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C L I N I C A L P S Y C H O L O G I S T

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Dear New Client

I am looking forward to meeting with you for your first appointment. I love my work as a psychologist and look forward to helping you with whatever challenges you would like to explore and resolve. Enclosed are directions to the office for your information.

There are some policies and procedures that I may neglect to fully review with you initially because I am most interested in understanding you and your concerns. I felt writing them down would save time and avoid confusion. Please feel free to discuss any questions or concerns you have about these policies or any other matter at any time. As a potential consumer of psychological services you are entitled to be fully informed. I will gladly discuss any of these with you. Of course, I will bring up with you whatever matters seem to directly affect your particular concerns.

My view of psychotherapy is that you, as a client, are hiring me, as the therapist, to consult with you regarding growth issues or problems that significantly impact your life. Some of my clients view our relationship as coaching them to achieve their goals. One aspect of my practice is executive coaching for healthy people who wish to enhance their performance and communication in their profession or lives.

The goals of therapy and coaching are best set by both client and therapist together, so that our agendas in working together can be clear and most effective. With these goals in mind, a treatment plan will be developed using the latest psychological information available for helping you.

Policies and Disclosure Statements

The following statements are to provide you with information concerning therapy, as well as the legal and ethical issues related to services provided by licensed psychologists in California, and federal rules and regulations concerning you.

TYPE OF THERAPY: Many different kinds of psychotherapy are available to the consumer today. Although it is difficult to present a comprehensive statement of my therapy style and theory within the confines of this disclosure statement, I want to share some fundamental ideas that we can discuss later if you wish.

Therapy is essentially a relationship between the client and the therapist. The client may be an individual, a couple or a family. The initial focus of the therapy is on understanding thoughts, emotions and life situations that concern the client. Therapy then offers the support, skills and directions that facilitate the client's desired changes.

As a client you have the ability to understand and implement change; you are responsible for deciding the ultimate course of action. Through a sequence of self-explorations, which include an investigation of your family history and a commitment to change personal behaviors, you learn more about yourself and the external factors that effect the quality of your life. You may find improved skills in the areas of communication, decision making, personal effectiveness, self-control and self understanding. Formal and informal assessments, readings, structured experiences, journal writing and "homework" are sometimes used to augment the therapy experience. You are in full control of what you want to accomplish in therapy and we decide together what methods to use. It is most helpful, I find, if you are as open and honest as possible about what you choose to share.

If I feel you can best be helped by a therapeutic method different from my own scope of practice I will discuss a referral with you.

RISKS AND BENEFITS OF THERAPY AND COACHING: There are benefits as well as risks related to therapy. The desired benefits are your improved ability to identify problematic areas, evaluate reasonable options and take action in an honest manner. A good therapy or coaching experience also offers opportunities to learn important things about one's self, to acquire helpful life management skills and to integrate both past and present learning toward higher functioning. The risks include the awareness of negative feelings and situations, some of which may not be changed to your satisfaction. Some awareness may cause emotional disability or disruption to your current life. The possible realization that therapy is helpful and desired, but beyond the limits of your financial resources is also a risk.

You may wonder if there are any guarantees in the light of the benefits and risks presented here. In short, while I expect that therapy will be helpful, there is no guarantee that therapy with me will be the best way to reach your desired goals. Because every therapeutic experience is unique, it varies from individual to individual. Therefore it is vital that you feel free to discuss any concerns you have about the course of treatment with me at any time. As a client, you also have the right to seek a second opinion from another clinician.

RIGHTS OF CLIENTS: My practice is guided by the Ethical Code of the American Psychological Association. A copy of that code, as well as a statement of Clients Rights, are available in my office for you to read. Sexual intimacy between client and therapist is never appropriate during or following a therapeutic relationship. The State Board of Psychologists in Sacramento investigates reports of such behavior.

