

Charles Brinamen, Psy.D.
Office Policies & Agreement for Psychotherapy Services

This is meant as an introduction so that you can make an informed decision about working together. Please read it carefully. Let me know if you have questions or need information. Your signature on the consent form includes this document in our agreement.

QUALIFICATIONS

I graduated with a doctorate in 2000 from the California School of Professional Psychology, at Alliant International University. My pre and post-doctoral internships were at the University of California, San Francisco at SF General Hospital's Department of Psychiatry's Child & Adolescent Services Program and the Infant-Parent Program, respectively. Additional training and work experiences are available on my website. I work from a relational and developmental perspective, using aspects of psychoanalytic theories: attachment, object relations, and infant-parent. I incorporate interventions from cognitive behavioral and family systems. My adult and child clients are from a wide range of experience and backgrounds.

THE PROCESS OF THERAPY/EVALUATION

If I believe I cannot help you, I will refer you to others who work well with your particular issues. Within a reasonable period after starting treatment, we will discuss my understanding of your and/or your family's issues, my proposed treatment plan, and therapeutic objectives and possible outcomes. If you have questions about any aspect of our work together, you have the right to ask me. You also have the right to ask about other possible treatments for your condition: their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION AND FOLLOW-UP

Deciding when to stop our work together is meant to be a mutual process. The ending process can be a particularly important part of the therapeutic process so it is important to give it time. It is best if we plan an ending phase of your treatment. This is particularly important to child clients. Work with children is often about attachment, therefore, it is important that endings not be abrupt. With adults, I recommend that if a phase out is not possible, that you come to at least 2 or 3 sessions, after your decision. For children, it is best, if there is a 4-6 week period for ending.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look with you at your issues and share my judgment about treatment in your best interest. You have the responsibility to make a good faith effort to fulfill treatment recommendations to which you have agreed. If you have concerns or reservations about them, I strongly encourage you to tell me so that we can resolve differences or misunderstandings.

For parents, it is important that you bring your child to treatment regularly and on time. I cannot be helpful, if I don't see your child regularly and consistently. Also, I see your child for at most a couple of hours a week. In order to create lasting change, it is important that you participate fully in the treatment: meeting me with regularly, participating in sessions, and following recommendations for your child.

If during our work together I assess that I am not effective in helping you or your family reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be helpful. If you request/authorize it in writing, I may talk to the psychotherapist of your choice in order to help with the transition.

You're involvement is always voluntary, and you have the right to terminate treatment or consult with another therapist at any time. At your request, I will assist you in finding a qualified professional.

Charles Brinamen, Psy.D.
Office Policies & Agreement for Psychotherapy Services

If you commit violence to, verbally or physically threaten, or harass the office, my family, or me I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes. Although I hope that we'll be able to find amicable solutions, I have the right to pursue payment through collection agencies and disclose your name (without disclosing the nature of our relationship).

DUAL RELATIONSHIPS

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. Please discuss this with me if you have questions or concerns.

BENEFITS & RISKS OF PSYCHOTHERAPY

Participation in therapy can have a number of benefits: improved interpersonal relationships and resolution of the specific concerns that led you to therapy. Working toward these benefits requires your effort. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may result in changes, not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

BENEFITS & RISKS OF PSYCHOTHERAPY FOR CHILDREN and FAMILIES

With children, treatment may raise uncomfortable feelings and may cause periods of decreased or worsening functioning. These are usually temporary conditions, but are necessary to move to new phases of treatment. I ask that parents speak to me about their concerns so that we can understand them together. Sometimes, parents abruptly end treatment not realizing that this is an important phase of treatment. Although my goal with families includes improved behavior in children, it is not the only outcome of therapy. Sometimes therapy can cause decreases in behavior as a child comes to terms with trauma and parents learn new ways of managing and responding to their child's behavior. Even when behavior programs or treatments are ultimately successful, the trajectory of children's behavior usually includes an immediate improvement, followed by decreased functioning (perhaps worse than the original, which is part of the child's testing to see if the adults will remain consistent), and finally a resolution. Sometimes parents give up during the initial success or the secondary failure, which can exacerbate and prolong the long-term problems. Parenting and treatment take persistence. I will appreciate your following through and certainly welcome your frustrations and doubts along the way. I want the parent-child relationship to eventually feel easier, but as with any new program there is a period of struggle. Please let me know as soon as you have doubts so that we can address them.

