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Consent to Psychotherapy Treatment

This document is required by law. It contains important information about my professional services and business policies. When you sign this document it represents an agreement between us. Please do not sign this document until you have read it and asked me any questions you may have. Please keep a copy of this document for your reference.

About Psychotherapy

Psychotherapy is a joint effort. Progress depends on many factors including motivation, time, effort and other life circumstances. Together we will agree on a treatment plan that suits your particular needs and goals. The length of treatment varies and depends on the nature of the problems, the goals, and the aforementioned factors. While the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Psychotherapy requires active participation from both therapist and client. Its bedrock is built from the ongoing communication between therapist and client. I encourage you to let me know if you have any questions or concerns arise about your psychotherapy. If you ever have any questions about something I have said, or wish to discuss your progress, please let me know.

Meetings

Psychotherapy sessions last for fifty minutes. I begin a treatment by setting up an initial consultation meeting or meetings. This is a mutually agreed upon period of time where we determine if I would be the best person to provide the treatment you want. If either of us feels that a different therapist or type of treatment would better assist you, I will provide referrals for alternative services and/or providers.

If we decide to work together we will set up regular weekly meetings at mutually agreed upon times. These will be your psychotherapy hours. While these times may change over the course of treatment our work together depends on regularly scheduled weekly meetings with limited interruptions.

Cancellations

Success in therapy depends on regular meetings. Once we agree on set times(s), I reserve those hours for you. While you are in therapy with me you will also need to reserve those hours to attend therapy. Sometimes this may be difficult. It will require a commitment on your end to protect a block of time in your week for therapy.

I require two weeks notice for any canceled sessions. For any sessions you need to cancel with less than two weeks notice I will attempt to reschedule an alternative time for you. In general I find people are able to reschedule missed sessions. However, if for some reason we cannot reschedule your meeting I will bill for the missed session(s). Insurance does not pay for sessions you do not attend.

Fees

My fee is \$140.00 per session. I do periodically raise my fee with reasonable advance notice. Payment is due each session unless we have made other arrangements. An example of another arrangement is that I sometimes will accept monthly payment from people in longer-term treatments and also from people meeting with me multiple times per week.

At the end of each month I will provide you with a monthly statement. You may use this statement for tax purposes. You may also use it for submission to most PPO insurance plans for reimbursement. Please let me know if you plan to request reimbursement from your insurance plan.

In limited circumstances (such as multiple meetings per week or change in employment status) I may provide a reduced fee.

Confidentiality

Anyone seeking psychotherapy reserves the right to privacy. All records and consultations are therefore confidential except in specific circumstances (listed below). I will not share any information about your participation in therapy unless you ask me to do so, preferably in writing. Your identity will be concealed in any professional consultations I seek.

The following are exceptions to confidentiality under California State Law. These exceptions to confidentiality are: 1) When a patient is a danger to self or others, 2) incidents of suspected child abuse or neglect, 3) incidents of suspected elder abuse or neglect, 4) in the event of a court order, and 5) if a patient fails to pay his or her bill and actions are necessary to collect payment.

Insurance

If you are utilizing insurance benefits you are responsible for payment of any required co-payments. If you are using a PPO plan you submit payment directly to me and seek reimbursement from your insurance company. I will provide a statement you can use to submit to your insurance company at the end of the month.

If you use insurance benefits I will need to provide your insurance company with diagnostic information they require for you to receive reimbursement for psychotherapy treatment. You are responsible for verifying your coverage, changes in coverage, and any other insurance related paperwork or phone calls. Often insurance coverage will provide payment or partial payment for a limited number of visits. The number of meetings insurance approves may or may not reflect the length of time you and I feel is necessary to complete treatment.

How to Contact Me

You may leave messages for me at any time at 415.474.5820. Please speak slowly and clearly and leave your return phone number even if I already have it. I check my messages frequently and will attempt to call you back within twenty-four hours. If you are in treatment with me I will give you advance notice of any vacations or other times away from the office that I have planned. I will also provide the name of another therapist for emergency coverage when I am away.

Emergencies

If you are in treatment with me, and you unable to reach me at night or over the weekend, and you feel you cannot wait for me to return your call, you may call my cell phone. This number is 415-568-5425.

If you are in an emergency situation that requires immediate attention please call 911 or go to the nearest emergency room.

Your signature below indicates you have read and understood the information in this document and agree to abide by its terms during your psychotherapy treatment with Hannah Wedgley Nystrom, Ph.D.

Signature Date

Printed Name Date