



Assessments • Consultation • Counseling

OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOLOGICAL SERVICES

Welcome to Summit Center. This document contains important information about our professional services and business policies. Please read it carefully and jot 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.

THE PROCESS OF THERAPY: Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant or difficult aspects of one's life, one 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 what you (or your child) may experience.

THE PROCESS OF EVALUATION: The goal of an evaluation is to provide a better understanding of an individual's strengths and challenges at several levels – neurocognitive, intellectual, academic, social, emotional, and behavioral. The assessment process entails test administration and a written report with or without recommendations. In addition, depending on the scope of the evaluation, an assessment may include parent and/or child interview(s), behavioral measures, and post-evaluation consultation meeting(s). If you are interested in an assessment for you or your child, the process will be discussed in detail, and the assessment process will be tailored to meet your questions and goals. The costs associated with the assessment will be discussed and agreed upon before proceeding.

PARENT AUTHORIZATION FOR MINOR'S MENTAL HEALTH TREATMENT: In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify us immediately. We will ask you to provide us with a copy of the most recent custody decree that established custody rights of you and the other parent, or otherwise demonstrates that you have the right to authorize treatment for your child. Summit Center values the relationships that children have in their lives. As such, Summit Center believes it is important that all parents have the right to know, unless there are extenuating circumstances, that their child is receiving mental health evaluation or treatment.

DISCUSSION OF TREATMENT: Within a reasonable period of time after the initiation of treatment, we will discuss our working understanding of the problem, treatment plan, therapeutic objectives and our view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask, and answers will be provided. If you or the child could benefit from any treatment that we do not provide, we have an ethical obligation to assist you in obtaining those treatments.

www.summitcenter.us

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TELEMENTAL HEALTH CONSULTATION: If it is deemed clinically appropriate, Telemental Health Consultations with a Summit Center mental health practitioner can be arranged per client or parent request. Telemental Health Consultations involves the use of audio, video or other electronic communications to interact with you. Summit Center Telemental Health appointments will only be conducted by videoconferencing via Google Meet, which is HIPPA compliant, or by telephone conference. There are potential risks to this technology including interruptions, technical difficulties or possible unauthorized access. This appointment will not be the same as a direct client/health care provider visit due to the fact the client/parent will not be in the same room as the health care provider.

TERMINATION: If at any point during psychotherapy or the evaluation we assess that we are not effective in helping you or your child reach the therapeutic or evaluation goals, we are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, we will give you a number of referrals that may be of help to you or your child. If you request it and authorize it in writing, we will talk to the psychotherapist or evaluator 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 mental health practitioner, we will assist you in finding someone qualified. You have the right to terminate therapy or the evaluation at any time. If you choose to do so, we will offer to provide you with names of other qualified professionals whose services you might prefer.

PROFESSIONAL FEES: Fees are based on the practitioner. Prior to beginning services you will be given a fee agreement form which outlines the costs associated with your services. In addition to face-to-face consultation/therapy/evaluation services, we charge for other services you may need or request including telephone conversations lasting longer than 10 minutes, lengthy e-mail communications, letters, attendance at meetings you have authorized, preparation of treatment summaries, and other requested services.

CANCELLATION POLICY: We require **48 business hours-notice** if you need to change or cancel a previously scheduled appointment. Otherwise, we will have to charge you the full amount of the appointment. We are holding this time for you and will be unable to fill it in less than 48 business hours. Summit Center's business hours are Monday-Friday from 8:30am-5pm.

BILLING AND PAYMENTS: You will be requested to complete a credit card authorization form prior to beginning services. Your credit card will be charged after each service. Summit Center has the right to postpone additional services if a prior account balance has not been paid, if the credit card on file cannot be authorized, or if prior payment arrangements have not been made. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. Our Billing Department can answer any questions or address billing concerns at billing@summitcenter.us.

INSURANCE REIMBURSEMENT: Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Upon request, Summit Center can provide Superbills, which you can then submit to your insurance company for reimbursement if you so choose. You should be aware that most insurance companies require you to authorize Summit Center to provide them with a clinical diagnosis. Sometimes additional clinical information such as treatment plans or summaries are needed. This information will become part of the insurance company files and will probably be stored in a computer. Though insurance companies claim to keep such information confidential, Summit Center has no control over what they do with this confidential information once it is in their hands. Not all mental health related services/diagnoses or conditions are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

CONTACTING US: While we are usually in the office between 8:30am-5pm, we may not be immediately available by telephone. When unavailable, our telephone is answered by voicemail. Please note that our administrative staff will make every effort to return your call within 24 business hours. If you are unable to reach us and feel you cannot wait for a returned call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If your mental health practitioner will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

MINORS: If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to request an agreement from your parents that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.

RESEARCH: Summit Center contributes to the scientific community by integrating research into our practice. We would like your permission to use your or your child's testing data anonymously for research. All identifying information (e.g., names, birthdays, background information, etc.) will be removed. In addition, data will be aggregated so the individual client's data will not be identifiable. There are no foreseeable risks or discomforts to the client for taking part in this study, and this study will be handled in a highly confidential manner. Only Summit center staff who de-identify the files will know that you have decided to provide permission for the data to be used. Outside researchers will never have access to you or your child's identity. Any reports or publications based on this research will use only group data and will not identify you or your child or any individual as being part of this project.

The decision to participate in this research is up to you. We will be happy to answer any questions you have about our ongoing studies. If you have further questions about this project or have a research-related problem, you may contact the principal investigator, Stephen Chou, Psy.D., or our Research Associate, Charlotte Beard, M.S.

_____ I give consent for the Research Team at Summit Center to use my/my child's information for research at Summit Center.

CONFIDENTIALITY: All information disclosed within 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: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

WHEN DISCLOSURE MAY BE REQUIRED: Disclosure may be required pursuant to a legal proceeding. If you place your or your child's mental status at issue in litigation initiated by you, the defendant may have the right to obtain mental health treatment records and/or our testimony. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. We will use our clinical judgment when revealing such information. We will not release records to any outside party unless we are authorized to do so by all adult family members who were part of the treatment.

EMERGENCIES: If there is an emergency during our work together, or in the future after termination where we become concerned about you or your child's personal safety, the possibility of you or your child injuring someone else, or about you or your child receiving proper psychiatric care, we will do whatever we can within the limits of the law, to prevent you or your child from injuring yourself or others and to ensure that you or your child receive the proper medical care.

LITIGATION LIMITATION: Due to the nature of the therapeutic or evaluation process and the fact that it often involves making a 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 (client's) nor your attorney's, nor anyone else acting on your behalf will call on us to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If you become involved in a legal proceeding that requires our participation, however, you will be expected to pay for our professional time even if we are called to testify by another party. Due to the particularly demanding requirements of the legal system, we charge \$500 per hour for these services, regardless of which "side" of a legal conflict calls on us to participate.

CONFIDENTIALITY OF EMAIL, CELL PHONE AND FAX COMMUNICATION: It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify us 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 devices. Please do not use e-mail or faxes in emergency situations.

CONSULTATION: Summit Center professionals consult with one another in order to provide the highest and most effective level of care and treatment. I give Summit Center professionals permission to consult about my/my child's needs when they feel it will be helpful to my/my child's treatment goals.

E-NEWSLETTER: I agree to receive email communications from Summit Center including the monthly e-newsletter, and other marketing updates and event information. _____ Initial here if you would like to opt out and NOT receive the e-newsletter. You may still unsubscribe at any time.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client Name (Print)	Signature	Date
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For Clients Under the Age of 18:

Parent Name (Print)	Signature	Date
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For Clients Under the Age of 18:

Parent Name (Print)	Signature	Date
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