**Kelley B. Gin, PsyD**

(CA Psy 20624)

2711 Alcatraz Avenue, Suite 2

Berkeley CA 94705

510-219-7091

### Informing Materials and Treatment Agreement

For Treatment of a Minor, please complete the addendum: Consent to Treatment of a Minor

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully. I will address any questions you might have at our next meeting. When you sign this document, it will represent an agreement for professional services.

# PSYCHOLOGICAL SERVICES

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 I may use 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 between sessions.

Psychotherapy has 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will 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 me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

# MEETINGS AND CANCELLATION POLICY

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week, although we may agree that sessions may be longer or more frequent.

Once an appointment hour is scheduled, you will be expected to pay your usual fee or a cancellation fee unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment. If you are using insurance, unless your insurance company prohibits it, I will charge you directly for a missed appointment.

# PROFESSIONAL FEES

Unless we have agreed to utilize your insurance benefits, my usual and customary fee is $170 per hour unless we have agreed to different fee ($\_\_\_\_\_\_). In addition to weekly appointments, I charge this amount for other professional services you may need, though I will prorate the hourly fee if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 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 of me. If you become involved in legal proceedings that require my participation, 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 $250 per hour for preparation and attendance at any legal proceeding.

# BILLING AND PAYMENTS

You will be expected to pay your session fee or co-pay/co-insurance at each appointment, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In collection situations, the only information I will release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due.

# INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. In most cases, if I accept your insurance plan, I am a contracted in-network provider. If you wish to utilize your benefits for a plan with which I am not a contracted provider, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my 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 the customer service department of your insurer or your plan administrator. I will provide you with whatever information I can based on my experience and will 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.

Insurance benefits can be complex. Some health plans may require authorization before they provide reimbursement for mental health services. Some of these plans may be 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 much may be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, we will determine an appropriate course of action.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have 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 your enrollee information. By law, all insurance companies must 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 we have all of the information about your insurance coverage, we 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 my services yourself to avoid the problems described above unless prohibited by contract.

# CONTACTING ME

I am often not immediately available by telephone. While I am my office, I probably will not answer the phone when I am with a patient. When I am unavailable, please leave me a voice mail. I will make every effort to return your call on the same day you make it but no longer than 1 business day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician or the nearest emergency room and ask for the mental health clinician on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at drkelleygin@gmail.com is second best for quick, administrative issues such as changing appointment times. I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

**SOCIAL MEDIA POLICY**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Twitter, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our professional relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

You may find my practice on sites such as Yelp, Healthgrades, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

You have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like.

Confidentiality means that I cannot tell people that you are my client and the professional Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I’m your psychologist or therapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum.

## PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You will be charged an appropriate fee for any professional time spent in responding to information requests.

## RECORDS OF MINORS

If you are under eighteen years of age, the law may provide your parents the right to examine your treatment records. The law may also restrict what I can share with your parents if you, as a minor consented to these services or could have consented to these services. It is my policy to request an agreement from your parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I can prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

## CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a psychologist, and I can only release information about our work to others with your written permission. But there are a few exceptions. These exceptions are also covered in my Notice of Privacy Practices.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

My signature below shows that I understand and agree with all of these statements.

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Signature of client (or person acting for client) Date

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Printed name Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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Signature of therapist Date

**Addendum: Consent to Treatment of a Minor**

# PSYCHOLOGICAL SERVICES FOR CHILDREN AND TEENS

Psychotherapy services for children and teens can take any of several forms, depending upon the needs of the child and the characteristics of the child and the family or caregivers. There are a number of different approaches that can be utilized to address the problems presented including play-centered therapy, brief psychological evaluation, and parent-child or family therapy. Psychological services have both risks and benefits. Risks for children include experiencing an increase in uncomfortable feelings such as sadness, anger, anxiety, frustration, helplessness, and/or loneliness. Risks also include an increase in symptomatic behaviors such as aggression, impulsivity, withdrawal, oppositional behavior, school problems and attention problems when treatment begins to touch upon difficult and upsetting issues for the child. Psychological services also have been shown to be of benefit to children, leading to significant reduction of both uncomfortable feelings and problem behaviors. However, there are no guarantees about what will happen.

**WAITING ROOM POLICY**

Based on my appointment schedule, I am unable to monitor any unattended child in the waiting room. Parents and caregivers are requested to be available in the waiting room at the scheduled end of the appointment.

We are aware that Kelley Gin, PsyD is not a custody evaluator or forensic psychologist and **will not** provide any forensic evaluations or any recommendations of regarding visitation or disputed arrangements between parents.

I am/We are the legal custodian(s) of this child, and there are no court orders in effect that would prohibit consent to the treatment of this child.

My/Our signatures below means that I understand and agree with all of the points above.

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Signature of parent/guardian Date

I, the therapist, have discussed the issues above with the minor client’s parent or guardian. My observations of this person’s behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the minor client’s treatment.

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Signature of therapist Date