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Licensed Clinical Psychologist

CA PSY#22245

OUTPATIENT PSYCHOTHERAPY CONTRACT AND CONSENT

This document contains important information about my professional services and business policies. Please read it carefully and ask me any questions that arise. When you sign this document, it represents an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the particular problems being treated and the theoretical approach practiced by the providing psychologist. It is therefore important that you take care in selecting a therapist that fits your style and treatment goals. Our first few sessions will involve an evaluation of your or your child's current problems, concerns, and needs. By the end of the evaluation period, I will offer you my clinical impressions and a recommended approach to treatment. During this time, it is important that we both consider if I am the best person to provide the services you need to meet your specific treatment goals. If indicated, a referral to a more appropriate therapist will be provided (e.g., your presenting problem is outside the scope of my clinical expertise). As therapy involves a commitment of time, energy, and money, it is important that you feel comfortable working with me. The goals of therapy are arrived at by mutual collaboration between us. The goals we establish will be reviewed during the course of our work in order to assess and/or modify the focus of therapy according to your needs. If any questions or concerns about our work together arise at any point during treatment, please bring them to my attention.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law. Your/your child's records are never shared with anyone else without your specific authorization and written consent, unless a situation develops that could be harmful to yourself or another person. If I have reason to believe you/your child are at risk for injuring or killing yourself, I am legally and ethically required to work with you to prevent this from occurring. This may range from developing and agreeing to a "no harm" contract, contacting family members or others who can help provide protection, arranging for hospitalization with your consent, or in the event of an emergency, facilitating involuntary hospitalization.

In certain situations, I am also legally obligated to take action to protect others from harm, even if this requires that I reveal some limited information about a client's treatment. For example, if I believe that a child, older adult (age 65 or older), or a dependent adult is being neglected or abused, I must file an immediate report with the appropriate county or state agency. If I believe that a client is threatening serious bodily harm towards another individual, I am also legally and ethically required to take preventative and protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

In addition, although I will make every effort to safeguard your privacy, your records may be subpoenaed by a court of law. In most legal proceedings, you may have the right to restrict access to information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, it is possible that a judge may order that my records and/or testimony be released. Confidentiality may also be limited by other situations in which the law requires or directs that confidentiality does not apply.

RECORD KEEPING

The laws and standards of my profession require that I keep treatment records. These may include information about your diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures (e.g., report of child abuse), and other information. You have a right to view your records unless doing so would be likely to cause you substantial harm, endanger your life or physical safety, or pose a significant risk of harm to another individual.

MINORS

For minors under 18 years of age, the law may provide parents or legal guardians the right to examine treatment records. It is my policy to request a verbal agreement from parents to permit confidentiality between myself and clients under the age of 18. If parents agree, I will provide them only with general information about our work together, or further details as appropriate and/or agreed upon by the minor. However, if I feel there is a high risk that the minor may seriously harm themselves or someone else, I will notify parents of my concern. Before giving parents any information, I will discuss the matter with the minor, if possible, and do my best to handle any objections the minor may have about what I am prepared to discuss with the parents.

PROFESSIONAL FEES

The fee for a 50-minute psychotherapy session is \$190. This same rate will apply on a pro-rated basis to additional professional services such as school visits, consultations with other professionals, extended telephone calls (over 5 minutes in length), and other miscellaneous activities. Should my participation be required in legal proceedings, this fee will be doubled.

In general, payment is expected on a monthly basis, or you have the option to pay at the time of each session. Preferred methods of payment are either personal checks or payments via my online banking system. Payment is requested by the 15th of each month. Late payments in excess of one month overdue will be assessed a finance charge of 1.5% per month. I mail out bills and receipts at the end of each calendar month.

INSURANCE REIMBURSEMENT

Certain health insurance policies will provide some coverage for “out of network” mental health treatment. This usually occurs as reimbursement for fees you have already paid for clinical services. I will complete forms and provide you with any information you may need to receive these benefits; however, please be aware that it is your responsibility to provide payment before submitting this information to your insurance company. Because not all clinical services are covered by every insurance provider, it is important that you find out exactly what mental health services your insurance policy covers at the outset of therapy.

Please be aware that most insurance companies require psychologists to provide them with certain information regarding their client’s treatment (e.g., diagnosis, treatment plan, treatment summary, fees). If I am required to provide information about your treatment to an insurance company for purposes of fee reimbursement, I will first request your authorization and written consent for release of this information.

CANCELLATIONS AND MISSED APPOINTMENTS

If you wish to change a scheduled appointment, it is important that you provide at least 24 hours advance notice, in order avoid being billed for the session. Appointments canceled within this 24-hour window will be billed at the full rate.

CONTACTING ME

You may contact me at 650-206-2329. Although I am often not immediately available by phone, I check my voicemail on a regular basis and typically return phone calls on Tuesday through Thursday of the week (with the exception of holidays and periods that I have pre-arranged to be out of town). If there is an emergency or you feel that you cannot wait for me to return your call, dial 911 or proceed to your nearest emergency room immediately.

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

Signature of Patient/Guardian

Date

Printed Name of Patient/Guardian