Brigitte L. Lank Ph.D. Clinical Psychologist License # 20599 Psychotherapy and Consultation

The Marinwood Professional Center - 2400 Las Gallinas Avenue, Suite 160, San Rafael, CA 94903 Phone: 415.272.7758 – drlank@att.net

www.drlank.com

PSYCHOTHERAPY SERVICES AND POLICIES

This document contains important information about my professional services and business policies. Please read it carefully and ask me any questions that arise. When you sign this document, it represents an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the particular problems you bring as a client and the orientation and approach of the therapist. It is important that select a therapist that fits your style and goals. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include a working diagnosis and a general treatment plan. We will work together to establish specific, individualized treatment goals. We will continue to discuss your goals throughout our work together to assess and/or modify the focus of therapy according to your needs. The results of therapy cannot be guaranteed.

CONFIDENTIALITY

Your discussions with a licensed psychologist are considered *confidential*, which means these discussions are protected by law. I may not disclose confidential information about you without your formal consent. There are situations, however, in which I am required to break confidentiality. These include the following circumstances: if you are in danger of harming yourself or another person; if you are unable to care for yourself; if there is suspected abuse or neglect of a child, older adult (65 or older), or dependent adult; if I am court ordered to release information as part of a legal proceeding; or as otherwise required by law.

PROFESSIONAL FEES

The fee for a 50 minute session of individual therapy is \$180. Fees for longer or shorter sessions will be prorated from this amount. There will be no charge for brief telephone calls. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes. Other services include telephone consultations, report writing, or other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for the professional time I spend preparing records or treatment summaries. You will also be expected to pay for my time spent testifying, even if I am called to testify by another party.

BILLING AND PAYMENTS

Payments are to be made at the beginning of each session. Payment schedules for other professional services will be agreed to when they are requested. There is a \$25 fee for returned checks. A \$25 late fee will be added for any charges past due by 30 days, and additional charges will accrue monthly for any unpaid balances. If your account has not

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been paid for more than 60 days, I may use legal means to secure the payment. This will involve either hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

Certain health insurance policies will provide some coverage for "out of network" mental health treatment, however, you (not your insurance company) are responsible for full payment of my fees. I will provide you with monthly statements that contain information your insurance company may require, however, it will be your responsibility to complete insurance forms and obtain reimbursement. It is very important that you find out exactly what mental health services your insurance policy covers as I will not contact your insurance company directly.

CANCELLATIONS, MISSED SESSIONS, AND TARDINESS

Sessions are usually scheduled once a week for 50 minutes, although on occasion some sessions may be less frequent. Once an appointment is scheduled, you will be charged for it unless you provide 48 hours advance notice of cancellation, regardless of the reason for cancellation. If it becomes necessary for me to cancel an appointment with you with less than 48 hours notice, you will not be charged for the session and your next session will be provided free of charge. Generally sessions will start on time. Sessions will end 50 minutes after the scheduled appointment time, even if you are late. Should I begin a session late, I will make up the missed time in some mutually agreeable fashion (e.g., by extending the session, if convenient for you).

CONTACTING ME

You may contact me or my voicemail at (415) 272-7758 Although I am often not immediately available by telephone, I check my voicemail regularly. I will make every effort to return your call on the same day you make it or by the next business day. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, your psychiatrist, or the nearest emergency room.

ENDING THERAPY

You may end therapy at any time. A final session is strongly recommended for closure of our work together.

I have read and understand this document 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 to participate in evaluation and/or treatment.

Name of client (please p	orint)

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Signature of client	Date			
I also certify that I hat the provisions of HII			of Privacy Pra	ctices detailing
Name of client (pleas	se print)			
Signature of client		Date		