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## **NEW PATIENT HANDOUT**

Welcome. The following was prepared to help orient you to our work together.

### **AN OPEN LETTER TO MY PATIENTS**

I have a certain way of starting our journey together. To begin, by the end of the first few sessions I want to have a picture in my mind of who you are. Because of this I will take time to hear about your history, including family, school, relationships, health and work. I will also be asking you about your goals for therapy, knowing that you have come for very specific reasons.

Therapy is hard work. It may be one of the most difficult things you ever do in your life. If you're like most of my patients, you'll get as much success out of your therapy as you put work into it. You need to know that I do not have the power to make you better and I have never cured anyone. I have, though, in the time I've been doing therapy been privileged to assist a large number of people help themselves get better! Perhaps I will be able to help you, too, in this way.

Sometimes people wonder whether they will become too dependent upon me and never leave therapy. A related question is, "How long will my therapy last?" Let me assure you that everyone who ever started therapy with me has finished. While it is difficult to predict how long your therapy will take I can say the majority of my patients begin to experience significant changes within 6 months to 1 year. While this may seem like a long time, keep in mind 6 months of therapy is less than 3 day's work (approximately 20 hrs.). If you in the equivalent of 3 day's work can begin to take care of a problem you've developed over 1, 5, 10, 20, 30 or more years, you're doing pretty good! And while 6 months to 1 year of therapy is unquestionably expensive it's considerably cheaper than a new car or a divorce, two things many people often get in life. Consider it as an investment in learning to put on a new self (see Colossians 3:9-10).

Also, keep in mind that therapy is not something you do until all your problems are solved. We will have problems until we arrive in heaven! Therapy is a place where you learn what your work is and how to complete it. You then work on enough specific instances of the problem areas to gain the skills and confidence necessary to work it out on your own. At that point, you're done with therapy. You and I will decide together when you've reached this point. Just as we discuss the beginning of your therapy, it is just as important to discuss its ending together.

I appreciate the opportunity you have provided me to be of service to you. If you have any questions, concerns or suggestions regarding any aspect of my practice, please discuss them with me. I look forward to receiving your comments and will gladly answer your questions.

May God richly bless our work as we labor together on this part of your life journey.

#### **FEE INFORMATION**

I charge for my time. My fee is \$100 per 55-minute session. Your therapy session also includes the time necessary to make payment and schedule your next appointment. In order to maximize our time in session, please make out checks prior to our meeting. Time I spend on the telephone with you or others on your behalf is a billable expense after 15 minutes, which is prorated at my regular rate.

Fees are periodically reviewed and changed. I will provide advance notice to you before any changes are made.

#### **PAYMENT METHOD**

Payment in full (cash or check) is requested at the beginning of each appointment. Checks should be made out to: *Mindy Baba*.

#### **INSURANCE**

I do not accept insurance assignments and request that my patients pay me directly. If you have insurance coverage for psychological services, I can assist you in filing for reimbursement.

Many people do not know whether their insurance covers mental health. The best way to find out is to call the insurance company and ask, "What benefits, if any, do I have for outpatient, individual psychotherapy?" Be sure to find out

yearly dollar or session limitations, deductible amounts, need for physician referral and if they will reimburse for my work as a Licensed Marriage and Family Therapist. Be careful if you're told the company will pay 50%. Ask specifically how much they will pay you on a \$100 fee. Find out also the turn around time it takes to receive your reimbursement.

Remember; do not assign insurance benefits to me. Direct your insurance company to send reimbursements directly to you. The company may nevertheless send my office the check. If this happens, I will issue you a check at the end of the month for the amount received.

### **PAST DUE ACCOUNTS**

I ask that services be paid for in full at the time they are rendered. If you do receive a statement in the mail I request that it be paid promptly.

### **RESPONSIBILITY**

The patient (or referring parent in the case of minors) is considered responsible for payment of professional fees.

### **APPOINTMENTS**

I work with my patients on a regular, weekly basis. Almost without exception, I do not meet with patients less frequently than once per week. To do so, it creates scheduling problems and more importantly, it dilutes the therapy for you. I will make every attempt to give you a standing appointment on the same day from week to week. Occasionally, for certain kinds of problems or during times of crisis, more frequent sessions may be necessary.

