**Office Policies & General Information**
**Agreement for Psychotherapy Services**

**Wendy A. Campbell, MFT**
**Individual and Family Counselor**

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are privileged and confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me, Wendy A. Campbell, MFT. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about your receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the Intake Form.

**Health Insurance & Confidentiality of Records:** I do not contract with insurance companies as a network provider, so I am only responsible and accountable to you. My loyalties are not divided and there is no conflict of interest. Your health insurance policy is a contract between you and your insurance company. Since I am not a party to that contract, I would be considered an out of network provider. I will provide an invoice you can submit to your insurance company for reimbursement. Please specify that you intend to submit an insurance claim. The insurance claim form I supply will be filled out in such a way the client will receive direct reimbursement.

_____ Yes, I will need an insurance claim form

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matter which may be of a confidential nature, you agree that should there be legal proceedings (such as divorce and custody disputes, injuries, lawsuits, etc.), neither you (clients) nor your attorneys, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** I consult regularly with other professionals regarding my clients; however, neither clients' names, nor any other identifying information, are ever mentioned. My client's identity remains completely anonymous and confidentiality is fully maintained.

**Your Right to Review Records:** Both the law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case I will provide the records to an appropriate and

legitimate mental health professional of your choice. Considering these exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please leave a message on my answering machine (916) 965-7319 and your call will be returned as soon as possible. I check my messages a few times each day, unless I am out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away call Sutter Center for Psychiatry at (916) 386-3077, or the Police/Sheriff's Department (911).

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of $150.00 per 45 minute session at the beginning of each session, unless other arrangements have been made. Telephone conversations, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. At your request, I will provide you will a copy of your invoice at the end of each month, which you can submit to your insurance for reimbursement. Not all issues/conditions/problems which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Missed appointments are due at your next appointment. Rate increase may be expected once per year and you would be notified in advance. Insurance coverage can have limitations to the number of visits per year, please be advised that may not be sufficient to complete therapy. You may need to be prepared to pay for additional sessions at my normal rate, should that occur.

There shall be a charge for any phone calls that extend over five (5) minutes, or emails that contain any information other than scheduling a counseling session. The cost shall be consistent with the session rate and actual time spent. The thought being that if there is significant information that needs to be relayed, an additional counseling session should be scheduled. Any letters or reports that are requested by the client shall cost the same session rate.

**THE PROCESS OF THERAPY/EVALUATION:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiences of anxiety, depression or insomnia. I may challenge some of your assumptions or perceptions, or propose different ways of looking at, thinking about, or handling situations which can cause you to feel upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. Awareness allows for growth. Conscious effort must also be consistently applied to produce the desired personal growth. There is no guarantee that psychotherapy will yield positive or intended results in all areas of your life. During the course of therapy, I am likely to draw on various psychological approaches, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, psychodynamic, meta-physical, family system, and developmental (adult, child, family).

**Referrals:** If in the course of our working together I determine that I can not assist you to the full degree you are in need of, I will refer you to another professional(s) who would likely be more able to assist you in your efforts to produce change and growth in your life.

**Duel Relationships:** Therapy never involves sexual or business relationships or any other dual relationship that impairs the therapist's objectivity, clinical judgment, therapeutic effectiveness or can be exploitative in nature.

**Reports and Consultation:** A minimum fee of one hour is charged for all reports based on my hourly rate. Telephone calls and professional consultations, with physicians, attorneys or others as needed related to your treatment or your child's treatment will be prorated and billed to you at the hourly rate. I will discuss this with you prior to making these contacts. Please notify me immediately if you think you will need a psychotherapist for court testimony. Court rates are $150 per hour and are to be paid in full prior to the court date based upon the number of hours needed to clear my schedule.

**CANCELLATION:** Appointments are arranged so that we share a consistent, ongoing weekly or biweekly scheduled time together. If your appointment must be canceled, a minimum of **48 hours** prior notice is expected to avoid being charged for that session. This will allow enough time to schedule someone else in to your time slot. You will also be charged if you "No Show" for your scheduled time. **No Exceptions.**

**My Agreement to You:** I agree to assist you in gaining awareness and understanding of the obstacles you face, and to help you gain new skills to make healthy choices in your life, however, this in no way guarantees that the changes you would like to have happen will occur.

**I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them.**

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Client Name (print) Date Signature

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Client Name (print) Date Signature

Wendy A. Campbell, MFT

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Therapist Date Signature