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OFFICE POLICIES and PROCEDURES

PLEASE READ THIS ENTIRE DOCUMENT AND COMPLETE THE ITEMS AT THE BOTTOM

Welcome to my practice. I am happy to have the opportunity to work with you. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your protected health information (PHI) when released or used for the purposes of treatment, payment, and health care operations. In compliance with this law, I am providing you with a separate, more detailed HIPAA Notice of Privacy Practices, which explains this in much greater detail. It is very important that you read these documents carefully. We can, and should, discuss any questions you have about this agreement and/or the attached HIPAA Notice of Privacy Practices at any time. After reviewing this information, please sign this form, which constitutes an agreement between us. You may revoke this agreement in writing at any time.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general terms. The nature of the therapy varies with the personalities of the psychotherapist and the client, the particular problems that the client and therapist agree to work on together, and other factors. There are several different approaches (theories) in psychotherapy, but they all have some basic features in common. They all involve close communication between therapist and client, in which the client is encouraged to discuss her or his anxieties and intimate experiences without moral judgment or criticism on the part of the therapist. Psychotherapy works, in part, because of the clearly defined rights and responsibilities held by each person, which are described in the sections that follow. The frame that these rights and responsibilities provide helps to create the safety to

take some risks and the support to become empowered to create change.

Psychotherapy can have both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you might experience uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. However, psychotherapy has also been shown to have many benefits. Therapy often leads to significant reductions in feelings of distress, better relationships, better work or academic performance, greater personal awareness and insight, solutions to specific problems, and an increased ability to deal with future stress. Nonetheless, there are no guarantees about what you will experience. Keep in mind that psychotherapy calls for a very active effort on the client's part. For the best outcome, issues will require your participation both during the therapy sessions and on your own at home.

The first few sessions will involve me trying to get a sense of your strengths and needs, the problems you face, and what has been helpful and not so helpful to you in the past. I normally ask clients to agree to meet with me for two to three sessions to complete this initial evaluation. During that time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Therapy can involve a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my procedures/methods, we should discuss them whenever they arise. If you have doubts that persist, I can give you referrals to other mental health professionals.

CONFIDENTIALITY

The confidentiality of all communications between a client and a psychotherapist is generally protected by law and I, as your therapist, cannot and will not tell anyone else what you have discussed--or even that you are in therapy--without your written permission. In most situations, I can only release information about your treatment to others if you sign a written authorization form (See attached HIPAA Notice of Privacy Practices for more details about this.) There are times when I may find it beneficial to consult with a colleague in order to ensure the best standard of care possible. Your name or other identifying information is never mentioned. The consultant, as a licensed mental health professional, is also legally bound to keep the information confidential.

It is very important to be aware that e-mail and cell phone communication can be accessed by unauthorized people relatively easily, and so the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that internet servers have

unlimited and direct access to all e-mails that go through them. Please notify me at the beginning of treatment, or as soon as possible, if you wish to avoid (or simply limit in any way) the use of any or all of the above-mentioned communication devices.

APPOINTMENTS

I typically schedule one 50-minute session per week at a time we agree upon, although some sessions may be slightly longer or more frequent. The time scheduled for your appointment is assigned exclusively to you. If you need to cancel or reschedule a session, with the exception of what we both consider to be an emergency, you will be expected to pay for the session, unless you provide at least 24 hours' advance notice of cancellation. It is important to note that insurance companies typically do not pay for cancelled or missed sessions and so you will be responsible for full payment. You are also responsible for coming to your sessions on time. If you arrive late, I will still need to end your appointment on time.

CONTACTING ME

You may telephone me at 510-595-5580. Due to my work schedule, however, I often am not immediately available to receive calls. I don't answer calls when I am with clients. My phone will be answered by voice mail, which I check frequently. Please leave a fairly brief message (as it is not a guaranteed secure line) with your telephone number, if you would like me to call you back. I will make every effort to return your call on the same day you make it. If your schedule makes it difficult to reach you, please leave me some times when you might be available.

