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OFFICE POLICIES AND FEES

Hello! Welcome to Therapy with Stacy. I am excited to work with you! Below you will find information about my office policies and fees. Please read it carefully and jot down any questions you may have so we can discuss them. 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 client, and the particular topics you bring forward. There are many different methods I may use to assist you with the problems that you hope to address. Psychotherapy calls for a very active effort on your part both during sessions and between sessions. Therapy is most successful when you are willing to “stretch” yourself and try new ways of thinking and acting.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who participate in 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 will experience.

GETTING THE RIGHT “FIT”

I am a firm believer that therapy works when there is a good “fit,” or match, between the therapist and the client. In general, I believe we should meet for 3 sessions before deciding if we are a good match. After our first few sessions I will be able to offer you some ideas of what our treatment together might look like. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. I am very open to feedback about your experience in therapy. I wholeheartedly encourage you to let me know when you are not getting what you want out of therapy (or when you are getting what you want!) I will make my best effort to meet your request, or, if I am unable to provide you with the approach, style, or technique that you request, I will provide you with referrals for other providers. I also encourage you to let me know if you plan to change providers. I understand that I will not be the right fit for all clients, and being aware of a change can help facilitate the ending of our therapy and the beginning of therapy with a new provider. In the event that I do not feel we are a good fit, I will be sure to discuss it with you. I will do my best to provide a few termination sessions to smooth your transition out of therapy. However, in the event you are threatening me or abusing my policies such as frequently missing appointments without giving notice, or having overdue bills, I may terminate our therapy agreement without termination sessions.

APPOINTMENT POLICY

Your appointment is reserved just for you. I will make every effort to be ready and available at our scheduled start time. In the event I am unable to attend our session (due to an emergency or illness), I will do my best to contact you as soon as possible. Intake sessions typically last 60 minutes, and follow-up sessions are generally between 45 and 50 minutes. It is important that we finish our appointment at the designated time, so I can write notes and be prepared for my next appointment. Please note, if we start our session late because you were running a few minutes behind, I will not be able to extend our session at the end. In addition, if you are significantly delayed, we may need to cancel the appointment altogether as a very short session may not be clinically productive. If this is the case, you will still be charged for the appointment unless a special circumstance exists.

CANCELLATION POLICY

Please call or email at least 24 hours before your appointment if you need to cancel or reschedule. I understand that special circumstances sometimes occur and that 24-hour notice is not always possible. Please strongly consider rescheduling if you are ill – this will help prevent the spread of illness to me and other clients (some of whom may have compromised immune systems). If special circumstances such as illness or an emergency do not apply, and you miss your appointment or do not provide 24-hour notice, you will be charged for the full appointment fee.

FEES

The first session (also called intake session) is \$150 and follow-up sessions are \$125. Other services including report writing, telephone conversations lasting longer than 10 minutes, multiple/lengthy email exchanges, attendance at meetings you have authorized, preparation of records or treatment summaries, and the time spent providing other professional services you request will be charged at my hourly rate of \$150. Activities will be charged in 15-minute segments. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.]

PAYMENT POLICY

You may pay by check, debit card, or credit card. Payment is due at the time of service, unless we discuss a financial hardship agreement and make alternative arrangements. There is a \$35 fee for returned checks. A late fee of \$25 will be applied if payments are not made within 30 days of service. Unpaid balances over 60 days may be forwarded to a collection agency. If your account is sent to a collection agency, typically only your contact information, date of service, and amount owed will be shared.

CONTACTING ME BETWEEN SESSIONS

I am often not immediately available by phone (due to not answering my phone while in session). Feel free to leave a message and I will return your call when I am able. Please note, I generally do not check my messages after 6:00pm or on the weekends. You may also email me, but I do not monitor my email at night or on weekends. Please be aware that if you do use email, you accept the risks associated with electronic communication.

EMERGENCY POLICY

I do not provide emergency services. **In the event of a mental health emergency, you are encouraged to call the National Suicide Prevention Lifeline at 1-800-273-8255 or 911. You may also go to your local emergency room.** If you are in San Luis Obispo County, the SLO Mobile Crisis can be called for non-life threatening services 24 hours, 7 days per week at 1-800-838-1381. The SLO Hotline is also available 24 days, 7 days per week for resources and suicide prevention at 1-800-783-0607.

