



Connections - Communication – Choices

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Office Policies and General Information

Welcome to my practice. Making the decision to see a therapist is often a difficult decision, and you have choices of providers. I appreciate your confidence in me. Since the relationship between therapist and client has been proven to be the most important factor in the ultimate “success” of any type of therapy, it is important to explain at the outset policies and procedures, to prevent future misunderstandings. Exploring psychotherapy may at first seem overwhelming. Please feel free to ask any questions at any time regarding policies, procedures, treatment goals, etc.

Nature and Length of Therapy: I find that individuals seek therapy most often when they are feeling “stuck,” – old ways and means of coping no longer work or seem to satisfy and they can’t perceive any alternatives or options. At this point, individuals may seek short-term therapy to help their immediate distress or may later choose to continue in therapy to make broader personality, behavioral or interpersonal changes. There is no formula to determine the length of your treatment. This will be determined by your needs, preferences, resources and the nature of the problems you are working on – not to mention your degree of commitment and amount of participation in your own treatment!

I work collaboratively with you, according to your treatment goals (short and long-term), time frame, type of therapy (individual, couple, family), and interventions (e.g.,cognitive-behavioral). I will coordinate your treatment with your other health care providers and significant others. I will refer you to trusted physicians as needed to provide the best holistic health care possible. For further discussion on my approach to therapy, please refer to my website: www.docfox1.com.

By the end of our initial meeting, I should be able to offer you some impressions of what focus we will take in our work together. You will be able to have some impression of whether or not you feel comfortable working with me.

Therapy has both benefits and risks. While psychotherapy usually leads to a reduction in distress, a resolution of specific problems, and an improvement in relationships, there is no guarantee that this will happen. By its nature, therapy often involves recalling unpleasant experiences that evoke feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, which are uncomfortable to experience. In addition, therapy may result in unpredictable changes in feelings, thinking, and may ultimately affect your relationships in unexpected ways.

Client Rights: You have the right to ask questions about any procedures used during therapy. You have the right to end therapy at any time. If you wish, I will provide you with the names of other qualified professionals. You have the right to view and request copies of your treatment records. Both Federal and California Law allow me to decline this request under certain circumstances. I will provide you with the reason and further information regarding your rights.

Confidentiality is the foundation of psychotherapy. As a Clinical Psychologist licensed by the State of California, I follow the guidelines for ethical and legal conduct set forth by the American Psychological Association and the State of California. This means that that whatever you say to me in therapy will not be shared with anyone, even a spouse or family member, without your written consent.

There are situations where I am bound by law to reveal information obtained during therapy without your permission. These situations include:

1. If you disclose to me your intention to inflict bodily harm to yourself or another person, present a danger to property, or are gravely disabled.
2. If you disclose physical abuse or neglect and/or sexual assault of a minor child, dependent adult, or elderly person.
3. If you are in therapy or being tested by order of a court of law, then the results of the treatment or tests ordered must be revealed in court.

If you are under eighteen years of age, your parents have the right to examine your treatment records. It is my policy to request an agreement from parents at the outset of therapy that they consent to give up this access to your records in the interests of your treatment. If they agree, I will provide them with general information on how our work is proceeding. Before giving them any information, I will discuss this with you and will do my best to resolve any concerns you may have.

At times therapy will involve more than one family member and/or significant persons. While I will attempt to follow your wishes, I will not guarantee confidentiality among participants in the therapy (i.e. secrets). I will use my clinical judgement when revealing information. Please discuss this issue with me if you have concerns about it. I will not release any information to an outside party unless I am authorized to do so by all adult family members who were part of the treatment, unless disclosure is required by a legal proceeding. In any professional consultation, your identity will be protected, unless you consent to a waiver of confidentiality in writing.

In the event that I must breach confidentiality, I will try to help clients to resolve the situation, while at the same time working to preserve our therapeutic relationship

Health Insurance and Confidentiality of Records: Disclosure of confidential information is required by your health insurance carrier or HMO/PPO/PPO in order to process claims and obtain continued authorization. Only the minimum necessary information will be communicated to your insurance carrier. If you are concerned about this issue, please feel free to discuss this further with me. Psychotherapy notes will not be disclosed to your carrier.

