health professional of your choice, only with your written permission. Considering all of the above exclusions, if it is still appropriate, upon your written request, Dr. Christner will release information to any agency/person you specify unless Dr. Christner assesses that releasing such information might be harmful to you in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Christner between sessions, please leave a message on her voicemail (818) 879-7777 and your call will be returned as soon as possible. If you are leaving a message on the same day as your appointment, please call my cell phone at 818-674-2502. If an emergency/crisis situation arises, please indicate it clearly in your message and proceed to contact assistance right away, such as the nearest hospital, the Police (911), your psychiatrist or your primary care physician, a close friend or family member. Please also leave a message on my emergency cell phone at 818-674-2502.

PAYMENTS & INSURANCE REIMBURSEMENT: You are expected to pay the standard fee of \$500 for a 90 minute initial assessment and \$250.00 per each 50 minute session at the end of each session unless other arrangements have been made. Should the session be extended, as agreed by Dr. Christner and you, a charge of \$50.00 for each 10 minute increment (beyond the initial 50 minute session), or any fraction thereof, will be added. Only cash or personal checks are accepted. A service charge of \$35.00 will be assessed for all returned checks. Client telephone conversations beyond 10 minutes, as well as *client authorized* site visits, report writing and review, consultation with other professionals, and travel time, will be charged at the same rate, unless indicated and agreed otherwise. Please notify Dr. Christner if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and *not* to the insurance company. Unless agreed upon differently, Dr. Christner will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section "Health Insurance & Confidentiality Of Records", you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Additionally, not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is *your* responsibility to verify the specifics of your coverage.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Christner 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 should be submitted to and settled by binding arbitration in the corresponding County 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, Dr. Jo Christner 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 as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Christner will ask for your feedback regarding your progress in therapy, or any other aspects of the therapy, expecting you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing

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with a certain situation. During evaluation or therapy, recalling or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Dr. Jo Christner may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Christner is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, developmental (adult, child, family), or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Dr. Jo Christner will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy and/or their possible risks, Dr. Christner's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Jo Christner does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, Dr. Jo Christner will assess if she can be of benefit to you. Dr. Jo Christner does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Jo Christner assesses that she is not effective in helping you reach the therapeutic goals she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Christner will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Christner will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Jo Christner will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Therapy never involves sexual or business relationships or any, other dual relationship that impairs Dr. Christner's objectivity, clinical judgment, therapeutic effectiveness or that can be exploitative in nature.

CANCELLATIONS:

Our agreed upon scheduled appointments will be set aside and held exclusively for you. If you need to cancel or reschedule an appointment, please notify Dr. Jo as soon as possible. If you arrive late for an appointment, she will see you for the remainder of your reserved time.

Appointments not canceled within 24 hours in advance of the appointment, will be charged at the full rate. Please note that insurance companies generally do not pay for missed sessions, and therefore you will be responsible for the missed session fees.

PROFESSIONAL COVER FOR CONTINUANCE OF CARE

In the event I am out of town or am unavailable, I have an agreement with trusted colleagues for them to 'cover' and take emergency calls in my absence. I have chosen these licensed mental health care providers with great care and will only share necessary information with them that will allow them to provide appropriate care for you.

I am ethically and professionally bound to ensure that you receive competent care in the event I am unable to continue to provide it for whatever the reason. Just like you, unplanned things can happen to me including sickness, accidents and even death. In the event I am ever unable to continue to provide my services to you, I have identified a trusted colleague who will manage my practice and act as a Bridge Therapist.

In order to accomplish this, he/she will have access to your contact information in the event something happens to me. This person will contact you to inform you of my situation and status, offer to either meet with you and or make referrals to other practitioners whom I have identified and trust.”

ELECTRONIC TRANSMISSIONS

Emailing and texting are not completely secure and private. This mode of transmission can be used to transmit information about administrative and scheduling issues. Otherwise, information needs to be confidentially communicated to Dr Christner in an individual or phone session. Electronic transmissions are not to be used for therapy issues.

I have thoroughly read the above Office Policies and General Information Agreement for Psychotherapy Services. I understand them and agree to comply with them; and, thereby provide consent for services with Dr. Jo Christner.

Client name (print) _____ Date _____

Signature _____

Financial (print) _____ Date _____

Signature _____

Signature _____ Date _____

Jo Christner, Psy.D.