

Therapist-Client Services Agreement  
Dr. Jennifer Vanderburg, Psy.D

Welcome to my practice. The following information is being provided to acquaint you with office policies and the therapeutic process. Please read carefully and sign when completed. Counseling is a collaborative process so please feel free to discuss any of the items below during our work together.

### **THE THERAPY PROCESS**

I have a doctorate degree in clinical psychology and I am licensed by the state of California as a Clinical Psychologist. I have worked in the mental health field and in clinical practice for over 20 years. I enjoy my work immensely.

Therapy can be helpful to people who are in distress or who want to improve their overall wellness in their life. Therapy is likely to be beneficial when the client is honest with self and the therapist, is willing to undergo some emotional discomfort, and is motivated to take steps toward change. The therapist facilitates the change process by being respectful, supportive, caring and confrontive of resistance to growth. The potential benefits of therapy include: increased acceptance of self and others; a sense of healing and empowerment in regard to past trauma and loss; increased awareness of one's feelings, needs, wants, values; and increased ability to interact meaningfully with other people. The potential risks of therapy include: discomfort from a greater awareness of one's sadness, hurt, anger, or anxiety; frustration from the time and effort that personal change requires; or unanticipated changes in one's life, especially in interpersonal relations.

The first session is used as time to go over the intake paperwork, find out your goals for counseling, and to get to know each other. Counseling is a very personal process, so it is important that you feel comfortable with me and that we are a good match. I respect this process. In some situations, a specialist or different therapist may be recommended.

The ending of your therapy will hopefully be mutually agreed upon by both of us through our collaborative work together. This usually occurs when your treatment goals have been met and you are satisfied with the improvement in your life and overall well-being. Of course, you may stop therapy at any time. This is your right. Generally, I recommend that we conclude with one or two "termination" sessions. These sessions are intended to facilitate a positive ending experience. These termination sessions offer us an opportunity to reflect on the growth and progress that has been made and to also identify any issues that may still feel unresolved for you. If needed, I will attempt to ensure a smooth transition to another therapist by offering referrals.

### **APPOINTMENTS**

Each therapy session is between 55-60 minutes in length. Your experience here will be more successful if you attend your appointments regularly. Since consistency of appointments is an important ingredient of the therapeutic process, you and I will agree on a regular appointment time that will be reserved specifically for you. If you need to miss an appointment, please make sure you cancel your appointment giving 24 hours notice or a fee of \$65 will be charged to you. If you are using insurance to pay for your therapy services, please be aware that your insurance will not pay for a missed appointment fee.

### **AVAILABILITY AND PHONE CALLS**

Phone calls will be returned as soon as possible. I make every effort to return your call on the same day you make it, with the exception of weekends and holidays. 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 psychologist/psychiatrist 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.

### **CONFIDENTIALITY**

The information disclosed throughout the therapy process is held strictly confidential and will not be released to any third party without written authorization, except where permitted by law. Exceptions to confidentiality, include, but are not limited to:

- Giving requested information to third party payers (insurance companies)

- Mandate reporting of suspected child, elder and/or dependent adult abuse
- Client disclosure of *current* prenatal exposure to a controlled substance
- Taking reasonable means to maintain safety if a client presents as a serious harm to self or with a grave disability
- Releasing information subpoenaed by the court as appropriate
- The client discloses intentions or a plan to physically harm another person or property of another

In the latter case, the therapist is required by law to inform potential victims and legal authorities so that protective measures can be taken.

## FEES AND INSURANCE

Your health insurance may cover none, part or all of your psychotherapy fee. While I will be glad to assist you in determining your coverage, please make note: **you are responsible to know the limits and specifics of your insurance coverage. Regardless of your insurance coverage, you are solely responsible for any charges incurred. With most insurance companies, there are procedures you can use to appeal denied charges. If your insurance company denies payment for services, you are responsible for the charges incurred.**

You should 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. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. If requested, I will provide you with a copy of anything I submit. Once we have all of the information about your insurance coverage, we will discuss your benefits and what treatment options are available to you.

My cash fee for service is \$185.00 per 55-60 minute session. If you are using insurance coverage to pay for your therapy, you may still have a co-pay or coinsurance charge due. Unless otherwise agreed upon, I ask that you pay your fee in check, cash or credit card at the end of each session. Please note that there will be a \$25 fee charged for returned checks.

Although this is rare, if your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I do have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release is the client name, the nature of the services provided (psychotherapy), and the amount due. If such legal action is necessary, its costs will be included in the claim.

## AGREEMENT FOR PSYCHOTHERAPY SERVICES

I, \_\_\_\_\_, [client name-printed]

acknowledge that I have received, reviewed, and understand and agree to the therapist-client services agreement of Dr. Jennifer Vanderburg, Psy.D, which describes the practice's policies and procedures including, but not limited to those regarding services, professional fees, billing and payments, cancellations, insurance reimbursements, professional records, confidentiality, and the use and disclosure of Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA). I further authorize and request that Dr. Jennifer Vanderburg, Psy.D carry out mental health examinations, treatments, and or diagnostic procedures, which now or during the course of my care are advisable. I understand the purpose of these procedures will be explained to me upon my request and subject to my agreement. I understand that Jennifer Vanderburg, Psy. D is a sole proprietor and is not in any type of business partnership with any other professional providing services at: 3551 Florista St. Suite 1D Los Alamitos, CA 90720.

**I understand and agree to all of the above information.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_