

**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 - briglank@hotmail.com

### **Consultation Agreement**

Dr. Brigitte L. Lank is a part of an unincorporated association of independent therapists. The following document contains pertinent information regarding the policies, procedures and expectations that pertain to the services offered by Dr. Brigitte L. Lank. Please read the following information carefully and please ask questions for clarification should you need.

#### **Description of Services**

- Intervention Process Consultation

#### **Benefits and Risks**

- Although individuals who obtain therapy benefit from the process, therapeutic success may vary depending on the particular problems being addressed. Psychotherapy requires an active effort on your part. Self-exploration, gaining insight and understanding, finding ways for dealing with problems and learning new skills are generally quite useful. Some risks do exist, however.
- While the benefits of psychotherapy are well known, you may experience unwanted feelings such as unhappiness, anger, guilt or frustration. Important personal decisions are often the result of therapy. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. Although there are no guarantees, regarding a client's outcome, we believe that active participation and commitment to the therapy process will contribute to obtaining your treatment goals.
- Your feelings about whether you are comfortable working with your therapist are an important part of the process. You should discuss all of the issues related to the benefits risks, and alternatives with your therapist. If at any time you have any questions about the services being provided or your progress in treatment, you should ask for clarification. Your therapist will help you secure an appropriate consultation with another mental health professional whenever it is indicated.

#### **Professional Fees**

- Fees for individual, cojoint, and and group consultation are **\$250. /hour**. Fees for group therapy appointments will be determined and commensurate with the group's focus.
- Clients are expected to pay 40% of the estimated consultation cost at the outset
- Please notify your therapist if any problem arises during the course of your consultation or assessment regarding your ability to make timely payment.
- You will be provided with a monthly invoice for insurance and tax purposes.
- You will be billed for each session weather or not they choose to attend.
- You will be charged for appointment hours that are not cancelled within 48 hours prior to the appointment.

#### **Schedule Changes**

- We wish to support your commitment to the experience of psychotherapy, and anticipate that you will attend sessions as scheduled. However, scheduling conflicts sometimes occur, and we are happy to reschedule your session within **48 hours** notice.

#### **Length of Appointment Hour**

- The typical consultation hour is **50** minutes long.

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**Out of Session Services**

- The services we provide include the fact-to-face psychotherapy appointment hour, as well as a myriad of other services that occur outside the psychotherapy session. When these tasks involve **10** minutes or more of professional time, these services will be billed at a pro-rated basis based on the aforementioned professional fee (10 minutes or less will not be charged). Such tasks include off-site meetings, telephone conversations of more than 10 minutes with the client, with members of his/her family, and/or with other professionals involved in the client's treatment. Also included is the writing reports or letters required or requested by either the client or other entities as part of treatment.
- In unusual circumstances, you may become involved in litigation that may require your consultant's participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party.

**Confidentiality**

- Your consultant follows the highest standards stipulated by our professional ethics regulations regarding confidentiality. The confidentiality of a client's participation in services here is strictly kept and is legally protected. Normally, information can be released only with your written consent. There are, however, some exceptions: 1.) To prevent clear and immediate danger to a person or persons; 2.) In most legal proceedings you have the psychotherapist-client privilege to protect information about your treatment. However, certain court proceedings, actions before the Board of Psychology or Behavioral Sciences, or other legal activity may limit your therapist's ability to maintain confidentiality (in which case, client confidences may only be disclosed in the course of that action). 3.) In cases suspected of child or elder abuse; or 4.) If the client signs a waiver authorizing the release of information according to the terms of the waiver.
- When consultation/evaluation is done for another party such as the Social Security Administration or evaluations performed as a part of a court procedure, confidential information may be legally required to be released.
- Your consultant may furnish the information necessary to obtain reimbursement when a third party is expected to pay for some part of the cost of services.
- Your consultant may occasionally find it helpful to consult about your case with other health professionals. The consultant is, of course, legally bound to keep the information confidential. Confidential information is also released between two health professionals treating the same client.
- As you might expect, the laws governing these issues are quite complex. While your consultant is amenable to discuss these issues with you, should you need specific advice you may wish to obtain formal legal consultation.

**Treatment of Minors**

- If you are requesting services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practices as outlined for adults will apply. It is important for your child to completely trust his/her therapist and as such the therapist keeps confidential what your child says. As the parent or guardian, you have the right and the responsibility to question and understand the nature of the therapist activities and progress with your child. The therapist must therefore use his/her clinical discretion as to what is an appropriate disclosure.
- There are a number of expectations to the confidentiality as written in the law. The therapist has the duty to report information concerning suspected child abuse which includes sexual abuse, physical abuse and neglect. Another exception to confidentiality is made if your child threatens danger of committing suicide, or if your child threatens very serious, planned-out, or feasible harm to someone else.

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- In situations in which the child's parents are separated or divorced, it is important that there is protection of parent/guardian -therapist communication. Because there is no confidentiality agreement which exists for the information exchanged between the therapist and a parent/guardian, the therapist will be protective of the information as deemed in the best interest of the child.
- According to the current law, a minor may consent to mental health treatment or counseling as long as the minor is **12** years of age or older, mature enough to participate intelligently in treatment or counseling, and would present a danger of serious mental or physical harm to self or others without the treatment or counseling, or the minor is the alleged victim of incest or child abuse. This treatment may be provided by licensed marriage, family and child counselors, licensed educational psychologists, credentialed school psychologists, and licensed psychologists.
- Parents will receive a summary of the minor's treatment when it is complete. The therapist and the minor client will discuss the release of this information beforehand to resolve any concerns that may arise.

**Documentation and Release of Information**

- The initial phase of treatment consists of evaluating your situation, symptoms and goals for therapy. After two-four sessions spent in obtaining information to make an initial evaluation, a diagnosis will be identified and discussed with you. In collaboration with you we will also discuss a specific treatment plan, which assist in helping your treatment goals.
- Most insurance agreements require you to authorize your therapist to provide clinical information, a diagnosis, a treatment plan or summary, or perhaps a copy of the entire record. Once your insurance company receives this information, the therapist will have no control over actions taken regarding your permanent medical record. Diagnostic and treatment planning information may therefore become part of your medical record. By signing this treatment agreement, you are giving your consent for your therapist to communicate fully with your insurance carrier.

**Access to Records**

- You are entitled to a copy or summary of your treatment records, unless your consultant believes that seeing them would have a negative consequence for you. In that case, he/she will provide the record to an appropriate mental health professional. Professional records can be misinterpreted and or upsetting, therefore we recommend that if you wish to see your records, you review them with your therapist so you can discuss any questions you have. An administrative fee will be charged for the photocopy or preparation time required to comply with the request for information.

**Emergency Procedure**

- In case of a medical or psychiatric emergency call **911** for immediate attention.
- If and an urgent situation arises, the Marin County Community Mental Health Crisis Unit : **(415) 499-6666**.
- Should you need to contact your psychotherapist between sessions, please leave a message on her voice mail: **(415) 272-7758** and your call will be returned as soon as feasible.

**Termination**

- As a client of Dr. Brigitte L. Lank, you are freely contracting for specific services to be provided to you and/or your family members. The decision to participate in our services

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or to terminate treatment resides with you as well as with your therapist. It is recommended that the decision to terminate therapy is done in collaboration with your therapist within the context of one or more therapy sessions.

My signature below indicates that I understand and agree to the aforementioned policies, procedures and expectations. My signature also indicated that I am freely participating in the services provided by Dr. Brigitte L. Lank.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Evening Telephone Number