

Dr. Sara Denman, PsyD

Licensed Psychologist

Lic # Psy 19808

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OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provided you (patient) with information that is additional to the HIPPA Notice of Privacy Practices.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (patient's) written permission, except where disclosure is required by law.

When Disclosure is Required by Law: Situations where disclosure is required by law include: reasonable suspicion of child, dependent or elder abuse or neglect; and where a patient presents a danger to self, to others, to property, or is gravely disabled.

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When Disclosure May be Required: Dr. Sara Denman prefers not to be involved in litigation involving patients, therefore it is requested that you (patient) share any known possibility of legal involvement prior to beginning treatment. Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Sara Denman.

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Health Insurance and Confidentiality of Records: Dr. Sara Denman does not accept insurance. If you would like to be reimbursed by your insurance provider for visits with her, you will have to submit the required forms but Dr. Denman will provide you with a superbill upon request. You must be aware that disclosure of a mental health diagnosis is required on the superbill for

insurance companies to reimburse you and that diagnosis goes into your permanent medical record.

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Confidentiality of E-mail and Cell Phone Communication: It is important to be aware that e-mail and cell phone communication can be accessed by unauthorized people and hence, the privacy and confidentiality of such communications can be compromised.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, workers comp claims, etc), neither you (patient) nor your attorney, not anyone else acting on your behalf will call on Dr. Sara Denman to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested.

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Telephone and Emergency Procedures: Texting Dr. Sara Denman is the best way to communicate with her. If there is an emergency, please text her at (925) 323-0515. If you prefer, you can leave her a voicemail at the same number. If you need to speak with someone immediately, please call 911 or the 24-hour county psych unit at (925) 646-2800. Please be aware that Dr. Denman does not provide emergency services and if you feel this may be required, inform Dr. Denman prior to treatment and a referral for someone better suited to your needs will be provided.

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Payment: Patients are expected to pay the standard fee of \$195 per 50 minute session. Consultations, phone calls, report preparations are all billed at the same fee. Payment is expected at each session to avoid accruing debt.

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MEDIATION AND ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation. In the event mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Contra Costa County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is

filed. In the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Sara Denman can use legal means (court, collections agency, etc) to obtain payment.

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THE PROCESS OF THERAPY: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of specific concerns. Working toward these benefits require effort on your part such as honesty, openness to new ideas. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings. Change will sometimes be easy and swift, but more often it will be slow and even frustrating at times. There is no guarantee that psychotherapy will yield the intended results. During the course of therapy, Dr. Sara Denman will likely draw on various psychological approaches according to your goals and the presenting issues. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, systems-family, attachment theory, psycho-educational, mindfulness, DBT or ACT.

TERMINATION/REFERRALS: Dr. Sara Denman does not accept all patients and if she determines she is not a good fit for you, she will provide you with referrals who she believes may be better suited to help you reach your goals.

DUAL RELATIONSHIPS: Not all dual relationships are unethical or unavoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Sara Denman’s objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Danville is a small town and some patients may know each other or see Dr. Denman in the community. Dr. Sara Denman will never acknowledge working therapeutically with anyone. In addition, Dr. Denman will never discuss you with other patients. If a situation arises where you feel your therapeutic relationship has become uncomfortable or compromised, please discuss concerns with Dr. Denman and referrals will be made or adjustments accommodated as needed. In an attempt to limit potential dual relationships or exposure of patients, Dr. Sara Denman will not accept client “friends” on social media.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client Name (print)

Date

Signature