

Julie G. Hartman, PhD

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BUSINESS POLICIES AND AGREEMENT

This document contains important information about Dr. Hartman's 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.

PROFESSIONAL FEES: The fee for a 50-minute session of individual therapy is \$_____. The fee for a 75-minute initial evaluation is \$_____. Fees for longer or shorter sessions will be prorated from this amount. There will be no charge for brief telephone calls that are 10 minutes or less, such as those made to schedule appointments or clarify an assignment. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes. Other services include telephone consultations, report writing, or other services you may request of Dr. Hartman. If you become involved in legal proceedings that require Dr. Hartman's participation, you will be expected to pay for the professional time she spends preparing records or treatment/assessment summaries. You will also be expected to pay for her time spent testifying, even if she is called to testify by another party. There is typically a small increase in fees each year around January 1 and/or July 1.

BILLING AND PAYMENTS: Payments are to be made at the beginning of each session, unless another arrangement has been made. In order to expedite the payment for your services, Dr. Hartman prefers to get the information of your credit card at the first session to charge when a payment is missed (this includes the name on the card, credit card number, 3-digit code on back of card, billing address, and phone number). This information will be kept in a secure internet server, similar to if you chose to have Amazon.com store your credit card for future purchases. If you prefer to pay by check, there is a \$20 fee for returned checks. A \$20 late fee will also be added for any charges past due by 30 days and Dr. Hartman will charge your credit card the amount (plus late fee). An additional charge of \$50 will accrue monthly for any unpaid balances. If your account has not been paid for more than 60 days, Dr. Hartman may use legal means to secure the payment. This will involve either 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 most collection situations, the only information Dr. Hartman releases regarding a client's treatment is his/her name, the nature of services provided, and the amount due. Please see the form about payment options to discuss and confirm your payment preference.

INSURANCE REIMBURSEMENT: Dr. Hartman does not take insurance at this time. Certain health insurance policies will provide some coverage for "out of network" mental health treatment, however, you (not your insurance company) are responsible for full payment of Dr. Hartman's fees at time of service. Per your request, she will provide you with an invoice that contains information your insurance company may require, however, it will be your responsibility to complete insurance forms and obtain reimbursement. If you intend to be reimbursed by your insurance company for the fees you pay, it is very important that you find out exactly what mental health services your insurance policy covers. Dr. Hartman will not communicate with your insurance company about any claims - my invoice will be Dr. Hartman's only communication on your behalf concerning the services she provides.

SUBSTANCE USE: The type of psychological services that Dr. Hartman provides are significantly less effective when you (your child) use substances, even for recreational enjoyment. Please be honest with Dr. Hartman about the amount of substance use you (your child) uses so that she can assess whether

her psychological services are appropriate for you (your child). If, during the course of treatment, it becomes evident that you (your child) use substances to the point of it interfering with treatment, Dr. Hartman will discuss this with you and assist you in transferring your treatment to a professional who specializes in providing psychological services with individuals who use substances (even if it's just recreationally).

COLD/FLU SYMPTOMS: In order to protect herself, her family, and other clients, Dr. Hartman asks that you (your child) not enter the office if you suspect or have a cold/flu. Because she asks this of all of her clients, Dr. Hartman hopes to also protect you (your child, your family) from contracting illness from others as well. As a courtesy, Dr. Hartman will also not enter the office if she suspects or has a cold/flu. She will not charge for a missed session due to cold/flu symptoms, even if you cancel minutes before she expects you (your child) at a session. Thank you for helping to maintain a healthy atmosphere for everyone. If you (your child) still want to talk during your (your child's) illness, Dr. Hartman can arrange a phone appointment.

HOURS/AVAILABILITY: Dr. Hartman is available for sessions from 1:30pm until 6:00pm Mondays through Wednesdays and 8:30am until 12:30pm on Thursdays. Sessions are usually scheduled for 50-minute timeslots weekly, or as your (your child's) needs indicate and you and Dr. Hartman agree. In some cases, longer sessions or more frequent sessions per week are warranted.

