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OFFICE INFORMATION AND CONSENT FOR TREATMENT

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it and jot down any questions you might have so that we can discuss them at our first 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 psychologist and client, and the particular issues you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not a passive process. 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 challenging 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 many benefits. 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will offer 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. Therapy can involve a commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If you have

persistent doubts, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I think of the first 2 to 4 sessions as an evaluation, though the work may already get underway. During this time, we can decide if I am the best person to provide the services needed in order to meet your treatment goals. If we agree to go forward, we will usually schedule weekly 50-minute or 80 minute sessions at a time we agree on. In a sense, this time slot is reserved for you and, for this reason, I charge my full hourly rate for appointments cancelled with less than 48 hours advanced notice if they are not rescheduled within the same week.

PROFESSIONAL FEES

My fee is \$250 per 50 minute psychotherapy session and \$350 for 80 minute session, unless we have agreed otherwise. 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. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Because of the difficulty of legal proceedings and the negative impact they can have on a psychotherapy relationship, we agree that you will not call upon me to be involved in any such cases. If you become involved in legal proceedings that nonetheless require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at any legal proceeding.]

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Please make checks payable to Adam Eigner, Ph.D. Payment schedules for other professional services will be agreed to when they are requested. [In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

INSURANCE REIMBURSEMENT

I am not a provider with any insurance company, but some insurance companies will reimburse you for my services as an out of network provider. Upon request I will provide you with a receipt for services if you wish to submit a claim with your insurance company.

CONTACTING ME

I am generally reachable by phone between 9 AM and 5 PM Tuesday through Friday. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends, holidays and vacations. If you are difficult to reach, please inform me of some times when you will be available. 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 mental health worker on call. 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

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I can send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist 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 must [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 am [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. 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.

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

Client Signature(s) _____

Print Name(s) _____

Date _____

Therapist Signature _____ Date _____

Adam Eigner-Herrera, Ph.D.