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OFFICE POLICIES & GENERAL INFORMATION
AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without the client's written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described in the Notice of Privacy Practices that you received with this form.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Wooley. In group, couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among group and family members. Dr. Wooley will use her clinical judgment when revealing such information. Dr. Wooley will not release records to any outside party unless she is authorized to do so by **all** adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where Dr. Wooley becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to

process the claims. If you so instruct Dr. Wooley, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. Dr. Wooley has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. There are reports that medical data has been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of E-mail, Cell Phone and Faxes Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Dr. Wooley at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Litigation: Should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) release of information may be required.

Consultation: Dr. Wooley consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

* Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Wooley will release information to any agency/person you specify unless Dr. Wooley concludes that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Dr. Wooley between sessions, please leave a message at (530) 244-9977 and your call will be returned as soon as possible. Dr. Wooley checks her messages a few times a day, unless she is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call Emergency (911).

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the agreed upon fee at the start of each session. The basic fee for each 45-minute therapy session is \$175.00 unless other arrangements have been made. If you have insurance that Dr. Wooley accepts, we will discuss any co-pays and the number of available sessions at the start of our first session. Longer or shorter sessions are prorated from these fees. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at these rates unless indicated and agreed otherwise. Occasionally, these fees might increase due to inflation and cost of living increases. If fees are changed, Dr. Wooley will talk with you about it beforehand. **You are responsible to check with your plan or company to ensure that they will cover sessions with Dr. Wooley, not all will if she is out of network.**

Please notify Dr. Wooley if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services rendered are the client's responsibility. Dr. Wooley's office will bill your insurance as a convenience for you, or she will provide you with a copy of your receipt for each session, which you may then submit to your insurance company for reimbursement. As was indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage and you are responsible for payment if your insurance company does not reimburse Dr. Wooley for any reason.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Wooley and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Shasta County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Wooley can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very

active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Wooley will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Dr. Wooley may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Wooley is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, systems/family, developmental (adult, child, family), or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Dr. Wooley will discuss with you (Client) her working understanding of the problem, treatment plan, therapeutic objectives, and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Wooley's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Wooley does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, Dr. Wooley will assess if she can be of benefit to you. Dr. Wooley does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, Dr. Wooley assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Wooley will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Dr. Wooley will assist you in finding someone qualified, and, if she has your written consent, she will provide her or him with the essential information

needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Wooley will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Wooley’s objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Dr. Wooley will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Shasta County and surrounds is a small, sparsely populated area and many patients know each other and Dr. Wooley from the community. Consequently you may bump into someone you know in the waiting room or into Dr. Wooley out in the community. Dr. Wooley will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose Dr. Wooley as their therapist because they know her before they enter into therapy with her and/or are aware of her skills. Nevertheless, Dr. Wooley will discuss with her clients the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your responsibility to communicate to Dr. Wooley if the dual relationship becomes uncomfortable for you in any way. Dr. Wooley will always listen carefully and respond accordingly to your feedback. Dr. Wooley will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of the Client and, of course, you can do the same at any time.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for the client, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client’s name (print)	Date	Signature
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Client name (print)	Date	Signature
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Marilyn J. Wooley, Ph.D.	Date
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