Charles Brinamen, Psy.D.
Office Policies & Agreement for Psychotherapy Services

PHONE CALLS & EMERGENCIES

If you need to contact me between sessions, please leave a message on my voicemail. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know who I have covering for me if I plan not to take or respond to phone messages during my absence.

For child and family clients, emergency phone consultations of 15 minutes or less are normally free. However, if I spend more than 15 minutes in a week on the phone, listening to and responding to message, and/or reading and responding to emails I will bill you for care. That also extends to case management or coordination of care. If I plan on billing you for that time, I will discuss this with you beforehand. I will bill you on a prorated basis for that time, based on our hourly fee. In many instances and with discussion, I will visit your child's school to observe, meet with teachers, or participate in school planning.

For adult clients, that time needs to be limited to 5 minutes. If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs.

If an **emergency situation** arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service:

Dial 911 or Go to the nearest Emergency Room:

San Francisco Suicide Prevention: 415-781-0500

San Francisco General Hospital ER: 1001 Potrero Ave., SF, CA; 415-206-8111

CANCELLATIONS & LATENESS

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling your appointment. This is true for adult and child clients. I know that children get sick frequently or have activities that take them away from therapy, but in order to maintain a child practice, I need to hold families to the same 24-hour cancellation policy, regardless of reason for absence. If your child cannot come, that is often a time that we can use for parent meetings in person or on the phone.

Your full fee will be charged for sessions missed without such notification.

If you are requesting a bill from me to send to your insurance company, be aware that most insurance companies do not reimburse for missed sessions.

Please let me know as soon as you know that you will not be able to keep your scheduled appointment. If you are running late for your appointment, please phone or email me as soon as you can to let me know you will be late. If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointments and I can be on time for them.

PAYMENT & FINANCIAL ARRANGEMENTS

Standard sessions are 50 minutes. The fee is to be paid at the start of each session unless other arrangements have been made. If you are late, we will still have to end at your usual ending time. For individuals and families in treatment for over a year, fee increases will be considered each January, I will discuss this with you well in advance. I have several reduced fee slots, and I can sometimes negotiate a lower fee based upon need. I will be happy to let you know if I have openings for lower fee appointments. At your request, I will provide you with a statement containing a record of therapy appointments, fees we agreed upon, and the payments you made. This statement is your receipt for tax or insurance purposes. Please let

Charles Brinamen, Psy.D.
Office Policies & Agreement for Psychotherapy Services

me know if any problem arises during the course of therapy regarding your ability to make timely payments.

Some or all your fees may be covered by your health insurance if you have outpatient mental health coverage. However, insurance companies do not reimburse all conditions that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. As described below in the section Health Insurance and Confidentiality of records, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

CONFIDENTIALITY

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy Practices.

When Disclosure Is Required by Law: Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your General Information form.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware

Charles Brinamen, Psy.D.
Office Policies & Agreement for Psychotherapy Services

that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Confidentiality of E-mail, Voice mail and Fax Communication:

E-mail, voice mail, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. I do use hushmail, a service which promises secure, encrypted email. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not contact me via e-mail or faxes for emergencies.

Consultation: I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

COMPLAINTS

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services I have provided.

Board of Psychology: 1422 Howe Avenue, Suite 22, Sacramento, CA 95825; 866-503-3221

You are also free to discuss your complaints about me with anyone you wish and you do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want kept confidential.

I hope this answers some of your questions. Please let me know if you have concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy