Betsy Bates Freed, Psy.D.
Licensed Clinical Psychologist
California License # PSY25652
2400 Bath Street, Suite 202
Santa Barbara, CA 93103
(805) 979-3440

Office Policies, Privacy Practices, and Confidentiality

I value the opportunity to be of service to you. Please review the following policies and feel free to discuss them with me. Once we have discussed these and you agree to them, please sign at the end of this document. I would be happy to make a copy for your records.

The Process of Psychological Treatment

Most children and adults adjust well to relationship issues, personal challenges, and unexpected life events. However, at times, it can be helpful to seek the advice and expertise of a licensed professional psychologist or other therapist who can diagnose problems that may be interfering with normal coping mechanisms or resiliency. The treatment process and duration will vary depending on your goals, personality, and the particular problem for which you are seeking help. Treatment generally involves a series of 50-60 minute sessions with a clear goal in mind.

My psychological orientation draws on cognitive behavioral, interpersonal, multicultural, existential, and family systems approaches to psychotherapy. The focus of my practice is health psychology, which involves assisting people with medical diagnoses as they adjust to treatment regimens or altered life circumstances, or as they pursue changes in health behaviors to live more full and active lives. I also work with people who have relationship challenges, or who are coping with depression, anxiety, grief, or post-traumatic stress.

It is important to know that treatment, while often very useful, can, at times, be uncomfortable. You may experience unpleasant thoughts or strong feelings like sadness, guilt, anxiety, anger, loneliness, or frustration. This is a natural reaction to the therapy process and often provides the basis for change. It is my goal to propose to you different ways of looking at, thinking about, or handling situations. Change may be gradual and may be frustrating at times. I value open communication. If you are uncomfortable with our sessions or the feelings that arise from them, please let me know right away.

Treatment can result in a number of benefits to you, including improved interpersonal relationships, reduced symptoms, and resolution of specific problems that led you to seek therapy. Most people who receive treatment do benefit; however, there is no guarantee that psychotherapy will yield positive or intended results. While I will work to the best of my ability to help you achieve the meaningful change you seek, success depends on many factors including your motivation, effort, and such life circumstances as your interactions with family, friends, and others.

Plan of Treatment

Our first few sessions will usually involve the evaluation of your needs. Very soon, I will be able to discuss with you my initial understanding of your difficulties, whether I believe you can benefit from treatment, my therapeutic objectives, the procedures used in the course of therapy, and my view of the possible outcomes of treatment.

Treatment involves an investment of time, money, and energy, so you should decide carefully if you want to proceed. If you have unanswered questions about the treatment plan, you have the right to ask and receive a complete answer. I believe in working collaboratively with patients to help them reach their goals. Successful therapy requires a good “fit” of patient and psychologist.

I do not accept patients whom I do not believe I can help. If at any point I determine that I am not effective in helping you reach your therapeutic goals, I will discuss this with you and, if appropriate, discontinue treatment and offer you the names of other qualified professionals who might better meet your needs. If

you request and authorize it, I will talk to the professional of your choice in order to provide essential information to them to facilitate a transition. You have the right to discontinue therapy at any time; please talk with me about the possibility of terminating beforehand so that I can provide you with names of other qualified professionals who might be able to assist you, should you still require and desire therapy.

Fees

Initial Diagnostic Examination, 60 min.	$150.00
Individual Psychotherapy, 50-60 min.	150.00
Individual Psychotherapy, 30 min.	75.00
Couples Counseling, 50 min.	150.00
Group Therapy, 90 min.	45.00
Psychological Testing, per hr.	150.00
Telephone Consults, over 10 min., per hr.	150.00
Preparation of Reports/Summaries, per hr.	150.00

A limited number of appointments may be available on a sliding scale basis for patients with genuine financial need.

Responsibility for Payment

Payment for all fees is due and payable at the time services are rendered. Services will be charged directly to the patient unless you have Medicare, Aetna, or another insurance plan that I accept. I accept major credit cards, cash, or personal checks.

Insurance

I am a **Medicare** provider, so I accept Medicare as payment for my services. (If you do not have a secondary plan, you may have a deductible/co-pay.) I am also a network provider for **Aetna** insurance (UCSB and Aetna PPOs). By signing this agreement and providing me with your insurance card, you authorize me to bill these carriers on your behalf.

As a general policy, if you want to use health insurance other than Aetna or Medicare, I request that you pay me directly at the time service is rendered, and then you may obtain reimbursement from your carrier. I recommend that you clarify your mental health benefits with your carrier before incurring the cost of services. Be mindful of the fact that if you choose to bill insurance through your employer, limits may be imposed on the number of visits you may be eligible for and certain information (such as your diagnosis) can be requested from me.

I am happy to help you process your insurance claim-form for reimbursement if you provide a completed form any time that one is needed. Alternatively, upon request I can provide you an itemized “Superbill” that you can submit to your company to obtain reimbursement. If I bill your carrier for you, you hereby authorize payment of benefits to me for services rendered.

Appointments

If you are late for a session, I usually cannot extend the appointment to make up for lost time. **If you do not appear for a scheduled appointment or if you cancel your appointment with less than 24 hours prior notice (in the absence of a true medical emergency), you will be personally charged the full amount of the appointment**. Regardless of coverage, third-party payers will not reimburse for appointments which are not kept or which are canceled on short notice.