CONFIDENTIALITY AND PRIVACY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. I am required to break client confidentiality in the following situations:

- If I believe that a **child, elderly person, or dependent adult is being abused**, I must file a report with the appropriate agency.
- If a client is threatening serious bodily harm to someone else, I am required to take protective action. These actions include notifying the potential victim(s) and contacting the police department. I may also seek hospitalization for the client.
- If a client threatens to harm themselves, I may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection.

In the event I feel the need to make a report or take protective action based on the above situations, I will do my best to inform you, unless that would put the safety of you or others at risk.

If you live in San Luis Obispo County, it is possible we may occasionally see each other outside of your appointment(s). Because I want to maintain your confidentiality and privacy, I will not initiate any communication. If you feel comfortable, you may say hello and I will respond accordingly. Small talk is appropriate; however, we should not discuss clinical issues outside of your appointments. Similarly, to help protect your confidentiality and preserve therapeutic boundaries, I do not “follow” or “friend” my clients in online platforms or social media.

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.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or may be upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

If you are involved in a legal proceeding and I am contacted about your treatment or records, I will contact before releasing your records. In most legal situations, you will initially have the right to prevent me from providing any information about your treatment. With your permission, I can contact the attorney and ask for an alternative solution, such as providing a summary of your attendance. However, I am required to comply with any subpoenas I receive. Although I may ask the judge to quash the subpoena, the judge may insist that I release your treatment records if they feel they are essential to the case. Please note, these guidelines are different if you are involved in a legal proceeding and there are questions about your mental/emotional status or damage. Similarly, if a legal proceeding is initiated between us due to a breach of contract, your treatment records will be released to the court.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to discuss any objections you may have with what I am prepared to disclose.

CONTACT INFORMATION

You will be asked to provide your contact information on the Intake Form. Please indicate if you are willing to receive confidential calls and messages. Generally the only information that is left in a message is my name and a request to return my call and/or information about an upcoming appointment. Typically, I do not leave sensitive clinical information in a message, unless you request I do so.

A note about email and electronic communication: There is no guarantee that information in or attached to emails are secure. This includes, but is not limited to, encrypted information, “secure” email services such as Gmail, or cloud-storage services such as Dropbox. If you indicate that I can contact you via email and/or if you contact me via email, you accept the risk of electronic communication.

CLIENT PORTAL

You will have access to a client portal called TheraBook that you may use for scheduling appointments and updating your contact information. Although the technology is not currently in place, TheraBook plans to develop a client portal for client/therapist communication. The information on the portal meets high levels of security; however, no electronic communication is completely free of risk of hackers, etc. Nonetheless, this is much more secure than typical email messages and I would generally encourage you to use it instead of email.

ENDING OUR AGREEMENT

I will continue to consider you a therapy client unless you fail to attend two consecutive sessions and/or fail to return my attempts to communicate. If I leave two messages and send one written letter and do not hear from you, I will consider our therapy agreement null and void.

AUTHORIZATION

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

Client Name (Printed)

Date

Client Signature

Stacy Hutton, Ph.D.

Date

INFORMED CONSENT FOR ONLINE THERAPY

I have the ability to conduct video sessions through Thera-LINK. Please note, not all clients will be appropriate for online sessions. It is important for me to meet with you in person for at least a few sessions before deciding if online sessions are possible. If you are interested in online sessions, please read the following informed consent for online therapy (if not, please leave this page blank).

Please ensure you understand the information and ask any questions before signing to give consent.

I understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. Any problems with internet availability or connectivity are outside of Dr. Hutton's control, and Dr. Hutton makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to contact Dr. Hutton at 805-858-9222.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER/DEVICE AND IN MY OWN PHYSICAL LOCATION. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and will not allow another person to use my user ID to access online services. I also understand I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording of any of the online sessions and that all information disclosed within sessions and written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

Client Name (Printed)

Date

Client Signature

Date