

Mindful Resource Center (MRC)

21 Tamal Vista Blvd, Suite 162
Corte Madera, California 94925
P: 415-634-3500
www.mindfulresourcecenter.com
mindfulresourcecenter@gmail.com

CLINICIAN:

- Julie Hartman, PhD (License # 28202)
- JoAnne Forman, MFT (License # 93812)
- Cynthia Duxbury, MFT (License # 51207)
- Katherine Schoolland, MFT (License # 103337)
- Dorinda Woodley, MFT (License # 109343)

PSYCHOLOGICAL SERVICES - POLICIES AND AGREEMENT

This document contains important information about your Clinician's professional services and business policies. Please read it carefully and ask your Clinician any questions that arise. When you sign this document, it represents an agreement between you and your Clinician. Please read this thoroughly because your signature confirms that you and your Clinician have committed to honoring these policies.

As you know, your Clinician works with a group of independent mental health professionals, under the name Mindful Resource Center (MRC). This group is an association of independently practicing professionals which share certain expenses and administrative functions. While the members share a name and office space, your Clinician is completely independent in providing you with clinical services and your Clinician is fully responsible for those services. Your professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

It is also important for you to know that Mindful Resource Center (MRC) provides administrative and management services on behalf of the independent practitioner members of this group practice. As an independent practitioner, your Clinician is solely responsible for all matters concerning your clinical care and all questions about that care should be addressed to her/him.

PSYCHOLOGICAL SERVICES: Psychotherapy, Parent Consultation, and Coaching (referred to as 'Psychological Services' herein) varies depending on the particular problems you (your child) bring(s) as a client and the orientation and approach of the professional. It is important that you select a professional that fits your (your child's) style and goals. These psychological services involve a commitment of time, money, and energy, so you should make sure you (your child) feel(s) comfortable working with the Clinician. If you (your child) have(has) questions about your work together, you (your child) should discuss them with the Clinician whenever they arise. You (your child) will work together with the Clinician to establish specific, individualized goals. You (your child) will continue to discuss treatment goals with the Clinician to (re)evaluate and/or modify the focus of the psychological services according to your (your child's) needs. There is a small risk that your (your child's) condition may worsen due to these services. For example, it can be time-consuming and stressful and can bring strong feelings such as anger, frustration, sadness, or anxiety. The results of these psychological services cannot be guaranteed.

ASSESSMENT AND TREATMENT: The initial session(s) will involve an evaluation of your (your child's) needs. Depending on your (your child's) needs, this evaluation period may take a few sessions. By the end of the initial evaluation, the Clinician will be able to offer you some first impressions of what the psychological services will include and a general plan. This verbal summary and treatment plan can be applied to work with the Clinician or toward your pursuit of another treatment provider. During this evaluation time, both you (your child) and the Clinician can decide if he/she is the best person to provide the services you (your child) need(s) in order to meet the treatment goals. If not, she/he will refer you (your child) to another professional; however, please note that even if you wish to work with another provider, you are still expected to pay for the evaluation sessions and will not, under any circumstances, have your payment refunded. After the initial evaluation, the Clinician will offer, if you will like, an estimate of the number of sessions of psychological services he/she recommends for you (your child). For most clients, therapy, for instance, ranges from 5 and 50 sessions. His/Her estimate of the duration of psychological services is only an estimate and no guarantees can be made as to the length of time required.

ALTERNATIVE TREATMENTS: Many options to the psychological services that the Clinician provides are available, including other types of psychotherapy, group, couple, or family therapy, and in many cases, medications. He/She may provide referrals for these alternative treatments when appropriate.

THE PATIENT'S ROLE: You (your child) are (is) expected to play an active role in your (his/her) psychological services, including working with the Clinician to outline goals. You (your child) may be asked to complete paperwork and/or homework assignments and your (your child's) willingness to do so is an essential part of successful outcome. If at any point you (your child) are (is) unhappy with the progress, process, or outcome of the services, please discuss this with the Clinician in an attempt to resolve any difficulties that may have arisen and to arrive at a plan that better meets your (your child's) needs. When working with children, the Clinician expects the parent(s) to participate when she recommends it in order to accomplish the child's treatment goals.

THE PATIENT'S RIGHTS: A document entitled "Patient's Bill Of Rights" adapted from a publication by the California Department of Consumer Affairs, is attached. Please read it carefully and ask the Clinician any questions you have about your rights as a patient.

AFFILIATION WITH THE MINDFUL RESOURCE CENTER (MRC): The Mindful Resource Center (MRC) is an association of independent practitioners. When you begin therapy, you are agreeing to a professional relationship with an individual practitioner and not the association as a whole. Each practitioner participates in a weekly consultation team to ensure adherence to therapy laws, ethical standards and the AMDCBT model. We have an "umbrella" of confidentiality within our Center, meaning that we coordinate care within our Associates. However, we cannot and do not pass any information on to any other professional unless you give us permission to do so or if emergency circumstances require it.

