Dr. Sandra Santana, Psy.D.

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GENERAL INFORMATION AND CONSENT FOR TREATMENT FORM

Counseling or psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods that may be used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your work together may include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about procedures, please discuss them with me whenever they arise. If your doubts persist, I will help you set up a meeting with another mental health professional for a second opinion.

Confidentiality: Your therapist is legally prohibited from revealing to another person that you are in therapy, nor can they reveal what you have said in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law and/or professional guidelines:

- Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.

- If there is reason to believe that a client poses an unavoidable and imminent danger of violence to another person (or to another's property), your therapist must warn

whoever may be in danger, and notify the appropriate authorities.

- If a court has ordered your treatment, or if a subpoena is served. For example, in the context of a legal proceeding in which you raise your own psychological state as an issue, your therapist may well be required to release information to the court, or may have to appear in court.

- Finally, if you as a client reveal a serious intent to harm yourself, your therapist is bound to do what they can to help keep you safe. This may involve notifying the proper authorities or your family members who may be of help.

In all of the above cases, it is incumbent upon your therapist to release only that information necessary to appropriately carry out the above responsibilities – your confidentiality still remains an ethical priority. While it is your therapist's legal responsibility to report any of the above incidents, it is their responsibility to help you through these stressful times.

Professional consultation is an important component of a healthy psychotherapy practice. As such, and in order to provide the best possible service, occasionally therapists will participate in clinical, ethical, and legal consultation or supervision with appropriate professionals. During these consultations, your therapist will not reveal any personally identifying information unless you have given permission to do so.

Sessions: Your weekly appointment time is reserved for you. Therapy sessions are normally 45-50 minutes in length. Sessions longer than 50 minutes are charged for the additional time pro rata. I strive to begin our session on time each week, and greatly appreciate your assistance in helping us end on time. This allows me to extend the same courtesy to each of my clients.

Your weekly appointment time is reserved for you. If you need to cancel or reschedule an appointment, you agree to provide at least **24-hours advance notice**. If less than 24-hour notice is given, you agree to pay the full fee for the missed session, based upon the rate negotiated at onset of treatment. **Cancellation notice should be left on my voice mail at (661) 432-1194**. I will make every effort to reschedule you during the same week, but cannot guarantee that this will always be possible.

The late cancellation fee will be________. Attached to this consent is a Late Cancellations Addendum, which will allow me to charge your credit card for the late cancellation fee.

Minors: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. If they agree, I will provide them only with general information about our work together, unless there is a high-risk that you will seriously harm yourself or someone else. In this case, your parents will be notified about the concern. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have.

Payment for Services: You are expected to pay for services at the time of your session, unless other arrangements have been made. If you request it, I will give you a monthly

statement, which you can use to bill your insurance for reimbursement. A fee will be agreed upon at the outset of treatment. Fees may change over the course of treatment as needed; typically fees will be raised once yearly.

I accept cash, check, debit card and most major credit cards [Visa, MasterCard, and Discover]. If using personal check, you agree to be responsible for and reimburse for any and all bank fees incurred for returned checks. If you wish to pay for services with your debit/credit card, please complete a "Pre- Authorized Care Form."

In addition to weekly appointments, I will charge the agreed upon hourly rate for other professional services you may need which occur within the ordinary course of treatment. These services include writing treatment verification letters, report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request.

Insurance Reimbursement: If you have a health insurance policy, it will usually provide some coverage for mental health treatment. As a courtesy, I will fill out and submit forms to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of all fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf. In most cases I will copy the insurance card to verify benefits. This will explain the deductible, co-payment, and any session limitations that your insurance may have. These benefit summaries are not a guarantee of payment.

"Managed Health Care" or HMO plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Sometimes your therapist has to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once I have all of the information about your insurance coverage, I will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above (unless prohibited by contract).

Past Due Account Balances: Payment for services are expected at the time they are rendered. In the event that there is a past due balance on your account over 45 days, it may be subject to collection through the use of a collection agency. However, efforts will be made to make other arrangements with you as needed. In general, it will be important to discuss any issues that arise in connection with the financial aspects of treatment so they do not hinder or negatively impact our therapeutic relationship.

Legal Matters: I am not a forensic psychologists/therapist, evaluator, or mediator. As such, I will refrain from making recommendations or rendering opinions in legal proceedings. If you become involved in legal proceedings that require my participation, I will discuss in detail the limits of my participation.

Please be aware that the information disclosed by a client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between a therapist and a client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, a client is the holder of the psychotherapist-patient privilege. If I receive a subpoena for records, deposition testimony or testimony in court of law, I will assert the psychotherapist-patient privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you may be waiving your psychotherapist-patient privilege if you make your mental or emotional state an issue in a legal proceeding. Please address any questions or concerns you may have regarding the psychotherapist-patient privilege with your attorney.

In these legal matters, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $500 per hour for all related activities including preparation, telephone consultations, document preparation, travel time, and attendance at any legal proceeding.

Telephone Accessibility: My office is equipped with a confidential voice mail system that allows for messages to be received at any time. You are welcome to contact me at (661) 432-1194; however, I am not usually immediately available. Messages will be checked periodically throughout the day, and every effort will be made to return calls within 24 hours and during business hours, 8am-5pm. I do not charge fees for telephone consultations that are less than 10 minutes. Consultations of greater length will be pro-rated based on your hourly fee.

I do not provide 24-hour crises services. Should you have a clinical emergency, please call 9-1-1 or go to the nearest emergency room for evaluation.

Patient's Rights: In addition to confidentiality, as detailed above, you have the right to end your therapy at any time, for whatever reason, without any moral, legal, or financial obligations, except for fees already incurred. When it is time for you to end, I would appreciate you giving me at least two weeks notice. This notice will allow you to discuss your treatment, process the experience, and plan for the future. These important steps can increase your success.

You have the right to question any aspect of your treatment, and to expect that I will work with you to meet your needs. You also have the right to expect that I will maintain professional relational and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would compromise our work together.

By signing below, you acknowledge that you have read and understand the terms and conditions presented in this four-page agreement. You acknowledge that you have discussed such terms and conditions with me, and have had any questions regarding the terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement, and consent to participate in psychotherapy with Dr. Sandra Santana, Psy.D. Moreover, you agree to hold Dr. Sandra Santana, Psy.D. free and harmless from any claims, demands, or suits for damages for any injury or complications whatsoever, save negligence, that may result from such treatment. This agreement shall remain in effect for the duration of your therapy or until you provide revocation of your consent to Dr. Sandra Santana, Psy.D. I further acknowledge that I have received a copy of this letter for my own records.

Signature: ____ Date:__________

Print Name:____

List all minors attending therapy:____

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LATE CANCELLATIONS ADDENDUM

I, ____, give my permission for Sandra Santana, Psy.D. to use my credit card listed below to pay for out of pocket session cost owed resulting from my late cancellation of any scheduled sessions, as indicated by my signature on the General Information and Consent for Treatment and the late cancellation policy listed therein.

Credit Card:____

Security code:___________ Expiration date:_______

Signature:____ Date:______________

I also give permission for Dr. Sandra Santana, Psy.D. to charge the aforementioned credit card for co-pays or out of pocket session cost after each weekly session to speed the check-out process, if I choose to not pay in cash, check or credit card after each session. I will verbally inform Dr. Santana of my preferred method of payment after our session.

Signature:_______________________________________ Date:_______________