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PSYCHOTHERAPY TREATMENT CONTRACT

Welcome to my practice. As a clinician, I am governed by various laws and regulations and by the codes of my profession. My Ethics Code requires that I make you aware of specific office policies and how they may affect you.

What transpires between you, as a patient, and me, as your therapist is confidential. I will not reveal information about you or your therapy unless you agree in writing. However, the laws of California and of HIPAA (separate handout) affirm, yet limit, confidentiality and require me to disclose information to the proper authorities under some conditions. For example: If you intend to harm yourself or another person, if there is reasonable suspicion of abuse or neglect of a child or an elder, or if you raise the issue of your mental status in legal proceedings.

I may, from time to time, seek consultation from a professional colleague in order to enhance the effectiveness of your psychotherapy. If I do seek such consultation, I will protect your privacy by not revealing any identifying information about you to the consultant.

I occasionally write up clinical cases that I work with. I always change the names and important identifying information for the cases that I write about. If you do not wish me to include clinical information about you in my writing, please indicate here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Otherwise, I will assume that you are in agreement with the possibility that I might include information about our work together. Thank you in advance for your willingness to contribute to the field of clinical psychology.

Your appointments reserve office space and my time. Therefore, if you cancel an appointment with less than 48 hours notice you are still responsible for payment of my fee. With more than 48 hours notice, you may cancel up to six (6) sessions in a 12-month period without being charged (ten (10) sessions if you have two sessions per week). Full payment is expected for any subsequent appointments missed during that 12-month period. My fee for services is $300 per hour.

You should be aware that should you decide to submit a claim for insurance reimbursement for mental health services, I would be required to provide a diagnosis of your mental condition to the insurance company. Submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or to future eligibility to obtain health, life, or disability insurance. This risk stems from the fact that mental health information is entered into insurance companies’ computers and soon will be reported to the Congress-approved National Medical Data Bank. Also, be aware that unauthorized individuals can access e-mail and cell phone communications with relative ease.

If I am on vacation or unavailable for some other reason, you will be informed in advance if possible, and will be able to reach an on-call therapist by calling my office number if an emergency should occur.

The effectiveness of your psychotherapy will greatly depend upon your active participation and regular attendance. However, psychological change is largely individual and there can be no guarantees about the results your treatment.

Your signature of this form indicates that you have read and received a copy and that you are in agreement with the policies stated in this form.

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Signature Signature Date

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Therapist Signature Date