Confidentiality of E-mail, Cell Phone and Fax Communication: Please be aware that privacy and confidentiality of such communications are vulnerable to unauthorized access. E-mails in particular are vulnerable, due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent to the wrong address. Please notify me at the onset of your treatment if you have any restrictions on the use of these forms of communication.

How to reach me: You may leave a confidential voice message on my voice mail at: (619) 595-3892. I pick up messages frequently from 9:00 a.m. to 7:00 p.m. weekdays. I will get back to you as soon as I can. Since voice mail messages are not always reliable, if I have not returned your call with a few hours, please feel free to leave another message. Please do not expect your call, and especially a text message to be answered on a weekend. If your call is urgent, you may call my emergency line **(619) 339-8773**. I will do my best to get back to you as soon as possible. If I am out of town, my practice will be covered by a trusted colleague.

Phone calls in which therapy is rendered (i.e. discussing anything other than appointments) under 5 minutes will not be charged, assuming the phone calls are not habitual. Phone calls longer than 5 minutes will be charged at a prorated percentage of your usual session fee, after we have agreed that this phone call will be a partial or complete session. Your insurance company will not reimburse for phone sessions.

Emergencies: If you have a psychiatric emergency and can not reach me, please call 911, the Crisis Team (619) 236-3339, or go to your nearest emergency room. If there is an emergency during our work together, or in the future after termination; or if I become concerned about your personal safety or the possibility of your injuring

someone else; or to ensure that you receive proper medical and/or psychiatric care, I will do whatever I can within the limits of the law to prevent injury to yourself or others. For this purpose, I will also contact the person whose name you have provided on the Client Information sheet for emergency contact.

Fees for Services:

Initial Consultation	55 minutes,	\$225
Individual Psychotherapy	45 minutes,	\$175
Individual Psychotherapy	60 minutes,	\$225
Couples Therapy	55 minutes,	\$225
Family Therapy	55 minutes,	\$225

Payment is due at the time of service, unless we have discussed another arrangement. If you have insurance, your carrier will be billed as a courtesy. You are required to provide your insurance card, along with completed and signed forms. Your co-pay is payable on the date of service. While I will work with your insurance provider to facilitate payments, it is important that you understand that you are ultimately responsible for your bill and for understanding the terms and conditions of your insurance coverage. Not all issues/conditions/problems or services which result from psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. We will discuss any service before you are charged. Confidentiality may be waived in the event that a collection agency is needed to collect an overdue balance that we have been unable to resolve over time.

Cancellation of Appointments: Therapy is most effective when sessions are regular and consistent. Since this means that I reserve a time specifically for you, **a minimum of 48 hours notice is required for canceling an appointment.** Insurance companies will not reimburse for missed sessions. Therefore, unless we have a different agreement, without this prior notification, you will be charged my full fee for this session, with the following exceptions:

1. An emergency about which I am promptly notified.
2. I am able to reschedule you for a different hour in the same week.
3. I am able to fill the scheduled hour.
4. You cancel 48 hours in advance.

Please notify me of your cancellation by cell phone at 619-339-8773. I may not check my e-mail daily.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure in regard to many matters of a confidential nature, it is understood that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor will anyone else acting on your behalf call on me to testify in court, or at any other proceeding; nor will psychotherapy records be requested.

Termination: As therapy progresses, I will continually assess your progress with you. After you have made significant progress, we may decide to lengthen the time between sessions, to further establish and maintain the gains you have made before ending therapy. While you may end therapy at any time, the “termination” phase of therapy is most beneficial when the process takes place over several sessions. This process allows you to review and acknowledge your achievements in regard to original goals; discuss those issues that might be problematic in the future; review which aspects of your therapy were helpful (i.e. worked) and which did not. The termination

process is an opportunity for systematic detachment and closure that we rarely have outside the therapy environment.

If at any point, it appears that I may not be the best fit to help you achieve your therapeutic goals, I will discuss this with you and explore various alternatives with you. I would then provide you with a list of referrals.

I look forward to working with you and encourage you to actively participate in planning the course and direction of your treatment. Again, you are invited to discuss any questions or concerns you may have about these policies or the therapeutic process at any time.

I have read and understand the above policies and general information packet. I have been given a copy of this document and agree to the conditions outlined.

Signature	Date	Client name (print)
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Signature	Date	Client name (print)
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Karen Fox, Ph.D., Lic.# PSY14553	Date	
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