

STEPHANIE RANEY, PH.D.
CLINICAL PSYCHOLOGIST, PSY19978
123 DiSalvo Ave., Suite 40
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(408) 603-4213

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you or your child bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part and/or your child's part. In order for the therapy to be most successful, you and your child will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you or your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you or your child will experience.

Our first few sessions will involve an evaluation of the needs of you or your child. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48-hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control.

PROFESSIONAL FEES

My fee for each 50-minute outpatient family, parent, or individual child psychotherapy session is \$200.00; each 80-minute outpatient family, parent, or individual child psychotherapy session is \$300.00. My hourly fee for psychological evaluation is \$300.00; this covers face-to-face appointment time in order to cover the time involved in scoring and documentation. If I am going to conduct an evaluation of your child, I will provide you in advance with an estimate of the number of hours required to complete it.

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In addition to psychotherapy sessions and evaluation appointments, it is my practice to charge \$200.00 per hour on a prorated basis for other professional services you may require, such as report writing, telephone conversations or voicemail messages which last longer than 10 minutes, attendance at meetings or telephone consultations with other professionals, preparation of records or treatment summaries, or the time required to perform any other service which you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$400 per hour for preparation and attendance at any legal proceeding. Additionally, I charge in half-day (4 hour) blocks for my time for any legal appearances. In all of these circumstances, I will advise you beforehand of my fees for the services you wish me to perform. Note that my fee may increase periodically.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court; you will be responsible for the costs of these efforts. In most cases, the only information that I release about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. It is your responsibility to advise me if your insurance company requires any treatment authorization paperwork which I need to complete.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services

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after insurance benefits end. Some managed care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also 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, or copies of the entire record. 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. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

CONFIDENTIALITY OF E-MAIL, CELL PHONE AND FAXES

Email and cell phone communication can be accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails 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. Additionally, recent court rulings appear to indicate that employers can access their employees' emails, even if those emails contain personal information. Faxes can be sent erroneously to the wrong address. I currently use a cell phone for my office communication, and often use e-mail for communication. Please notify me 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.

INTERNET POLICY

The Internet and social media provide unprecedented opportunities for communication, but also challenges regarding potential loss of privacy and a blurring of boundaries around the therapeutic relationship. For this reason, I avoid contact with current and former clients on the web. I do not accept friend or contact requests from current or former clients on any social networking sites.

The ethics of my profession prohibit me from soliciting testimonial from my clients. You have the absolute right to express your views in any medium you wish, including posting reviews of my services on sites such as Yelp. Due to confidentiality concerns, I cannot respond to any review on these sites, whether they are positive or negative. If you are using these sites to communicate your thoughts or feelings with me in an indirect fashion, I will likely never see it. I encourage you to bring your thoughts to me directly so we can discuss them in session. I welcome even negative feedback, as it can be useful in helping you find a therapist who is a better fit for you.

WRITTEN COMMUNICATIONS

All written communications with me (email, letter, reports) must be copied by you to the other parent. All materials provided by you to me must be copied to the other parent. If you have not copied the other parent on materials or emails, I will ask you to do so. I reserve the right to forward emails that have

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been sent to me which have not been provided to the other parent.

CONTACTING ME

Often, I am not available directly by telephone. However, my telephone is answered by a voice mail system, which I monitor frequently throughout the day. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. Please note that I am not able to return calls to a phone which refuses calls from “blocked” numbers. Also, I cannot return a call to a pager; therefore, please leave me a number where I can reach you directly. If you are difficult to reach, please leave some times when you will be available. If you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the mental health professional on call. The Child and Adolescent Crisis Team at (408) 379-9085 is also available to respond in case of a psychiatric emergency. If I am unavailable for an extended time due to vacation, illness, or any other reason, I will provide you with the name of a trusted colleague whom you can contact if necessary.

RELEASE OF TREATMENT RECORDS

I require the consent of both parents in order to release your child’s treatment record as part of any court proceedings.