TREATMENT SESSIONS: Therapy sessions are usually held once a week for fifty minutes. Sessions are scheduled on a weekly basis until you and I mutually agree that a different time schedule is appropriate. If we decide EMDR therapy for trauma is an appropriate therapy for you, sessions are scheduled differently. After initial orientation

session, EMDR therapy is usually scheduled for 2 hours per week or every other week. Sometimes sessions are separated by non-EMDR session to process changes that are occurring. Goals for therapy are determined within the first few sessions. These are periodically reviewed and refined. Termination occurs when both of us mutually agree that the goals have been satisfactorily addressed or there is some other reason to terminate, such as a required move. You have the right to terminate at any time; I ask that you discuss your concerns with me for at least one session before you leave.

THERAPY AND PHYSICAN SYMPTOMS: Physical symptoms are often the result of emotional stress. They can be reduced and even eliminated under certain therapy conditions. It is important, however, that an appropriate medical specialist review your current situation to ascertain the degree to which the symptom has a physical base. A physical exam is therefore required when a physical symptom is a primary concern. If there is a physical problem that affects your therapy, I will work closely with your medical specialist to coordinate treatments and services. It is important for you to let me know if there is persistent physical discomfort that is related to the therapy. A referral to another specialist will be considered.

LIMITATIONS AS A THERAPIST: Because I have family responsibilities, I do not do hospital work or severe substance abuse cases. If we feel you require these special services, I will refer you to someone I trust who specializes in these areas. I will maintain contact with you and support you during that time.

MEDICATIONS IN PSYCHOLOGICAL THERAPY: Depending on symptoms and problems, medications may or may not be appropriate. As a psychologist I am not licensed to prescribe medication. In the event a consideration for possible medications for psychological distress seems necessary, then I will refer you and assist in obtaining a medical evaluation. It is your responsibility to inform me of any and all prescribed medications as they may significantly affect your mental status and therapy. It is also important that you are compliant with the course of treatment as prescribed by your physician. For some conditions however, therapy has been shown to be more effective than medications and I will inform you if I feel medications will affect your treatment.

CONFIDENTIALITY: The information presented in therapy is personal and confidential. Information is also legally protected. The only circumstances when information could be shared without your prior written and verbal permission are when there is a clear intention to do harm to yourself or to someone else, when your insurance company asks for routine information previously authorized and when a court subpoena is valid. I also have a legal and ethical responsibility to notify appropriate social agencies of any suspicion of emotional, physical or sexual abuse or neglect of a child, a dependent disabled adult or an elderly person. Please note that if you instigate a lawsuit, your mental status and all your records may become subject to court scrutiny. Even when I receive previously signed written authorizations from insurance or regarding legal matters, I will contact you to discuss whether I feel releasing all or some of the information is in your best interest. It is my general policy to forward all information to you, for you to release to your Insurance Company as you see fit.

ORIENTATION AND CONFIDENTIALITY IN COUPLE, AND/OR FAMILY

THERAPY: When I treat you as part of a couple or family group, no information is released to outside parties without the written consent of all parties present. Minor children will also be asked for their consent. When we meet in individual sessions in the context of family therapy, no information is shared with other members of the family unless the individual (even though he/she may be a minor child) shares it himself/herself or indicates a willingness for me to share. My orientation to family and marriage therapy is that children and individuals do better when the family remains intact except in cases of domestic violence or child abuse.

FEES FOR SERVICES: The fee for service is \$200 for a 45 minute session and \$400 for a 1 1/2 hour double session. It is best to pay at the desk when you arrive for your session as we may discuss challenging material and you may be more comfortable leaving directly when the session is over. Payment can be made with cash, VISA/MC or a personal check. If you have insurance coverage, we will be glad to provide you with a receipt or statement satisfactory for filing your insurance claim. My office will be glad to assist you in determining the extent and limitations of your coverage. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

If you have difficulty paying for therapy under the conditions outlined here, then you and I should discuss alternative plans. If payment is neglected, I reserve the right to stop therapy until the balance is met. I would of course discuss such a termination in detail with you before it went into effect. If it is necessary to use collection procedures interest will be charged at the rate of 1 1/2% per month (18% annually) beginning 30 days after the charge is incurred.