I check my voicemail for messages for the last time at 8:00 p.m. during the week. On weekends, I typically check for messages less frequently. I will return a call on a weekend, or as late as 8:00 p.m. on a weekday, only if the matter is urgent and cannot wait until the next business morning. If you require an immediate response, please be sure to say so and leave a phone number where you can be reached (even if you think I already have it). I will make every attempt to get in touch with you as soon as possible. But, for any number of unforeseen reasons, if you do not hear from me, or I am unable to reach you, it remains your responsibility to take care of yourself until such time as we can talk. If you need to talk to someone right away, you can call (800) 273-8255. If you still feel unable to keep yourself safe, please go to your nearest emergency room and ask to speak to the psychiatrist on call. You can also call 911 if you feel you are experiencing a psychological emergency.

I will make every attempt to inform you in advance of any planned absences. In the event that I must be unavailable for an extended period of time, I will provide you with

the name of a colleague to contact, if necessary.

PROFESSIONAL FEES AND PAYMENTS

Sometimes therapy is a short-term process; this is most often the case when we have very clear and structured goals. Sometimes, however, therapy is more of an open-ended process, as when goals are more vague or difficult, or they change as therapy progresses. As a result, sometimes therapy is easier to afford, and sometimes it can be more expensive.

My standard fee for individual 50-minute therapy sessions is \$180 for therapy. This fee includes note writing and record keeping, short telephone conversations, and consulting with other professionals, as I deem necessary. If I am required to take part in a legal action concerning you, including depositions, testimony, and report preparation, my fee for these services is \$350 per hour. Preparation and travel time to and from court/attorney's offices is also billed at this rate. My legal fees apply whether your attorney or another attorney subpoenas me for a case in which you are involved.

You are responsible for the fees of your therapy and are expected to pay for each session at the time of the appointment, unless prior arrangements have been made or you are insured by a company that has agreed to allow me onto their panel of in-network providers (currently only Claremont EAP. Any bills overdue 30 days or more will be charged 1.5% interest per month. Also, there will be a \$10 fee for any returned checks. Although this has never been necessary, if you refuse to pay your debt, I reserve the right to use an attorney or collection agency in order to secure payment.

In addition to weekly appointments, it is my policy to charge the above rates on a prorated basis for other professional services that you may require, such as report writing, lengthier telephone conversations, attendance at meetings or consultations with other professionals (that you request, or that are necessary in order to provide treatment), or the time required to perform any other service which you may request, or which is necessary, of me.

In the event that you encounter some unusual financial hardship, such as losing your job, I may be willing to negotiate a temporary reduced fee or arrange a payment plan, so that you can continue receiving therapy during the difficult time.

INSURANCE

My payment policy is fee-for-service. In addition to the insurance panel listed above, a portion of the cost of my services is usually reimbursable by PPO-type plans on an

“out of network” basis. I can provide you with a statement that you may submit to your insurance company to obtain out-of-network reimbursement.

Insurance companies require a formal diagnosis with their claims. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All psychological diagnoses come from a book called the Diagnostic and Statistical Manual (more typically referred to as the DSM-5) and mental health providers, regardless of their training, usually use this same manual to describe their patients’ issues.

You are responsible for knowing what your insurance coverage is and how it works. However, I will be happy to assist you in this.

Please also note that confidential information may be required by your health insurance carrier in order to process the claims. I will release only the minimum necessary information. Be aware that submitting a claim for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain some health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies’ databases for long-term storage and access.

ADDITIONAL INFORMATION

If you are dissatisfied with your therapy, I sincerely hope that you will talk with me about it so that I can respond to your concerns as they arise. I welcome such feedback and will take it very seriously. You are also free to end therapy at any time.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, physical limitations, gender, sexual orientation, age, religion, national origin, cultural identity, or source of payment.

You have the right to ask questions about any aspect of the therapy and about my training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients. Professional therapy never includes sex.

CONSENT TO PSYCHOTHERAPY

You will sign a document when you arrive at your appointment to indicate that you have read and acknowledge Jeff Shannon's office policies and procedures.

- **Please check each box below to acknowledge your agreement ***
I have read and understand Jeff Shannon's Office Policies and Procedures I understand that I may ask questions about these policies at any time I understand that I may return to this document at any time to review it
- **Please enter your full name**

First name

Last name

Date