



Laura C. Kauffman, Ph.D.

843 El Camino Real

Menlo Park, CA 94025

(650) 763-8583

CA PSY#23071

Outpatient Psychotherapy Contract and Consent for Parents of Clients Under the Age of 18

This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask me any questions that arise. When you sign this document, it represents an agreement between us.

Psychological Services

Psychotherapy varies depending on the particular problems being treated and the theoretical approach practiced by the providing psychologist. Our first few sessions will involve an evaluation of your child's current problems, concerns, and needs. By the end of the evaluation period, I will offer you my clinical impressions and a recommended approach to treatment. During this time, it is important that we both consider if I am the best person to provide the services your child needs to meet specific treatment goals. If indicated, a referral to a more appropriate therapist will be provided (e.g., your child's presenting problem is outside the scope of my clinical expertise). The goals of therapy are arrived at by mutual collaboration between me, you, and your child. The goals we establish will be reviewed during the course of my work with your child in order to assess and/or modify the focus of therapy according to your and your child's needs. If any questions or concerns about our work together arise at any point during treatment, please feel free bring them to my attention.

Family Involvement in Treatment

Your child's treatment is most likely to be successful if you are fully informed and actively involved. At the end of our initial session, I will provide you with information and reading materials about your child's problem(s) and the treatment approach we are using so that you will be fully informed.

The degree of your involvement with your child's treatment will be based on his/her age, your family situation, and the nature and severity of your child's problems. We may decide that an individual treatment approach would best suit your child's needs. In this case, I would meet with your child for one- on-one sessions on a weekly basis, or more frequently if necessary.

Over the course of treatment, I will call you periodically with updates on your child's progress. I may also begin a dialogue with you about how you can help your child at home. You are welcome to call me at any time during the course of your child's treatment to ask questions or to share information about your child. In addition, you are always welcome to schedule an appointment to meet with me privately, with your spouse or partner, or with your child.

Confidentiality

Confidentiality is a cornerstone of the therapist-client relationship. Therapy is most effective in the context of a trusting, supportive, confidential therapist-client relationship. In addition, the ethical standards of my profession require that my work with you and your child remains confidential.

It is important for children and adolescents discuss their problems and concerns with a neutral party without fear of judgment or repercussions. Thus, the specific information your child discusses with me during individual sessions will remain private between the two of us. However, in some rare instances, if something emerges in a therapy session that I believe should be discussed with you, the parent(s), I will work with your child to consider strategies for sharing the information with you, whether I would disclose to you with your child's permission or I would support your child's efforts to disclose to you directly.

The only occasions in which I would disclose something discussed in treatment without you or your child's permission are as follows:

- **Child Abuse or Elder Abuse.** I am mandated by law to report cases of suspected child abuse (of children and youth under age 18) and elder abuse (of adults over age 60) to the appropriate authorities. The purpose of the mandated reporting laws is to protect the public from predators, who tend to be repeat offenders.
- **Suicide.** If you, or your child, are in imminent danger of killing yourself, I will need to breach confidentiality in order to keep everyone safe. This may include informing family member(s) or taking action to see that you are admitted to a hospital.
- **Homicide.** If you or your child disclose to me that you or he/she is planning to kill or hurt someone, I am required by law to inform the police, inform intended victim(s), and inform any other necessary individuals in order to prevent loss of life.
- **As mandated by law.** For example, if I receive a subpoena, I may be required to submit your child's records as part of a legal proceeding.

These situations are relatively rare. If a similar situation occurs in your case, I will make every effort to discuss it fully with your child and you before taking any action.

Record Keeping

The laws and standards of my profession require that I keep treatment records. These may include information about your child's diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures (e.g., report of child abuse), and other information. You have a right to view your child's records unless doing so would be likely to cause you substantial harm, endanger your life or physical safety, or pose a significant risk of harm to another individual.

Professional Fees

The fee for a 50-minute psychotherapy session is \$210. In addition to weekly appointments, similar fees (at a prorated amount of the hourly fee) will be charged for other needed professional services, such as telephone calls lasting longer than 15 minutes, consultation with other professionals in relation to your child's treatment (e.g., your child's teacher, a prescribing physician, previous treating therapists), review of psychological reports and records, and legal proceedings requiring my participation. In general, payment is expected at the time of each session. Cash or personal checks are the preferred method of payment. If you would prefer to pay for services on monthly basis, a statement can be provided for you each at the end of each month. If you ever have difficulties with your bill, please feel free to discuss your finances with me as soon as possible. If your account has not been paid for more than 60 days and arrangements for

payment have not been agreed upon, I reserve the right to use legal means to secure payment, which may include retaining the services of a collections agency or initiating a small claims suit.

Insurance Reimbursement

I am not currently contracted with any insurance providers. Certain health insurance policies will provide some coverage for “out of network” mental health treatment. This usually occurs as reimbursement for fees you have already paid for clinical services. I will complete forms and provide you with any information you may need to receive these benefits; however, please be aware that it is your responsibility to provide payment before submitting this information to your insurance company. Because not all clinical services are covered by every insurance provider, it is important that you find out exactly what mental health services your insurance policy covers at the outset of therapy.

Please be aware that most insurance companies require psychologists to provide them with certain information regarding their client’s treatment (e.g., diagnosis, treatment plan, treatment summary, fees). If I am required to provide information about your treatment to an insurance company for purposes of fee reimbursement, I will first request your authorization and written consent for release of this information.

Cancellations and Missed Appointments

If you wish to change a scheduled appointment, it is important that you provide at least 24 hours advance notice, in order avoid being billed for the session. Exceptions to this are physical illness or any unanticipated circumstance that could reasonably be called an “emergency”.

Late Payments

There will a returned check fee of \$25.00 should there be any problems clearing your check. If, for any reason, you do not pay your bill at the time of service or within 30 days from the date of your monthly invoice, a \$35.00 late fee will be assessed for each 30 days that you do not pay. I understand that it can sometimes be difficult to stay on top of bills and payments. Thus, if you should have any concerns or questions about your fee or monthly invoice, please contact me, so that we can discuss it. If you do not pay your bill for more than 60 days and suitable arrangements for payment have not been agreed to, Dr. Kauffman has the option of using legal means to secure payment, including the use of collections agencies or small claims court. If such legal action is necessary, the costs of such proceedings will be included in the claim. In most cases the only information released about a client in such a process would be your name, the nature of the services provided, and the amount due.

Contacting Me

Although I am often not immediately available by phone, I check my voicemail on a regular basis. I will make every effort to return your call on the same day you make it, or by the next business day at the very latest, with the exception of weekends, holidays, and periods that I have pre-arranged to be out of town. If you are unable to reach me and feel that you cannot wait for me to return your call, dial 911 or proceed to your nearest emergency room immediately.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of Guardian

Date

Signature of Guardian

Date

Printed Name of Client