



**Neuropsychological Associates**  
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### **PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

#### **My Responsibilities to You as Your Therapist** **Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

**The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect:**

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim. (Tarasoff)
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately. (child Abuse & Neglect Reporting Laws)
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team. (WI 5150, Harm to Self or Others)
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the California Board of Psychology. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.* (APA Professional Ethics Guidelines)

**The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy* with me.**

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

## **II. Record-keeping.**

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

### III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the **DSM-IV**.

### IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

### V. Managed Mental Health Care

If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy with me, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filing necessary forms and gaining required authorizations for treatment.

### Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. ***If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. The answering machine has a time and date stamp which will keep track of the time that you called me to cancel (initials ).*** I cannot bill these sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. The hourly fee for a session is \$150.00, unless you are in a Preferred Payment Status (**initials** ). If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, I will bill you on a prorated basis for that time (**initials** ). If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must arrange for any pre-authorizations necessary. Neuropsychological Associates will bill directly to your insurance company via electronic means for you once a week. You must provide me with your complete insurance identification information, and the complete address of the insurance company. Neuropsychological Associates is a preferred Provider with Blue Cross/Blue Shield, TriCare, Aetna, APS/MHN, and Medicare. We do not allow patients to have running bills. **Any overdue bills will be charged 1.5% per month interest. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency. (initials \_\_\_\_\_)**

### Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me, or with the Clinical Director, Dr. Michael Fraga, to ensure your needs and concerns are addressed in an ethical and appropriate manner. We will take such criticism seriously, and with care and respect. If you believe that I, or another staff member has been unwilling to listen and respond, or that we have behaved unethically, you can complain about our behavior to the *California Board of Psychology, 2005 Evergreen Street, Suite 1400, Sacramento, CA 95815-3831, or to the Ethics Committee of the American Psychological Association, 750-1st Street NE, Washington DC 20002-4242*

### Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$150.00 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with a staff member of Neuropsychological Associates. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I am over the age of eighteen.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_