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# **Information for Clients**

#### About Psychotherapy

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. You should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you.

The primary type of therapy I do is called "cognitive therapy." Cognitive therapists work with people about the way they are thinking about themselves and the world in order to improve how they are feeling. People may also change thoughts and feelings after changing behavior.

I will work with you to develop a treatment plan to address your concerns. Psychotherapy requires your active involvement. An important part of therapy will be practicing new skills or completing homework, such as doing exercises or keeping records to deepen your learning. Change will sometimes be easy and quick, but often it will be slow and frustrating. There are no instant, painless cures, however, you can learn new ways of looking at your problems that will be helpful.

### The Benefits and Risks of Therapy

As with any treatment, there are some risks as well as many benefits with therapy. For example, in therapy, many clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, or other negative feelings. Clients may have unpleasant memories. Also, clients may have problems with people important to them. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Even with our best efforts, there is a risk that therapy may not work out well for you. While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lift. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out until their feelings are relieved or the problems are solved. I do not take on clients I do not think I can help, so I will enter our relationship with optimism about our progress.

#### **Consultations**

If you could benefit from treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will discuss my reasons with you, so that you can decide what is best. If treatment is not going well, I might suggest you see another professional. I cannot ethically continue to treat you if my treatment is not working for you. If you wish another professional's opinion, I will help you find a qualified person.

#### What to Expect from Our Relationship

I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. State laws and the rules of the APA require me to keep what you tell me private, or "confidential". You can trust me not to tell anyone else what you tell

me, except in certain limited situations (explained in the "About Confidentiality" section). As part of my effort to maintain your privacy, I try not to reveal who my clients are. If we meet on the street or socially, I usually will not say hello unless you say hello first. Following APA standards, I cannot have any role in your life other than therapist. I cannot be a close friend or have a romantic or business relationship with any client. I will not usually attend family gatherings and will not celebrate holidays or give gifts.

### About Confidentiality

Privacy, or "confidentiality," is very important, and is addressed in a separate Privacy/Confidentiality Policy. It is my office policy to destroy clients' records 15 years after the end of our therapy. Until then, I will keep your case records in a safe place. If I must discontinue our relationship because of illness, disability, or other unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, and appropriate access. If we do family/couple therapy and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release. I will generally notify your Primary Care Physician and psychiatrist of the beginning and end of your therapy.

Insurance companies sometimes ask for more information on symptoms, diagnoses, and my treatment. This will become part of your medical record, and I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company needs to pay your benefits. Insurance companies sometimes conduct audits to verify that health care providers are providing appropriate service and documentation. If you are using insurance, by signing this form you authorize inspection of documentation of my care by the insurance company upon their request. You can review your own records in my files, or a summary of these records. You may add to them or correct them, and you can have copies of them. There may be a fee for copying records. I may not provide records created by anyone else. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

If you ever become involved in a divorce or custody dispute, I will not provide evaluations or expert testimony in court, for which you should hire a different mental health professional, because: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your request but will retain copies.

# My Background

I am trained and experienced in doing one-on-one, couples, and group therapy with adults and adolescents. Earlier in my career, I worked in clinics and similar settings. I hold these qualifications: • I have a doctorate in clinical psychology from the California School of Professional Psychology, a

- program approved by the American Psychological Association (APA).
- I am licensed as a psychologist in California
- I am a member of the San Diego Psychological Association

#### **About Our Appointments**

We will usually meet for a 45-minute session once a week, then less often. I will make every effort to tell you in advance of times I cannot meet. Please ask about my schedule in making your own plans. An appointment is a commitment to our work. We agree to meet and to be on time. If I am ever unable to start on time, I ask your understanding. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment.

Canceled appointments delay our work. When you must cancel, please give me at least 24 hours notice. You will be charged the full fee for scheduled sessions unless you cancel by 5 p.m. the previous day (your insurance will not cover this charge), as I am rarely able to fill a canceled session unless I know about it in advance. You will also be charged the full fee for sessions for which you arrive more than 10 minutes late, as insurance will not pay for partial sessions.

