

AUDREY HAM, PHD

LICENSED PSYCHOLOGIST



PATIENT RIGHTS & RESPONSIBILITIES PROFESSIONAL SERVICES AGREEMENT

Welcome to my psychotherapy practice. This document contains important information about your rights and responsibilities, and my professional services and business policies. Please read it carefully and let me know if you have any questions. After you have reviewed this document, please sign it and return it to me. Once you sign this, it will constitute a binding agreement between us.

Although I share office space with other professionals, please be advised that I am completely independent in my provision of clinical services. My professional records are separately maintained and no other professional can have access without your permission.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the needs and personality of the patient, the therapist, and the particular problems you are experiencing. There are many different techniques that may be helpful in dealing with the problems that you hope to address. If you have any questions about my procedures, we should discuss them whenever they arise. Psychotherapy calls for an active effort on your part both during and in between sessions.

Psychotherapy can have risks and benefits. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, resolutions to specific problems, and reductions in feelings of distress. However, there are no guarantees of what you will experience.

Initially, I will conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. We will also discuss my treatment recommendations. If psychotherapy is initiated, I will usually schedule one 50-minute session per week at a time we agree on. If you decide to discontinue your work with me, I can help you secure an appropriate consultation with another qualified mental health professional.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your permission. However, there are a few exceptions in which I am legally obligated to take action to protect others from harm, even if it requires that I reveal information about a patient's treatment. Exceptions include: if a patient is at imminent risk for hurting him/herself; if a patient communicates immediate threat or serious harm to another; or if child abuse or neglect is suspected. If the patient threatens to harm him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. In the event of suspected child abuse or neglect, I am required by law to file a report with the appropriate state agency.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

I may occasionally find it helpful to consult with other healthcare professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

CONFIDENTIALITY ISSUES WITH CHILDREN & ADOLESCENTS

If you are a parent or guardian of a child or adolescent receiving psychotherapy, I will involve you in helping your child to the fullest extent possible. However, the content of your child's sessions must be confidential in order to enable your child to confide in me and for therapy to be effective.

In the treatment of adolescents, there are many issues that therapists have no opportunity to address unless the adolescents trust that communication in therapy will not be shared with parents or guardians. These issues may include the use of cigarettes, alcohol, drugs, sexual concerns or behavior, gang involvement, cutting classes or truancy, school failure, unauthorized time with peers, and/or criminal activity. As your adolescent's therapist, I will work to help him or her behave in ways that are not self-destructive, and that do not limit his or her options for the future. If any of these issues rise to the level of serious, imminent danger to self or to others, parents and/or appropriate authorities will be notified.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. Records are kept under locked file. You are entitled to access your records unless I believe that seeing them would be emotionally damaging, in which case I will review them with you or send them to a mental health professional of your choice, to allow you to discuss the contents.

FEES

My fee is \$200.00 per session. Payment of fees is due at the time service is rendered. In addition to weekly appointments, I charge this amount for other professional services you may need. Other services may include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time including preparation, transportation, and attendance costs.

Sessions are payable by cash, check or credit card. If a check bounces, you will be responsible for the bounced check fee. Bills that are 90 days past due may be placed in collection. I will inform you before I take this measure so that you will have the opportunity to pay promptly.

CANCELLATION POLICY

Once an appointment is scheduled you will be expected to pay for it unless you provide at least 24 hours advance notice of cancellation. However, there are certain circumstances in which advance notice is not possible, such as a sudden medical emergency or inclement weather. Missed appointments for non-emergency reasons will result in a cancellation fee. Furthermore, if you must cancel and wish to reschedule, I will try to find another time to reschedule the appointment.

INSURANCE ISSUES

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will sign forms and provide assistance to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and may be stored on 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. At your request, I will let you know if any information beyond a diagnosis code is required.

CONTACTING ME

I am often not immediately available by telephone. While I am in my office on most business days, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by a confidential voice mail that I monitor frequently during business hours. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact if you need immediate assistance.

***If you are unable to reach me and if it is an emergency situation, dial 911, or go to the nearest emergency room.*

CONSENT

I authorize and request that Audrey Ham, Ph.D. carry out psychological examinations, treatment procedures, which now or during the course of my care as a patient are advisable. I understand that I can ask questions regarding the purpose of these procedures and that I have the right to be aware of all aspects of the working relationship. I understand that I have the right to participate actively in all aspects of treatment planning and that I can discontinue treatment at any time. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

NOTICE TO CONSUMERS

The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at www.psychboard.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address: Board of Psychology, 2005 Evergreen Street, Ste. 1400, Sacramento, CA 95815.

I have read and understand the above information regarding my rights and responsibilities.

PATIENT SIGNATURE

DATE

PATIENT NAME (PRINTED)

If patient is under 18 years old:

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PRINTED)

Audrey Ham, Ph.D.
Licensed Psychologist
CA License # PSY 22723