BREAKS IN TREATMENT

Occasionally I may be unavailable to meet with you and/or your child for a period of time due to vacations, illness, or other leave. I take approximately 4 weeks of vacation a year. When I take a vacation, I will provide you and your child with substantial advance notice of the break in treatment and I will always provide you with the name and number of a colleague who will be providing coverage for me during my absence. In the case of illness or other leave, I will make every effort to provide you and your child with as much advance notice as possible and, if the leave is extended, will provide you with the name and number of a colleague who will be available to work with you and your child during my absence.

MINORS AND PARENTS

Depending on your family's custody arrangements, the law may allow you to examine your child's Clinical Record unless I determine that access would have a detrimental effect on my professional relationship with your child, or to his/her physical safety or psychological well-being. It is my policy to meet with you on a regular basis to keep you informed about the progress and/or results of the therapy/evaluation I am conducting with your child. If I feel that there is a significant risk that your child will seriously harm himself/herself or another, I will notify you of my concern.

The importance of privacy in psychotherapy for a child varies depending on their age, needs, and psychological issues. In some cases privacy can be crucial to successful progress, especially with teenagers. However, parental involvement in treatment is also vitally important. To balance these needs, I may request an agreement between your child and yourself such that I will provide parents with only general information about the treatment and your child's attendance at sessions. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

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ROLE OF PARENTS/CAREGIVERS IN THERAPY

Parents/caregivers are often a vital source of information about their children and their involvement in therapy is often necessary for a successful treatment. I often request collateral meetings with parents to gather information or discuss interventions. Participation in these collateral appointments may cause you emotional distress or it may expose or create tension in your relationship with your child. While your participation can result in positive changes in your relationship, there is no guarantee that this will be the case. No record or chart will be maintained on you in your role as a collateral. Notes about you may be entered into your child's chart. Access to your child's Clinical Record is determined by your family's custody arrangement, which means those notes may be viewed by your child's other parent or by your child. It is sometimes possible to maintain the privacy of our communications. If that is your wish, we should discuss it before any information is communicated. You will not carry a diagnosis, and there is no individualized treatment plan for you.

TERMINATION OF TREATMENT

Most of the time, the decision to end treatment is a mutual decision, made with the input of both parents, the child, and myself. Occasionally, one or both parents become unhappy and wish to end therapy prematurely. In these circumstances, I request that the parents bring their concerns to me so we can discuss them. If, after this discussion, both parents agree to terminate the treatment, I will comply with those wishes. However, I ask that I have time to end the therapy with your child, a process that typically requires 3-4 sessions. If both parents agree that a transfer to a new therapist is necessary, I will facilitate the transfer in any way you choose, but again request suitable time with your child for the transition process. Finally, if both parents do not agree about termination or transfer to a new therapist, I will continue to see your child if I determine that it is clinically necessary.

PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep Protected Health Information (PHI) about your child in the Clinical Record. Depending on your family's custody arrangements, you may examine and/or receive a copy of your child's Clinical Record if you request it in writing. However, in certain unusual circumstances, such as where disclosure would physically endanger you, your child, or others; where the Clinical Record makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person; or where information has been supplied to me confidentially by others, I have the right to deny your request for access. If I deny your request for access I will give you the reasons for my denial in writing. I will also explain your right to have my denial reviewed. Unless your family's custody arrangements prevent me from doing so, I require the consent of both parents before releasing the Clinical Record for your child to any third party.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

CLIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting

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and accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

CONFIDENTIALITY

In general, law protects the confidentiality of communications between a child client and a psychologist, and I can only release information about my work to others with your written permission. However, there are a number of exceptions:

- In most judicial proceedings, you have the right to prevent me from providing any information about your child's evaluation or treatment. However, in some circumstances such as child custody proceedings and proceedings in which your child's emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.
- There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- If a client threatens to harm him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.

Should such a situation occur, I would make appropriate effort to fully discuss it with you and/or your child before taking any action if that is possible.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally and professionally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important for your child's evaluation or treatment.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. As you might suspect, the laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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Name of Child

Name of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date

Witnessed by Stephanie Raney, Ph.D.

Date