Some insurance, including Medicare, only pays for one psychological/psychiatric service per day. Our session will need to be on a different day from any visits to a psychiatrist, outpatient program, hospital, or any other psychological service paid for by such insurance. If the insurance company denies payment for this reason, you will be responsible for paying the full fee for the session.

# Fees, Payments, and Billing

•Regular therapy services: For a session of 45-50 minutes, the fee is \$120, unless other arrangements have been made. Please pay for each session at its end. Occasionally it may be better to go on with a session, rather than stop work on a particular issue. Sessions extended more than 10 minutes will be charged on a prorated basis.

•Telephone consultations and other services: There is no charge for calls about appointments or similar business. Telephone consultations about therapeutic issues may be needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. Charges for other services, such as extended consultations, home visits, unusually long insurance reports, or any court-related services (consultations with lawyers, depositions, or courtroom attendance) will be based on the time involved.

My fees involve a substantial amount of money, though they are in line with similar professionals' charges. I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services, until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship. If you think you may have trouble paying your bills on time, please discuss this with me. If your unpaid balance reaches \$300, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees unpaid after this may be turned over to a collection service. If there is any problem with charges, billing, insurance, or any other money-related point, please bring it to my attention. Such problems can interfere with our work, and must be worked out openly and quickly.

# If You Have Traditional (or "Indemnity") Health Insurance Coverage

Many health insurance plans help you pay for therapy and other services I offer. Health insurance is written by many different companies, so I cannot tell you what your plan covers. See your plan's coverage for "Outpatient Psychotherapy" or "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office for information. If your health insurance will pay part of my fee, I will help you with your insurance claim forms. However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your insurer decides which services may be covered and how much you (and I) will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, co-payments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.

2. You are responsible for paying the fees we agree upon. If you ask me to bill a relative or an insurance company, and I do not receive payment on time, I will then expect this payment from you. To seek payment from your insurance company, obtain a claim form from your insurance company or your employer's benefits office and complete the form. I can provide a statement to attach to the claim form to mail to your insurance company.

#### If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or have other managed care insurance, the plan has rules, limits, and procedures that we should discuss. Please bring your plan's description of services to one of our early meetings, so that we can talk about it and decide what to do. I will provide information about you to your insurance company only with your consent, by mail, fax, or e-mail. My office will try its best to maintain the privacy of your records, but cannot be responsible for accidents or for anything that happens as a result.

### If You Need to Contact Me

I cannot promise I will be available at all times. Generally, I will return messages daily except on weekends and holidays. If you have a crisis and cannot reach me by telephone, you or your family should call 911, or the County Access Line at 1-888-724-7240 (24 hours).

### If I Need to Contact Someone about You

If I become concerned about your safety or believe you may harm someone else, I am required by law to address this concern. This may involve contacting someone close to you such as a relative or close friend. Please write down the name and information of your chosen contact person:

# **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. If you are not satisfied with our work, please raise your concerns with me at once. I will make every effort to hear any complaints and seek solutions to them. You can also contact the state/local psychological association and speak to the ethics committee, which can help clarify your concerns or tell you how to file a complaint. You may also contact the state Board of Psychology, the organization that licenses those of us in the practice of psychology.

#### **Our Agreement**

My signature below indicates that I have read and discussed this agreement, and have had any questions answered; it does not indicate that I am waiving any of my rights. I understand I can discuss any concerns with my therapist at any time. I have the right to withdraw consent to therapy for any reason. However, I will make every effort to discuss my concerns before ending therapy.

I understand that no specific promises have been made about the results of treatment, the effectiveness of the procedures, or the number of sessions necessary for therapy to be effective. I agree to act according to the points covered in this brochure. I agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)	Date
Printed name	
Signature of therapist	Date