

Treatment/Evaluation Agreement

This document contains important information about my professional services and business policies Licensed Clinical Social Work (LCS 21637).

ASSESSMENT AND TREATMENT: I will provide an assessment of your difficulties and available treatment options. I may recommend that I provide you with cognitive-behavior therapy. Cognitive-behavior therapy has been shown, in controlled outcome studies, to provide effective treatment for a number of problems and disorders. (I will review the outcome data most pertinent to your situation upon request.) However, outcome data may not generalize to any specific case and no promises or guarantees have or can be made regarding the success of treatment. Treatment can be time-consuming and stressful; it can bring on strong feelings, such as anger, frustration, sadness, or anxiety, and may result in changes that were not originally intended (such as divorce or remaining in a relationship you believed you would leave). For people in some professions (e.g., politics, law enforcement), the fact of being in treatment may negatively affect their career. There is a small risk that your condition will worsen due to treatment. After meeting with you to assess your situation, I will offer, if you would like, an estimate of the number of sessions of treatment I recommend for you. For most patients, this ranges between 5 and 50 sessions. My estimate of the duration of treatment is only an estimate, and no guarantees can be made as to the length of treatment required.

ALTERNATIVE TREATMENTS: Many options to the cognitive-behavioral treatment that I can provide are available, including other types of psychotherapy, group, couple, or family therapy, and, in many cases, medications. Testing and other formal evaluation procedures can be helpful in some cases and if I recommend this in your case, I will let you know what my recommendation is and the reasons for it.

You are entitled to ask questions about all aspects of treatment. I will help you secure a consultation with another mental health professional whenever you request it or if I recommend it.

TRAINING AND EXPERIENCE: I am a social worker licensed to practice in California. I graduated from Indiana University/Purdue University Indianapolis with a Masters in Social Work in 1995. I have advanced training in Cognitive Behavioral Therapy from the Beck Institute in Philadelphia. I am presently registered with the Board of Behavioral Sciences as a Licensed Clinical Social Worker. I have experience in community mental health and managed my own private practice under an Indiana state license. I work with adults focusing mainly on mood disorders as well as obsessive compulsive disorders and phobias.

THE PATIENT'S ROLE: You are expected to play an active role in your treatment, including working with me to outline treatment goals and completing questionnaires at the beginning of treatment and periodically during treatment to assess progress. You will be asked to complete homework assignments between sessions and your willingness to do this is an integral part of successful treatment. If at any point you are unhappy about the progress, process, or outcome of the treatment, please discuss this with me in an attempt to resolve any difficulties that have arisen and to arrive at a treatment plan that better meets your needs.

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 raise with me any questions you have about it.

HOURS/AVAILABILITY: Therapy sessions are usually scheduled as 50-minute sessions once a week, or as your treatment needs dictate and we agree. In the event of an urgent need after hours, please leave a message for me on my voice mail. I check voice mail regularly and will get back to you as soon as I can. In addition, in a crisis, you can contact your primary care physician, the local emergency room, or crisis intervention services. When I am out of town, I will let you know, and I will give you the name and telephone number of another therapist who will be available.

CONFIDENTIALITY: The confidentiality of communications between the patient and therapist is important and, in general, is legally protected. I will make every effort to keep the results of your evaluation and treatment strictly confidential, as is required by law. Information about you will be released to others only with your written permission, with the following exceptions:

- when there is suspected elder, dependent adult, or child abuse or neglect.
- when, in my judgment, you are in danger of harming yourself or another person, or are unable to care for yourself.
- If you communicate to me a serious threat of physical violence against another person, I am required by law to inform both potential victims and legal authorities.
- if I am ordered by a court to release information as part of a legal proceeding.
- as otherwise required by law.

In the event group therapy services are provided, you are expected to keep material shared in the group confidential. I cannot be held responsible for a breach of confidentiality on the part of group members.

If you elect to seek reimbursement from an insurance company for your treatment, I will provide you with a monthly statement you can submit to your insurance company. Most insurance companies require information about your diagnosis, the type of service provided (e.g., 50-minute individual psychotherapy session), the date of the session, and the fee, and I will include this information on your statement upon your request. In some cases, insurance companies will require that the provider send information about the patient's diagnosis and treatment plan, progress reports, and other records. Please be aware that when information is sent to an insurance company, you lose control over who sees it. Almost all insurance companies state that they will keep the information confidential, but some share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future life, disability, health, and other insurance. Before I send any information to an insurance company, I will talk with you about what I have written and I will obtain your written permission to provide information to your insurance company. You do have a choice about whether to release the information requested by an insurance company, but if you refuse to consent to releasing it, most insurance programs will not pay for any services.

RECORD-KEEPING: I maintain a clinical chart for each patient. Information in the chart includes a description of your condition, your treatment goals, your treatment plan and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. I also keep records of any consent, release, assessment, insurance, or other forms completed in the course of your treatment. Clinical records are kept in a locked file cabinet.

AUDIOTAPING: You may wish to audiotape therapy sessions so you can review them at a later date. If so, you may bring a tape to the session.

CONSULTATION: I may wish to consult with other professionals about treatment planning for your case. Your signature below gives me permission to do so, provided that I do not reveal any personal information that would identify you.

FEES: Please pay fees to Deborah Efron, LCSW. Each session with me costs \$180. Longer or shorter sessions are generally prorated from this base fee. You will be charged the standard fee for telephone calls, prorated according to the length of the call. Of course, there will be no charge for brief telephone calls, such as those made to schedule appointments.

PAYMENT: Payment is due at the time of the session unless another arrangement has been made. I will send you a monthly statement if you request one.

CANCELLATIONS AND MISSED APPOINTMENTS: If an appointment is missed or cancelled without 24 hours notice, you will be charged for the session. Please be aware that insurance companies will not generally reimburse for a cancelled session.

REIMBURSEMENT: You are responsible for collecting reimbursement from your insurance company or other source. Ms Efron is excluded from Medicare under §§1128, 1156 or 1892 of the Act, no claims will be submitted to Medicare

ENDING TREATMENT: I understand that I may withdraw from treatment at any time. I understand that Ms. Efron recommends that I discuss my plan to terminate treatment with her before taking action, so that she has an opportunity to offer her recommendations, describe any potential consequences to ending treatment at that time, and offer referral options if they are needed.

I have read and understood this agreement 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 and consent to participate in evaluation and/or treatment.

Name of patient (please print):

Signature of patient: _____

Date: _____