If you are unable to keep an appointment please call me at 510.325.9450 and place on voice mail your reason for canceling and be sure to confirm your next session for the following week, even though you have a standing appointment. If necessary, do this in a follow-up call to my voice mail. You can also request an alternate appointment time for the same week.

Sometimes parents will want to bring their infants/young children to a session because they have been unable to arrange child care. I discourage this because we do not have the facility to watch over them in the waiting room and bringing them into session is often distracting to our work.

### **MISSED APPOINTMENTS**

If an appointment is canceled or missed without 24 hours prior notice, you will be charged for the session. The fee for a "late cancellation" (less than 24 hours notice) is \$100. The fee for a "no show" (no notice prior to beginning of session) is also \$100. Most people do not find this policy burdensome. If you need to cancel it gives me a reasonable amount of time to offer the slot to someone else who needs it. I will not charge you for canceling due to a serious medical emergency or natural disaster.

### **EMERGENCIES**

In the event of an emergency (for example, thinking or planning to hurt yourself or someone else, being physically abused or threatened, experiencing a panic attack, symptoms of psychosis, or any other situation in which you feel out of control) I expect you to call me immediately, regardless of the hour, day or night. My work number is 510.325.9450. If you feel at high risk, please call the police or suicide hot line or the local hospital. Leave your message and a number(s) where I can reach you.

### **PUNCTUALITY**

I make every effort to meet with you at the time we agree upon and ask you to do likewise. However, in my profession, emergencies and other situations demanding of my time can arise without notice.

### **ENDING THERAPY**

Your therapy will one day come to an end. At some point you and I will sense your readiness to "graduate". It is very important that we discuss this together in session. Please be good to yourself and speak fully in session (not a message on voice mail!) about leaving therapy as thoroughly as we speak about your entering into it.

Also, therapy is a difficult process and strong feelings are often stirred up. You may at times feel strongly negative or positive toward yourself or me. It is extremely important that you share these feelings with me in session, to the best of your ability. Patients who prematurely terminate therapy because of these feelings without discussing them are often turning back from the brink of a breakthrough in facing and understanding an important truth about themselves.

## **CONFIDENTIALITY**

I place a high value upon the confidentiality of the information that my patients share with me. The following was prepared to clarify the legal, ethical, and moral responsibilities regarding this important issue.

### **RELEASE OF INFORMATION TO OTHERS**

Personal information that you share with me may be entered into your records in written form. Other than me, no one has access to your personal file. In addition, I may not discuss your case with anyone without your written permission. I may request or you may wish me to share information in your record with someone else (for example, your physician or another therapist). You will first be consulted and asked to sign a form authorizing transfer of the information. Because of the often sensitive nature of information contained in records, you may wish to very carefully discuss the release of this material before you sign. The form will specify the information that you give me permission to release to the other party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice.

### **EXCEPTIONS TO CONFIDENTIALITY**

There are several important instances when confidential information may have to be released to others.

- If you tell me that you are going to harm yourself or someone else and I believe your threat to be serious, or if you are gravely disabled and unable to take care of yourself, I am obligated under the law to take whatever actions seem necessary to protect you and anyone else involved from harm. This includes divulging confidential information to others.
- If I suspect any abuse or neglect towards a child, elder, or dependant adult, I am obliged by law to report this to the appropriate state agency. The law is designed to protect these people from harm.
- If you are involved in litigation of any kind and inform the Court of the services that you are receiving from me (making your mental health an issue before the Court), you may be waiving your right to keep your records confidential. Consult your attorney regarding such matters before you disclose to the Court that you are receiving treatment.

In summary, I will make every reasonable effort to safeguard the personal information that you share with me. There are, however, certain instances when I may be obligated to release such information to others. If you have any questions about confidentiality, please feel free to discuss them with me.

**PLEASE SIGN AND KEEP FOR YOUR RECORDS**

"I acknowledge that I have read, understand, and been given a personal copy of the therapy handout."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

**Please read and sign, and return to Mindy Baba.  
(This document will be retained in your file at my office)**

I have read the therapy handout and understand the limits of confidentiality, the fee schedule, my payment responsibilities, cancellation policy, and what to do in an emergency.

I agree to follow these perimeters of counseling.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)