CONFIDENTIALITY: The confidentiality of communications between a client and Clinician is important, and, in general, is legally protected. The client's confidential information may not be revealed by the Psychotherapist to anyone without the client's written permission, except where disclosure may be required by law, as in the following circumstances:

- when, in the Clinician's judgment, the client is in danger of harming him/herself or the client is unable to care of him/herself
- when the Clinician has reasonable suspicion of abuse or neglect of a child, older adult (65 or older), or dependent adult

- if the client communicates to the Clinician a serious threat of violence against another person. If this occurs, the Clinician is required by law to inform the potential victims and legal authorities
- if the client communicates to the Clinician a serious threat of violence against him/her. If this occurs, the Clinician is permitted by law to inform the legal authorities
- if the Clinician is ordered by a court to release information as part of a legal proceeding
- as otherwise required by law
- If the client dies, a legal guardian or estate representative has the right to that client's records
- If the client seeks reimbursement from their insurance company, the Clinician may release information to the insurance company upon their request.
- If the client fails to pay the bill, and it becomes necessary for the Client to use a collections agency to collect the outstanding balance, he/she will release to that agency information necessary for them to make collections.
- The Clinician may have an administrative assistant handle minor office duties, such as filing, appointment scheduling, and photocopying. In these cases, his/her assistant will access only the information about the client's case necessary to handle these duties.
- The Clinician uses an electronic practice management service, known as *Therapy Partner*, to write/store the client's Clinical Record and issue statements and bills. He/She also uses an electronic merchant service for credit card transactions. These services use measures to secure data and protect client confidentiality. The Clinician is not responsible should some breach of confidentiality occur due to his/her use of these services.
- If a client elects to file a claim and/or lawsuit against the Clinician, he/she may reveal relevant client information as part of his/her defense.
- If a government agency requests information related to a healthcare oversight process, the Clinician may be required to provide information in compliance with the legal authority.

Parents: Please refer to 'Confidentiality with Minors Form', 'Collateral Agreement Form' and 'Fragrance-free Policy' form. By signing this Agreement, you have committed to complying with the content of these forms in addition to signing them to indicate your compliance.

Confidentiality and group therapy: In the event group therapy services are provided, you (your child) are expected to keep confidentiality about the materials shared within the group. The Clinician cannot be held responsible for a breach of confidentiality on the part of group members.

Additional exceptions to confidentiality by entering into treatment with the Clinician: (1) if the Clinician sees you (your child) outside of the office, he/she will not greet you unless you greet him/her first - this is a way of continuing to maintain your (your child's) confidentiality outside of sessions; (2) the Clinician doesn't keep secrets between parents - whether married or divorced. When the Clinician focuses on keeping a parent's secret in a co-parenting situation, it distracts from the child's clinical needs and therefore, decreases the effectiveness of treatment; (3) when a young adult (age 18 years or older) authorizes his/her parent to pay the Clinician for treatment, that authorization gives the Clinician permission to give the parent an invoice documenting session attendance as well as answer the paying parent's questions regarding attendance, tardiness, and quality of participation in treatment. The Clinician will protect the confidential content of your sessions as required by law, but having a parent pay for your treatment does give the Clinician permission to contact the paying parent if he/she becomes concerned about the client's well-being or treatment. (4) If the child is engaging in any self-harm activities and does not need immediate medical attention or referral for alternative treatment, this information will be kept confidential, in order to treat the issue in

session and create trust between client and therapist. If such self-harm activity requires medical attention or increases in severity over the course of treatment, your child will be referred for medical services and parent(s) will be notified based upon the above-summarized confidentiality policy. The Clinician welcomes communication about the child, but asks that the parent(s) also informs him/her that the parent(s) has passed on this information to their therapist, prior to the next session. The Clinician has this policy to model open and clear communication for the child, as well as creating a safe and trusting environment.

CONSULTATION: The Clinician may wish to consult with other professionals about treatment planning for you (your child's) case. Your signature below gives him/her permission to use information about you (your child) and/or your (your child's) psychological services provided he/she takes responsible efforts to protect your (your child's) identity. For detailed consultations about you (your child) and treatment, the Clinician will first discuss it with you, but he/she will need to obtain your permission via signature on his/her Release of Information form in order to proceed.

ENDING THERAPY: You may end psychological services at any time. When appropriate, a final session is strongly recommended for closure of your work together. There are some circumstances that require the Clinician to terminate therapy at any time. In these circumstances, the Clinician will provide referrals to alternative providers in line with your treatment needs and depending on what you prefer, the Clinician can provide a summary and/or transfer of your records to the new Clinician (with your signed Release of Information).

I have read and understand this Psychological Services - Policies and Agreement form and the Patient Bill Of Rights and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I consent (and/or authorize my child) to participate in evaluation and/or treatment with the Clinician.

I/We give permission for the following individuals to receive billing statements and receipts:

Name: _____ Email: _____

Name: _____ Email: _____

I/We agree that the Clinician may obtain the written or verbal consent of only one parent during the course of treatment for Release of Information, etc.

I/We have read, understand and agree to the office, confidentiality and no-secrets policies set forth herein and have received a copy for my records.

I/We have read, understand and agree to this psychological services agreement.

Print name of Adult/Parent/Legal Guardian _____

Signature of Adult/Parent/Legal Guardian _____

Print name of Adult/Parent/Legal Guardian _____

Signature of Adult/Parent/Legal Guardian _____

Date: _____