

Service Agreement and Informed Consent

Welcome to my practice. I appreciate your interest and your giving me the opportunity to provide services to you. The following information is given to help you understand how we will work together, your rights as a client, and the limitations of my services. Please read this information carefully. I will also explain this information in our first meeting. Please feel free to ask me to clarify any parts that seem unclear to you. When you have read and understand this information, I will ask you to sign this agreement form.

This document (the Agreement) contains important information about my professional services and business policies. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), I have provided you with a Notice of Privacy Practices (the Notice) for use and disclosure of Protected Health Information (PHI) for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or, if you have not satisfied any financial obligations you have incurred.

Psychotherapy

Psychotherapy involves a collaboration between the client and the therapist. Your active participation is necessary to produce the most effective outcomes. I use an integrative approach to therapy that is attentive to cultural and contextual factors. Although I will adapt my approach to best meet your needs, there are some overarching values that guide my work. First, I believe that people are formed in relationships, and it is in relationships that we heal. I will likely bring focus to your past and present relationships, including, when appropriate, our relationship as therapist and client. Additionally, we will likely work to build awareness and understanding of your thoughts, feelings, and values. When helpful, we will work to modify your behaviors such that they are increasingly consistent with your identified values. Overall, I strive to help individuals develop and utilize their strengths, increase their healthy coping strategies, and foster greater self-awareness, compassion, and acceptance. The first session will include an assessment of your primary presenting concern(s) and any symptoms you may be experiencing, as well as relevant history or background information. By the end of our first or second session, we will come to an agreement and plan together on which concerns you would like to address and how we will proceed in addressing them together. At any time, you can ask questions, revisit our goals, and make changes to our plan.

Risks and Benefits

Psychotherapy is meant to provide a safe and supportive environment to explore yourself and your concerns. However, clients can experience some discomfort during the course of therapy. It is possible to experience feelings of guilt, sadness, anxiety, fear, loss, frustration, anger or other unpleasant emotions. You may also discuss or remember painful events or memories. These

experiences are usually normal and appropriate given the work you are doing in psychotherapy. I encourage you to tell me about any possible negative side effects as they occur.

Therapy may not create immediate changes in your life or fully eliminate your presenting concerns, but you can expect to experience positive outcomes. Benefits of therapy can include increased coping abilities, a decrease in unpleasant or painful symptoms, and a more fulfilling relationship with yourself and others. You may find direct benefits in having opportunities to talk through your thoughts and feelings in a safe, supportive, and nonjudgmental environment. In addition, psychotherapy can offer increased self-awareness, new perspectives, and new ways of responding to yourself and others. However, psychotherapy is a very individualized process and there are no guarantees about what you will experience.

Our Relationship

I believe that a strong working relationship is imperative to successful outcomes in therapy. Standards have been set by the American Psychological Association for the limits in the relationship between a therapist and client. These standards include keeping the information that you share with me confidential (specifics related to this will be further discussed in the “confidentiality” section of this document). Also, the standards limit us to a professional relationship only. I cannot be your friend, business partner or have a romantic / sexual relationship during or after the course of therapy.

Confidentiality and Exceptions to Confidentiality

I will treat with great care all of the information you share with me. In all but a few rare situations, your privacy is protected by state law, HIPAA, and/or by the rules of my profession. In general, I will tell no one what you tell me nor will I reveal that you are receiving treatment from me. However, there are specific limitations to the protection of confidentiality. If the following situations occur, I am legally obligated to take action:

1. To prevent a serious threat to the health or safety of an individual. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. I can notify the person, tell someone who could prevent the harm, tell law enforcement officials, or take other action as necessary.
2. To report child, elder, or dependent adult abuse.
3. To comply with court orders, legal proceedings, or a valid subpoena.

If you decide to contact me using email, please understand the limits to confidentiality if emails are sent to other recipients unintentionally or by mistake. To best protect your privacy and confidentiality, I ask that communications through email be limited to only scheduling / rescheduling appointments. If you feel you need to discuss something with me further outside of session, it is preferable that you contact me by phone.