CONTACT INFORMATION/E-MAILS: If you (your child) need to contact Dr. Hartman between sessions, you (your child) can try to reach her by phone by calling the office number (415-924-4665) or by email (drjuliehartman@yahoo.com). Voice and email messages are checked several times a day and you will be called or emailed back as soon as possible. If she doesn't get back to you (your child) within a reasonable amount of time, please call or email again because sometimes messages don't arrive in her email inbox or are not clear in voicemail. *A warning about email:* if you (your child) engage(s) Dr. Hartman via email about treatment, you are releasing her from any liability for protecting your confidentiality because email cannot be transmitted on a secure server. Although Dr. Hartman makes every effort to provide the highest security available (i.e. password required to access her computer and her internet connections), by emailing with Dr. Hartman, you (your child) are (is) consenting to this risk.

SCHEDULING APPOINTMENTS: Dr. Hartman recommends that in order to maintain you (your child's) commitment and focus to treatment, that you arrange a predictable weekly session time during the duration of treatment. However, when you wish to schedule a different appointment time (see Cancellation Policy below), the best way to schedule appointments is via the website at www.drjuliehartman.com to view the "Availability Calendar". When you see an available appointment time that you would like, call or email Dr. Hartman with that time preference and she will book it by removing it from the "Availability Calendar" and will confirm the booking via email (or phone if you prefer). You may also email or call to discuss scheduling matters, however to focus her time on client's clinical matters, Dr. Hartman prefers that you first review the "Availability Calendar" for appointment options.

WAITING LIST: If at any time a person prefers a time that is occupied by another client, Dr. Hartman will first approach that client to see if a change is possible. If not, she can add the person to the waiting list for that time and when it becomes available, she will offer that time to the next person on her waiting list.

EMERGENCIES: Dr. Hartman's voicemail and email are not emergency resources because she only checks messages a few times/day. If you (your child) are(is) in crisis, you can access your (your child's) primary care physician, the local emergency room, or crisis intervention services. You can call the 24-hour Psychiatric Emergency line in Marin (415-499-6666) or the police at 9-1-1. When Dr. Hartman is out-of-town or unavailable due to an urgent matter, she will let you know and will give you the name and telephone number of another psychologist who will be available to her clients for emergencies.

That back-up psychologist's name and telephone number can also be accessed by calling her office number (415-924-4665) and listening to the outgoing message.

RECORD-KEEPING: Dr. Hartman maintains a clinical chart for each patient. Information in the chart includes a description of your (your child's) condition, your (your child's) therapy/parent consultation/coaching goals, your (your child's) treatment plan and progress, dates of and fees for sessions, and notes describing each session. Dr. Hartman also keep records of any consent, release, assessment, insurance, or other forms completed in the course of treatment. Clinical records are kept in a locked file cabinet and are required by law to be kept for a number of years. If Dr. Hartman is not able to maintain your (your child's) records, she will transfer them to be maintained by a licensed psychologist who is required by law to preserve the security of your information.

CANCELLATIONS, MISSED SESSIONS, AND TARDINESS: Once an appointment is scheduled, you will be charged for it unless you provide 48 hours advance notice of cancellation, regardless of the reason for cancellation (the only exception is illness). This is not meant to be a penalty. Dr. Hartman requires 48 hours in order to offer the appointment time to another client on the waiting list. Generally sessions will start on time. Sessions will end at the scheduled time, even if you (your child) are(is) late. If Dr. Hartman begins a session late, she will make up the missed time in some mutually agreeable fashion (e.g., by extending the session or adding the missed time to the next session, if convenient for you).

I have read and understand this Business Policies and Agreement form and the Payment form 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 to respect and honor these business policies.

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: _____

I hereby authorize Dr. Hartman to take the information of my credit card and charge it according to the policies explained in this agreement.

Signature of patient/client/parent/guardian:

Date: _____