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PSYCHOLOGICAL SERVICES - POLICIES AND AGREEMENT

This document contains important information about Dr. Hartman's professional services and business policies. Please read it carefully and ask Dr. Hartman any questions that arise. When you sign this document, it represents an agreement between you and Dr. Hartman. Dr. Hartman asks again that you read this thoroughly because your signature confirms that you and Dr. Hartman have committed to honoring these policies.

PSYCHOLOGICAL SERVICES: Psychotherapy, Parent Consultation, and Coaching (referred to as 'Psychological Services' herein) varies depending on the particular problems you (your child) bring(s) as a client and the orientation and approach of the professional. It is important that you select a professional that fits your (your child's) style and goals. These psychological services involve a commitment of time, money, and energy, so you should make sure you (your child) feel(s) comfortable working with me. If you (your child) have(has) questions about our work together, you (your child) should discuss them with Dr. Hartman whenever they arise. You (your child) will work together with Dr. Hartman to establish specific, individualized goals. You (your child) will continue to discuss treatment goals with Dr. Hartman to (re)evaluate and/or modify the focus of the psychological services according to your (your child's) needs. There is a small risk that your (your child's) condition may worsen due to these services. For example, it can be time-consuming and stressful and can bring strong feelings such as anger, frustration, sadness, or anxiety. The results of these psychological services cannot be guaranteed.

ASSESSMENT AND TREATMENT: The initial session(s) will involve an evaluation of your (your child's) needs. Depending on your (your child's) needs, this evaluation period may take a few sessions. By the end of the initial evaluation, Dr. Hartman will be able to offer you some first impressions of what the psychological services will include and a general plan. This verbal summary and treatment plan can be applied to work with me or toward your pursuit of another treatment provider. During this evaluation time, both you (your child) and Dr. Hartman can decide if she is the best person to provide the services you (your child) need(s) in order to meet the treatment goals. If not, she will refer you (your child) to another professional; however, please note that even if you wish to work with another provider, you are still expected to pay for the evaluation sessions and will not, under any circumstances, have your payment refunded. After the initial evaluation, Dr. Hartman will offer, if you will like, an estimate of the number of sessions of psychological services she recommends for you (your child). For most clients, therapy, for instance, ranges from 5 and 50 sessions. Her estimate of the duration of psychological services is only an estimate and no guarantees can be made as to the length of time required.

ALTERNATIVE TREATMENTS: Many options to the psychological services that Dr. Hartman provides are available, including other types of psychotherapy, group, couple, or family therapy, and in many cases, medications. She may provide referrals for these alternative treatments when appropriate.

TRAINING AND EXPERIENCE: Dr. Hartman is a psychologist licensed to practice in California. She graduated from California School of Professional Psychology with a Ph.D. in Clinical Psychology in 2001. She has over 12 years of experience working with children, adolescents, adults, and families as a clinical psychologist specializing in psychotherapy and parent consultation. She has over 3 years of experience providing coaching services to adults and adolescents.

THE PATIENT'S ROLE: You (your child) are (is) expected to play an active role in your (his/her) psychological services, including working with Dr. Hartman to outline goals. You (your child) may be asked to complete paperwork and/or homework assignments and your (your child's) willingness to do so is an essential part of successful outcome. If at any point you (your child) are (is) unhappy with the progress, process, or outcome of the services, please discuss this with Dr. Hartman in an attempt to resolve any difficulties that may have arisen and to arrive at a plan that better meets your (your child's) needs. When working with children, Dr. Hartman expects the parent(s) to participate when she recommends it in order to accomplish the child's treatment goals.

THE PATIENT'S RIGHTS: A document entitled "Patient's Bill Of Rights" adapted from a publication by the California Department of Consumer Affairs, is attached. Please read it carefully and ask Dr. Hartman any questions you have about your rights as a patient.

CONFIDENTIALITY: The confidentiality of communications between a client and psychologist is important, and, in general, is legally protected. Your (your child's) confidential information may not be revealed to anyone without your written permission, except where disclosure may be required by law, as in the following circumstances:

- when, in the psychologist's judgment, the client is in danger of harming him/herself or the client is unable to care of yourself
- when there is suspected abuse or neglect of a child, older adult (65 or older), or dependent adult
- if the client communicates to the psychologist a serious threat of violence against another person. If this occurs, the psychologist is required by law to inform the potential victims and legal authorities
- if the psychologist is ordered by a court to release information as part of a legal proceeding
- as otherwise required by law
- If the client dies, a legal guardian or estate representative has the right to that client's records

Confidentiality and group therapy: In the event group therapy services are provided, you (your child) are expected to keep confidentiality about the materials shared within the group. Dr. Hartman cannot be held responsible for a breach of confidentiality on the part of group members.

Additional exceptions to confidentiality by entering into treatment with me: (1) if Dr. Hartman sees you (your child) outside of the office, she will not greet you unless you greet her first - this is a way of continuing to maintain your (your child's) confidentiality outside of sessions; (2) Dr. Hartman doesn't keep secrets between parents - whether married or divorced. She has found that when she focuses on keeping a parent's secret in a co-parenting situation, it distracts from the child's clinical needs and therefore, decreases the effectiveness of treatment; (3) when a young adult (age 18 years or older) authorizes his/her parent to pay me for treatment, that authorization gives me permission to give the parent an invoice documenting session attendance as well as answer the paying parent's questions regarding attendance, tardiness, and quality of participation in treatment. Dr. Hartman will protect the confidential content of your sessions as required by law, but having a parent pay for your treatment does give Dr. Hartman permission to contact the paying parent if she becomes concerned about your well-being or your treatment.

Confidentiality and Insurance: if you elect to seek reimbursement from an insurance company for psychological services, let Dr. Hartman know and she will provide you with a monthly statement that you can submit to your insurance company. Most insurance companies require information about diagnosis, the type of service provided (i.e. 50-minute individual psychotherapy session), the date of the session, and the fee, and she will include this information on your statement upon request. In some cases, insurance companies will require that the provider send information about the patient's diagnosis and treatment plan, progress reports, and other records. Please be aware that when information is sent to an insurance company, Dr. Hartman has no control over who sees it. Almost all insurance companies state that they will keep the information confidential, but Dr. Hartman cannot

assure that they will do so. Some share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future life insurance, disability, health, and other insurance. Before Dr. Hartman send any information to an insurance company, she will talk with you about what she has written and will obtain your written permission to provide information to the insurance company. You do have a choice about whether to release the information requested to an insurance company, but if you refuse to consent to releasing it, most insurance programs will not reimburse you for any services.

CONSULTATION: Dr. Hartman may wish to consult with other professionals about treatment planning for you (your child's) case. Your signature below gives her permission to use information about you (your child) and/or your (your child's) psychological services provided she takes responsible efforts to protect your (your child's) identity. For detailed consultations about you (your child) and treatment, w Dr. Hartman will first discuss it with you, but she will need to obtain your permission via signature on her Release of Information form in order to proceed.

ENDING THERAPY: You may end psychological services at any time. A final session is strongly recommended for closure of our work together.

I have read and understand this Psychological Services - Policies and Agreement form and the Patient Bill Of Rights and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I consent (and/or authorize my child) to participate in evaluation and/or treatment with Dr Hartman.

Initials: _____

Name of patient/client (please print): _____

Name of parent/guardian, if applicable (please print): _____

Address: _____

Phone Numbers: _____

Signature of patient/client/parent/guardian:

Date: _____