



Sacramento

CENTER FOR PSYCHOTHERAPY

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Patient-Therapist Agreement

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. Psychotherapy can aid you in discovering tools and techniques that can be utilized to improve the quality of your life and your relationships. Psychotherapy involves change, which may feel threatening not only to you but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. The process can include experiencing feelings like sadness, guilt, anxiety, anger, and fear and making changes that you did not originally intend. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that therapy is worth the discomfort they feel.

As the patient involved in this process, you have the right to ask me about my professional experience, background, and theoretical orientation. As the therapist, I am offering the following information regarding the therapeutic relationship in response to frequently asked questions.

The Therapy Process

Initially, we will meet for a few sessions to evaluate the problems that bring you to therapy. After these first two or three sessions, I will give you some initial impressions of the kind of treatment that seems fitting to your problem. We will also talk about alternatives, and the possible benefits and risks of the alternatives. During the first few sessions, you should also be thinking about whether you feel comfortable working with me. Because therapy may involve a substantial commitment of time, money, and energy, it is important that you feel comfortable with the therapist you choose. If you decide that you are not comfortable working with me, I would be happy to help you find another therapist. If you do decide to work with me, we will develop goals and a treatment plan together. If we decide that group therapy is appropriate, I will give you a separate group contract, which we will discuss.

Different kinds of problems may require different lengths of therapy. After the evaluation sessions we will talk about what seems appropriate for working on the kinds of issues that you want to address. Once psychotherapy is initiated we will decide on a regular schedule of meetings; usually at least one fifty-minute session a week, based on individual needs. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. Your only obligation is to pay for services that you have already received. I can provide you with referrals to other therapists if that seems needed.

Fees

My basic fee is \$200 for each 50-minute session and \$280 for a 75-minute session. Payment must be made by cash or check (to SCP or Sacramento Center for Psychotherapy) at the

time services are rendered. Services provided outside of regularly scheduled appointments such as phone consultations and reports are prorated from this basic fee. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, I may charge a higher fee due to the complexity and difficulty of legal involvement. Occasionally, my fees may increase due to inflation and cost of living increases. If I decide it is necessary to change my fee, I will talk about it with you beforehand.

Insurance

If you have an insurance policy which covers my services, I will be happy to provide monthly receipts; however, you are still required to pay for services at the time they are rendered. Note that the insurance contract is between you and your insurance company and the responsibility for your fees is yours. If you are or become Medicare eligible, please let me know as I do not accept Medicare and you will need to fill out another form to indicate you understand this.

Missed or Canceled Appointments

Missed or canceled appointments will incur the usual charge of \$200 unless a 48-hour notice is given. Insurance companies will not reimburse for missed or late-cancelled appointments.

Telephone Calls

I have a confidential voice mail and I check my messages periodically from 9 AM to 9 PM during the week and return calls at my earliest convenience. If your situation is urgent, make that clear on your message and I will return your call as soon as possible. In an immediate crisis, call 911 or the National Suicide Prevention hotline at 800-273-8255. When I am away I arrange for a licensed therapist to cover my urgent calls.

Email

I list my email address on my business cards primarily for contact with my colleagues. It is best not to contact me on email since I have no way to insure confidentiality over the Internet. If you choose to contact me by email, you are assuming all risks about any limits to confidentiality. I also check it irregularly so I may not receive your communication in a timely fashion.

Confidentiality

Your therapy will include talking over very private things with me. To some extent, my ability to help you will depend on how open you can be about yourself – your ideas, feelings, and actions. So that you can feel free to talk openly with a psychologist and so that your right to privacy is protected, the law makes it a psychologist's duty to keep patient information confidential. This means that, generally, I cannot discuss your case with anyone or send out information about you without your permission. If you ever want me to share information with someone else (for example, your physician), I ask that you sign a consent form allowing me to exchange information with the person. We will talk about this before you sign the consent. In addition, I may present brief vignettes from the therapy in training situations or in publication. Please be assured that I will thoroughly disguise your identity in doing so.

Exceptions to Confidentiality

There are exceptions to confidentiality, however, that you should know about. Please note that most of these situations are rare, but they are important for you to understand.

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.

2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If you disclose that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act, I am obliged under the law to report to the appropriate authorities.
5. If a court of law orders me to release information, I am required to provide that specific information to the court.
6. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court.
7. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.
8. Finally, I am obliged to report my knowledge of a person who has in his or her possession or under his or her custody or control, or who attempts to purchase or receive, any firearms whatsoever or any other deadly weapon for a period of five years if he or she communicates serious threat of physical violence against a reasonably identifiable victim or victims.
9. If you see me in couples, group, or family therapy, I ask that each member of the therapy promise to keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep this agreement.
10. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well. Similarly, when I am away or unavailable, my practice is covered by a licensed therapist. I may inform the on-call therapist about your situation to facilitate your getting appropriate support should you need it in my absence.

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.

In the event of unexpected interruptions of practice

If I should unexpectedly pass away or become disabled, my partner (Dr. Haim Weinberg, 916-212-6424, or Dr. Martha Gilmore, 530-757-6861) will manage the administrative aspects of my practice. He/she will be responsible for contacting people I have seen within a year of my death or disability, will make referrals and will be responsible for forwarding records to the professional who assumes future care. Your signature at the end of this document verifies that you release me to provide him with these records and your contact information, so he will be free to fulfill these responsibilities. Should you notify me in writing that you do not wish to release information about you to him in the

event of my disability, I will follow your instructions, but you will have to advise me of who will take that responsibility if he does not, and how that person will legally and ethically implement your wishes.

Questions

I encourage you, at any time, to ask any questions you have about therapy, including questions about my professional background, techniques I use, suggestions I make, what you can expect to happen in your sessions, and what you have read in this agreement. In the unlikely event that problems arise that we cannot resolve together, I can refer you to other therapists for a consultation, or if you prefer you can find one on your own. It is also your right to contact the Department of Consumer Affairs, which receives questions and complaints regarding the practice of psychology. You may contact them at 800.633.2322, or by writing them at:

Medical Board of California
Allied Health Complaints
1430 Howe Avenue
Sacramento, CA 95825

Acknowledgment and Consent

By signing this form, you are acknowledging that you understand and consent to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had.

Patient

Date

Psychologist

Date