

# **CRAIG CARLSON, Ph.D., PSYCHOLOGIST, INC.**

## **OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

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

**When Disclosure is Required by Law:** Some of the circumstances where disclosure is required by the law are: When there is a reasonable suspicion of child, dependent or elder abuse or neglect. Also, when a client presents a danger to themselves, to others, to property, or is gravely disabled and cannot function independently. Disclosure may also 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. Carlson. In couples therapy, family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Carlson will use his clinical judgment when revealing such information. Dr. Carlson will not release records to any outside party unless he is authorized to do so by the adult family members who were part of the treatment.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier, HMO/PPO/MCO/EAP in order to process your claims. If you or we submit your services to your insurance company, only the minimum amount of information will be communicated to the carrier. Dr. Carlson has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and so will also be reported to the National Medical Data Bank.

**Litigation Limitation:** Due to the nature of litigation, it often involves making disclosures with regards to many matters which may be part of the confidential psychotherapy process. It is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Dr. Carlson to testify in court or at any other proceeding. Nor will a disclosure of the psychotherapy records be requested. If you believe such litigation may be inevitable, please discuss it now with Dr. Carlson.

**Telephone & Emergency Procedures:** If you need to contact Dr. Carlson between sessions, please leave a message on the voice mail (858) 755-2359 and your call will be returned within 24 hours. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the 24-hour crisis line at (888 724-7240).

**Payments & Insurance Reimbursement:** The fee for service is \$165 per 50-minute session. Clients are expected to pay fees at the end of each session unless other arrangements have been made. Telephone conversations, report writing, consultation with other professionals, reading of records will be charged at the hourly rate of \$175 unless indicated and agreed otherwise. Please notify Dr. Carlson if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Not all issues/conditions/problems, which are the focus of psychotherapy are reimbursed by insurance companies. Oftentimes marriage counseling is not covered by insurance companies, as it is not deemed a medical necessity. You are responsible for paying for sessions that are not reimbursed by your insurance. It is your responsibility to verify the specifics of your coverage.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Dr. Carlson will discuss with you his working understanding of the problem, treatment plan, and therapeutic objectives. If you have any unanswered questions about any of the procedures used in the course of your therapy, please ask Dr. Carlson. You also have the right to ask about other treatments for your condition and their risks and benefits.

**Cancellation Policy:** Since scheduling of an appointment involves the reservation of time specifically, for you, a minimum of 48 hours (2 days) notice is required to reschedule or cancel an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**By signing below, you acknowledge your consent for treatment and your understanding of the limits of confidentiality. Additionally, you understand the payment and insurance reimbursement policy, including the fees for late cancellations or missed appointments.**

**I have read the above Agreement for Psychotherapy Services, Office Policies and General Information carefully. I understand them and agree to comply with them. (If you have any questions, please ask Dr. Carlson during your initial session).**

_____	_____	_____
Client Name (print)	Signature	Date
_____	_____	_____
Client Name (print)	Signature	Date

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Website: craigcarlsonphd.com

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**HIPAA NOTICE OF PRIVACY PRACTICES**

**This office complies with the HIPPA Notice of Privacy Practices, which went into effect on April 14, 2003.**

**The policy is available in my office for review at any time.**

**I acknowledge receipt of this notice**

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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