



LORRAINE KAY HUTCHINSON, Psy.D.

Individual, Marriage and Family Therapy - LMFT-21518

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Office Policies & General Information Agreement for Psychotherapy Services

Please refer to the Notice of Privacy Practices for important additional information.

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

DISCUSSION OF TREATMENT PLAN

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. You also have the right to ask about other treatments for your condition and their risks and benefits. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 75-minute session per week at a time we agree on, although some sessions may be longer or more frequent and will be charged accordingly.

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DUAL RELATIONSHIPS

Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs therapist's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with patients. The community in which we live is often smaller than we think and many patients may know each other. Consequently, you may bump into someone you know in the waiting room or into in the community. I will never acknowledge working therapeutically with anyone without your written permission. As a rule I avoid engaging in any dual relationships, if at all possible. If there is a dual relationship (e.g., both serving on some type of community board) and you become uncomfortable at any time, it is your responsibility to notify me. I will listen carefully to your concerns, and respond accordingly to your feedback. I will discontinue the dual relationship if I find that it interferes with the effectiveness of your therapeutic process or your welfare, and, of course, you can do the same at any time. I also will not accept any friend request on any social and/or professional networking groups or sites (such as Facebook, LinkedIn, and Twitter).

TERMINATION OF TREATMENT

If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if you provide a written consent, I will provide the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with the names of other qualified professionals whose services you might prefer.

PROFESSIONAL FEES

\$250 for a 45-minute session

\$375 for a 75-minute session

\$500 for a 90-minute session

In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. These services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Attendance at meetings with other professionals you have authorized and other such services performed away from the office may be charge at time and a half or the hourly rate \$375..

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I generally have a policy of not communicating with your attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in your legal matters. I will generally not provide records or testimony unless compelled to do so. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, the patient, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance. Because of the difficulty of legal involvement, I charge \$1000.00 per hour for preparation and attendance at any legal proceeding.

Patients are expected to pay for services at the time services are rendered. Cash, Zelle, checks, debit, FSA/HSA and credit cards are accepted.

INSURANCE REIMBURSEMENT

The patient is responsible for any and all fees reimbursed or not by his/her insurance company, managed care organization, or any other third-party payor. Patient is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

I am not a contracted provider with any insurance company and/or, managed care organization. Should you choose to use your insurance, I will provide you with a statement, which you can submit to the third-party of your choice to seek reimbursement of fees already paid. If the said insurance company requests further documentation, you will be responsible for the cost of preparation of such documents based on my regular hourly fee.

CANCELLATION POLICY

You are responsible for payment of the standard fee for any missed session(s). You are also responsible for payment of the standard fee for any session(s) for which you failed to give at least 24 hours' notice of cancellation. Cancellation notice should be left on my voice mail at (408)996-2533. Please keep in mind that insurances do not reimburse or pay for missed or cancelled sessions.

NO CHILDREN ALLOWED UNLESS PART OF TREATMENT

Since the office is not set up for babysitting, it is asked that all patients arrange for babysitting of children away from the office. If you bring children with you who are not included in treatment, you will be asked to reschedule. However, you will still be responsible to pay for the session at the usual and customary fee.

THERAPIST AVAILABILITY

I am often not immediately available by telephone. Even while I am in my office, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by confidential voice mail that I monitor frequently. I will make every effort to return your call 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. If your number does not accept blocked calls, please be aware that I often return calls when I am away from the office. On some of those occasions, I may be using a number that I cannot unblock. I will therefore have to call you whenever I return to the office which may delay my response time. If you have an urgent call or need to cancel or reschedule your appointment, please call the office and use the 03 option. Your call will be forwarded to my cell phone. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room, and ask for the therapist or psychiatrist on call or the psychiatric screening nurse. If it is life threatening, please call 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

I may take notes during session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records. Such records are the sole property of the therapist. I will not alter my normal record keeping process at the request of any patient. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain the patient's records for 5-7 years following termination of therapy. However, after that time, your records will be destroyed in a manner that preserves your confidentiality.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

CONFIDENTIALITY

Most of the provisions explaining when the law requires disclosure are described to you in the Notice of Privacy Practices that you received with this form.

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It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails, in particular, are vulnerable to such unauthorized access due to the fact that email hosts have unlimited and direct access to all emails that go through their email servers. Faxes can easily be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication medium or devices. Please do not use email or fax for emergencies.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

In general, the privacy of all communications between a patient and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that 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 at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

LITIGATION LIMITATIONS

Due to the nature of the therapeutic process and the fact that it often involves making 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, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

TERMINATION OF THERAPY

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the patient needs are outside of my scope of competence or practice, or the patient is not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. It will also attempt to ensure a smooth transition to another therapist by offering referrals to you.

ACKNOWLEDGEMENT

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with me, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with me. Moreover, you agree to hold Lorraine Kay Hutchinson, Psy. D. free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Patient Name (print)	Date	Signature (Patient or Guardian)
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Patient Name (print)	Date	Signature (Patient or Guardian)
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NOTICE OF PRIVACY POLICIES

I acknowledge receipt of the Notice of Privacy Policies

Patient Name (print)	Date	Signature (Patient or Guardian)
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