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Phone Message: (415) 263-6965



Informed Consent and Office Policies

As you enter into psychotherapy, there are several things you need to know in order to make an informed commitment to the work. The following statement outlines my basic office policies as well as confidentiality guidelines. Your signature on the form indicates you have read, understood and agreed to the conditions of treatment.

This statement also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (California Notice) for use and disclosure of PHI for treatment, payment and health care operations.

Confidentiality

What is discussed in therapy is confidential and no one has access to information regarding your therapy unless you give written permission for information to be released or unless the law requires pertinent information to be disclosed. The conditions under which the law might require disclosure are the following: If there is a reasonable suspicion of child, elder, or dependent adult neglect or abuse; if there is a reasonable suspicion that you have become gravely disabled and can no longer care for yourself, if there is a reasonable suspicion that you present a danger to yourself or others. Another situation where disclosure is required is if your insurance carrier requires information in order to process a claim to pay for psychotherapy.

Whenever possible, should any of the exceptions to confidentiality arise, you will be informed prior to any action taken. In addition to the standard exceptions, I do on occasion consult with a senior therapist, and your confidentiality protection is extended to consultations with that therapist. During consultation, I make every effort to avoid revealing the identity of my patient.

Professional Records

The laws and standards of my profession require that I keep PHI about you in your Clinical Record. Except in unusual circumstances that disclosure would physically endanger you and/or others, or makes references to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me

confidentially by others, you may examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. There will be a copying fee of 25 cents per page. If I refuse your request for access to your records, you have a right of review, (except for information supplied to me confidentially by others) which I will discuss with you upon request.

Patient Rights

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical records is disclosed to others; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement. I am happy to discuss any of these rights with you.

Cancellation Policy

I usually schedule one 50-minute session per week at a time we agree upon, although some sessions may be longer or more frequent by arrangement. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.** If it is possible, I will try to find another time to reschedule the appointment. There is no charge for brief telephone calls between sessions. Calls longer than 10 minutes or with another professional on your behalf will usually be billed at a pro-rated basis of your usual fee.

Session Time and Payment of Fees

Therapy sessions last for 50 minutes and fees are due at the end of each session, unless prior arrangement is made. I can provide a statement at the end of each month for submission to your insurance company or for tax purposes if requested. If you will be late for a session, please attempt to let me know.

General Contact and Emergency Situations

Due to my work schedule, I am often not immediately available by telephone. All calls go to a private voice mail box that I check frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the

psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

E-mail and Social Media Policy

I have a professional Facebook page that you are welcome to visit and “like” if you wish (Colleen P Arnold, PhD, MFT). Please be aware that these pages are not confidential, so anyone else who likes my page can see your name and picture. I also have a twitter feed (@colleenphd) that you are welcome to follow, but again, please be aware that I do not control confidentiality of that feed or your profile on twitter. Your decision (to “like” the page or not, or to follow me on Twitter) will not affect your treatment.

I don’t “friend” clients on Facebook, or accept friend requests from clients, because it blurs the boundary between friend and therapist, and that could be detrimental to your therapy.

You are welcome to e-mail me at any time. Because my e-mail address (colleenag@sbcglobal.net) is controlled by Yahoo!, I do not control the confidentiality of my inbox. For this reason, I prefer to keep e-mails confined to scheduling issues. If you e-mail me with clinical issues, I will respond, but please understand that, again, I cannot guarantee the confidentiality of my e-mail. Both my desktop and my laptop are password protected, as is my e-mail account, and the security has not been breached, as far as I know, in the time that I’ve had that account.

You are also welcome to text my cell phone (510-589-7481). Texting is probably the fastest way to get a message to me. Again, please limit the texts to scheduling issues. I do not place client names into my cell phone – you are identified only by your initials.

Consent to Treatment

Client Signature

Date

Client Name (printed)

Witness

Date

Client Information

Date of Birth: _____

Social Security Number/ Insurance ID:

Phone Numbers:

Mailing Address: _____

Home: _____

Work: _____

Street Address (if different): _____

Mobile: _____

What is the best way to contact you for scheduling issues:

_____ e-mail: _____ @ _____

_____ text to mobile

_____ phone call to _____. May I leave a message? ____yes ____no

Emergency Contact and number: _____