I may occasionally find it helpful to consult with other professionals about a case. During consultation, I de-identify client information. The consultant is also ethically bound to keep the

Tameka Jackson, Ph.D.
Psychotherapy for Individuals and Couples

information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Consultations

It may be necessary for me to make recommendations for you to meet with other professionals during our work (psychiatrist, physician, nutritionist, etc.). It will be helpful for me to consult with these professionals to coordinate the best care for you. To do this, I will need to obtain your written consent to share any information, and I will only release information that is relevant to coordination of care with these professionals.

Appointments

If you decide that you would like to begin psychotherapy with me, I will schedule one 50-minute session on a weekly basis with you, although some exceptions may apply based on your circumstances. Each of us has the right to end therapy if we feel it is no longer in your best interests to continue. The decision to end therapy is carefully considered and discussed and can be a valuable aspect of our overall work. If you would like to stop therapy for any reason, I request you come for one final session to review our work together, plan for any future goals, and to have the opportunity to receive appropriate referrals or resources.

Fees, and Cancellation Policy

My fee for 50-minute sessions is \$120. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of need to cancel or reschedule.

In addition to weekly appointments, I charge \$120 per hour for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding.

Billing and Payments

You will be expected to pay for each session at the time it is held, unless we agree otherwise. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment plan. If your account remains unpaid for more than 60 days and arrangements for payment have not been made, I have the option of using legal means to secure the payment. In most collection situations, the only information released to the collection agency is a client's name, nature of services provided and amount due.

Insurance Reimbursement

At this time, I am not currently an “in network provider” for any insurance groups or panels. I am considered an “out of network provider” and depending on your individual insurance plan, you may receive partial reimbursement for sessions attended and paid for. In this case, you may submit the monthly statement of fees paid to your insurance company. You are responsible for billing your insurance company, but I will provide you with the necessary information or forms. Please let me know as soon as possible if you would like to discuss this arrangement. It is important for you to know that in order for you to be reimbursed, I will need to include dates and types of service, fees, and diagnoses on the form. It is also possible they will require more information, such as a treatment plan or summary. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier. I am happy to provide any other necessary documentation required for reimbursement.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to request a copy of your records or a summary of treatment. If you wish to see your records, I recommend that we review them together so that we can discuss the contents.

Minors and Parents

Parents and clients under 18 years of age who are not emancipated should be aware that the law may allow parents to examine their child’s treatment records. Since privacy in psychotherapy is often crucial to successful progress, we will come to an agreement, in collaboration with the parents and the child/adolescent, as to what information can and cannot be released. Any other communication will require the child’s authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Contacting Me and Emergencies

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voicemail that I monitor frequently. I will make every effort to return a message within 24 hours with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available and how late you are available to take calls.

If you have an emergency, and cannot reach me, it is best to immediately call 911, go to the nearest hospital emergency room, call Sutter Center for Psychiatry at 916-386-3000, or call the Suicide Prevention Crisis Line at 530-666-7778.

If there is an emergency during our work together, or if I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you. I am also required to contact this person or the authorities if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: _____
Address: _____
Phone: _____
Relationship to you: _____

Principals and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) and by those of the California Board of Psychology. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, I ask that you please raise your concerns with me at once. I will make every effort to hear any concerns you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the California Board of Psychology at:

**2005 Evergreen St., Ste. 1400
Sacramento, CA 95815
bopmail@dca.ca.gov
www.psyhboard.ca.gov
(866) 503-3221**

In my practice as a therapist I do not discriminate against clients because of any of these factors: race /ethnicity, age, sex, sexual orientation, health status, physical disability, religious beliefs, veteran status, place of residence, marital/ family status, or criminal record unrelated to present dangerousness. This is a personal commitment as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial /ethnic/ cultural diversity. If you believe that you have been discriminated against please bring this matter to my attention immediately.