Release of Information to Third-Party Payers

Disclosure of medical information regarding the conditions being treated and the services being provided is generally required by insurance companies or other third-party payers for billing or quality assurance purposes. You, as the patient, or the person responsible for the bill hereby authorizes release of this information as requested by third-party payers for this purpose. While insurance companies generally

assure patients that no information will be released to your employer or other third parties, once information leaves this office, I cannot guarantee its security.

Delinquent Payment

I realize that temporary financial problems may affect timely payment of your account. If such problems do arise, I ask that you contact me promptly for assistance in the management of your account. In circumstances of unusual financial hardship, I may be willing to negotiate a plan.

Failure to pay fees when they are due may result in rescheduling your appointment or suspending service to you. If an outstanding balance accrues and remains unpaid 60 days after the billing date, and suitable arrangements for payment have not been agreed to, bills may be submitted for collection including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. Checks returned by the bank are subject to a $35 service charge.

Notice of Privacy Practices and Licensure

I have built my practice in this community on a foundation of integrity, respect, and professionalism. These values are reflected in my longstanding commitment to protect your privacy. Fully advising me of your physical and emotional condition is important in allowing me to provide optimal service to you. In order for you to feel trusting and comfortable doing this, your privacy is of the highest priority. That is why I want you to know how I protect the information you share with me. Psychologists are bound by professional standards of confidentiality that are often more stringent than those required by law; therefore, I always protect your right to privacy to the best of my ability.

It is my goal and professional obligation to hold your health information in confidence to the greatest degree possible. In general, everything you disclose to me is confidential, with a few exceptions I will outline here. Know that I will never use or disclose any more of your information than is necessary to accomplish the purpose for which the use or disclosure is made.

1. If you are using health insurance, it will be necessary for me to disclose limited personal information to your insurance company to obtain eligibility and benefit information as well as to bill and collect payment for the treatment and services provided by me to you. For example, I usually have to provide your name, address, employer, social security number, date of birth, diagnosis, and dates that services were rendered.
2. You may authorize me to share relevant information with physicians and other members of your medical team.
3. ***By law, confidentiality is waived if I believe that you may be a danger to yourself or others and/or if I believe that a child, elder, or dependent adult may be in danger or has been abused. In such a case, I will seek help and warn others, as dictated by law and case law.***
4. When I am treating minors under

age 18, I will abide by confidentiality standards but may share with parents, guardians, and/or non-custodial parents, information about your treatment and progress. As a child, you have the right to confidentiality, but your parents, including a non-custodial parent, have a right to know about your treatment. Unless there is a serious danger, I will provide parents with only general information about the content of sessions held with teenagers.

5. In the event I am incapacitated, I have designated one trusted colleague to administer all confidential matters as necessary for the continuity of your care. You hereby authorize me to release your information under these circumstances.
6. In rare instances, a court of law can require release of records for judicial proceedings. In such cases, I will release only such information as required to meet the order of the court.
7. In the interest of best practices and patient care, I sometimes seek consultation with other professionals on cases and would disguise your identity if I were to seek guidance in such a manner.
8. If I am seeing you as a couple, I will not withhold information from the other partner in our therapy together. I will not release my records of these sessions to either partner without the consent of the other.

Email, texts, and other social media communication

You may send emails or texts to my professional addresses, but if you choose to do so, please be aware that these forms of communication are not confidential and protected to the same degree as mail or phone communications. In general, I prefer such communications to be limited to issues such as appointment times, etc. I comply with HIPAA regulations in encrypting my computer and cell phone and keeping my records in a safe and locked office environment.

Questions or Complaints about Privacy

If you have questions or believe your privacy has been violated, you are encouraged to address your concerns with me. You may also contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, DC 20201, by calling (202) 619-0257, or by accessing the internet at http://www.hhs.gov/ocr/hipaa.

Licensure and Oversight of Psychologists in California

As a licensed clinical psychologist, I am registered with the California Board of Psychology. My license number is CA PSY25652. Questions, complaints, and a review of board actions against any psychologist can be obtained by contacting the board at 1625 N.

Market Blvd., Suite N-215, Sacramento, CA 95834. Office main line (916) 574-7720, Toll Free, (866) 503-3221. The board's website address is: http://www.psychboard.ca.gov

Receipt and Acknowledgment of Office Policies and Notice of Privacy Practices

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Dr. Bates Freed's office policies and the Notice of Privacy Practices.

I understand that if I have any questions regarding this notice or my privacy rights, I can contact Dr. Bates Freed at 2400 Bath Street, Suite 202, Santa Barbara CA 93105 (805) 979-3440.

After you have signed this form, you have the right to revoke it at any time by writing a letter telling me that you no longer accept the terms, and I will comply with your wishes about using or sharing your information from that time on unless I am required to do so by law or to the extent that I may already have used or shared some of your information.

I have read, understood, and agreed to the policies and conditions stated above. I have clarified any questions before signing this consent. I consent to treatment by Dr. Betsy Bates Freed. .

_____ _____

Signature of Patient **Printed Name**

Date_____

_____ _____

Signature of Personal Representative, if other than patient *Printed Name*

*Date*_____ *Relationship to patient (for example, parent or guardian)*_____

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Signature of Therapist (Betsy Bates Freed, Psy.D.) **Date**