THIRD PARTY PAYERS and other requests for information: Insurance companies, health maintenance organizations, and preferred provider organizations sometimes require extensive documentation of your diagnosis, treatment plans and progress. While I am happy to comply with such requests, I must charge for my preparation time and routine costs if lengthy reports are required. Such organizations are not covered by legal protection of privilege or confidentiality and may have no ethical guidelines. Again, it is my policy to contact you directly when I receive written requests even when the request includes written authorizations to release information. I do this so we can discuss exactly what you wish released and how I might accomplish this. You should be aware that by using third party payment, the releases you sign and/or the processing procedures followed might eliminate your legal protections of privilege and confidentiality. I find many of my clients are unaware of the existence of the Medical Information Bureau that has over 750 insurance companies as members. They share with other health, life and mortgage insurers, if you sign a general or specific release. For these reasons and because of the HIPAA regulations discussed elsewhere, when I am asked by you to release information I mail or give the original and a copy to you with an envelope so that you may forward it as you choose.

MISSED APPOINTMENTS AND CANCELLATIONS: Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you 24 hours

notice, as I know you will have reserved the time for the appointment. If for any reason I cannot give you 24 hours notice, I will provide our next hour free of charge to you. Likewise, I expect that you will give me 24 hours notice if you must cancel the appointment. If, for any reason, you cannot let me know 24 hours in advance you will be charged the regular fee for the time reserved.

CONSULTATION WITH PEERS: I routinely consult with my therapist peers regarding cases. This is to insure my objectivity and that I do not overlook possible avenues to help you. I do not use my clients' names and try to omit all identifying information. Confidential records of these contacts are kept with your records and I inform you of the discussion if I feel it is helpful to you. If you have any questions or discomfort about this, please do not hesitate to discuss this with me.

INDEPENDENT PRACTICE: While I am housed with The Psychology Center and enjoy the benefits and the stimulation of interaction with my very skilled peers, we each practice completely independently and are each separately responsible for our own policies and practices.

TELEPHONE CALLS AND E-MAILS BETWEEN SESSIONS: Routine calls for the purpose of scheduling or billing information are an expected part of my service and not billed. Telephone calls or emails that are primarily therapeutic in nature, occur frequently and/or require more than ten minutes will be prorated and billed at the usual rate. I am happy to respond to emails between sessions as well and my email address is on my business card. I cannot guarantee a timely response on emails so schedule changes and cancellations should be handled by phone. Of course, email correspondence and cellular phone calls cannot be considered secure.

RECORDS: I regularly keep written records of our sessions. These records include date of meeting, who was present, how long we met and brief notes regarding the issues we discussed. I also record quotes and specific details if issues of homicide, suicide, or abuse or neglect or other legal matters are discussed. I document calls to and from other care providers. These records are maintained seven (7) years after age 19 for a minor and seven (7) years for an adult per California guidelines. After that they are retained in either full or summary form for an additional eight (8) years.

VOICE MAIL SERVICE: We have a Voice Messaging Service on the 949-494-5432 telephone. If you do not receive a call back within 12 hours of when you leave a message, please call again because I may not have gotten the message. If your call is urgent or is about an appointment in the next 24 hours, please leave a message then press the number 4 and I will be paged. If it is a life threatening emergency and I can't be reached, call your local hospital emergency room.

VACATION POLICY: I will always inform you about my plans to be away from the office on the day(s) we usually meet. When I am not available at times other than our scheduled times, I will usually inform you in advance. In any case, my office will be available to inform you who will be on call. Your signature on this form provides me with permission to share some information about your case with the on-call therapist

covering for me. For each vacation, I will inform you what information, if any, I feel it necessary to share and with whom.

I am also enclosing copies of my background and a statement of my therapy orientation. A copy of your rights as a client and the ethical principles of the American Psychological Association are available in my office for you to read. I hope our work together will add significantly to your experience of well being and achieving your goals.

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SIGNATURES: By signing below, you agree as follows:

I have read the materials presented in this disclosure statement. My signature indicates that I understand the information, and agree with the conditions of therapy that are either stated or implied here, and I commit myself to compliance with them.

I understand that once therapy begins, I retain the right to withdraw consent to participate in therapy at any time that seems appropriate. I will make every effort to discuss my concerns about the progress of therapy with you before I terminate.

Client's Signature Date

Client's Signature Date

Carol Ummel Lindquist, Ph.D. ABPP Date