

Administrative Information – Jeri Ryan, Ph.D.

This memo describes my professional policies. A clear understanding of these arrangements can make our work together far more rewarding and helpful. If anything seems confusing or unfair, feel free to discuss your concerns with me at the initial evaluation. I'd be more than happy to review any of these topics with you and answer any questions you may have.

Instructions. Put a check (✓) in the column to the right of each item to indicate whether or not you understand and agree with it. If you feel confused or unsure, simply check "Needs discussion." Thank you!

		I agree	I do not agree	Needs discussion
1. Scheduling	I schedule the next session at the start of each session because your needs for treatment may vary from week to week. If you feel extremely distressed, it might be helpful to meet more frequently, even for several days in a row, until the crisis is over. When you begin to feel better, it may be appropriate to taper sessions and meet less frequently. All that being said, if you want a standing appointment each week at the same time, I'd be happy arrange for this. That is often the most useful in expediting treatment.			
2. Duration of therapy	This varies greatly from person to person. Some patients with mild struggles have been helped in just a few sessions. Others with more severe struggles or difficulties may require many months of hard, persistent work before they feel better. It's difficult to predict this ahead of time.			
3. Length and frequency of sessions	I usually schedule 50-minute to 1-1/2 hour sessions once a week. If you'd like to schedule extended sessions, or more frequent sessions, this may greatly speed up your recovery. Double or triple sessions can be extremely effective. Most therapists meet with patients for an hour a week, but there's never been any research that showed it was the best way to learn or grow. My own experience indicates that intensive treatment often works far more quickly and can have long-lasting effects. If you'd like to set up an intensive treatment model, let me know. Surprisingly, intensive treatment can sometimes reduce the cost of treatment since the rate of recovery may be much faster. I recommend at least 1-1/2 hours per week.			
4. Billing and Fees	Patients pay for each session at that session. I do not send out monthly statements, but can provide you with receipts if you need them. I will not bill third parties for your therapy. If someone else, like a parent, wants to pay for your treatment, that's fine. However, they will have to pay you, so you can pay me at each session. I want to be clear that you're my boss. I'm working for you, and not someone else. The standard fee is \$130 for 60 minutes, \$165 for 75 minutes and \$195 for 90 minutes. I accept cash, checks or credit cards (Master & Visa).			

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<p>5. Insurance policies</p> <p>I am in the process of joining one or more insurance networks. I recommend contacting your insurance company prior to our first appointment to obtain a written statement regarding reimbursement rates for out-of-network providers. It is important to ask about deductibles, the maximum number of sessions, the maximum amount of reimbursement per year, etc. I will provide written receipts for all services rendered at the time of payment to facilitate filling out these forms. Your insurance company will be able to help you fill out these forms.</p> <p>If your insurance company wants me to complete any forms about the treatment, I will be happy to so. I will show you the forms so you will have knowledge about any information I provide. In fact, I will ask you to send them to the insurance company yourself.</p> <p>Medicare: At present, I am not a Medicare provider. If you are a Medicare member, you must discuss this with me prior to our meeting so that we can arrange to opt out of Medicare for the purposes of this treatment.</p>			
<p>6. Canceling sessions</p> <p>I require a 48-hour notification to cancel a session for any reason. If you provide this advance notification, I will not charge you for the session. If you do not provide me with a 48-hour notification, you will be charged for the missed session. If I can fill your slot at the last minute, I will not charge you for the cancelled session, even if you give me less than 48 hours notice. If I miss or have to cancel an appointment, you will not be charged.</p>			
<p>7. Emergency phone calls</p> <p>In certain cases, you may need to call me if a problem develops between sessions. For example, if you're experiencing an extreme reaction or suddenly feel suicidal, I want you to call me right away. If a phone consultation is needed, I will charge for the time we spend together at my usual rate, based on the length of the call. Often, I can schedule additional sessions with you at the office within a day or two of your call, if you need extra help.</p> <p>I hope you will keep phone calls between sessions to a minimum, because, as you can imagine, I also need time to unwind. This allows me to be at my very best when I see you. If you think you will need to call me frequently between sessions, we should discuss this at the initial evaluation. If you believe you are having a life-threatening emergency and are unable to contact me or the psychiatrist covering for me for any reason, you should go to the nearest emergency room or call 911.</p>			

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<p>8. Patient confidentiality</p>	<p>I will not provide information about your treatment to others without your permission. Even if a family member calls to inquire about you, I cannot reveal that you are my client, unless you give me permission to speak with them. Even then, my discussions with any third party would be limited to the specific topics you have given me permission to discuss. For this reason, if you would like me to speak with a relative, it is often preferable that we meet, the three of us, during a regular appointment or a portion of an appointment.</p> <p>If anyone provides me with information about you, via phone call or letter, I will share that information with you. In other words, I will not keep any secrets from you or withhold any information from you. However, there are a few areas where I may be required by law to violate the rules of patient confidentiality. These include imminent threats of suicide, violence or homicide, as well as any pattern of child or senior citizen abuse that you may reveal, or that I may become aware of as we work together.</p>			
<p>9. Suicidal feelings</p>	<p>Most depressed individuals struggle with suicidal thoughts and urges from time to time. I will monitor for suicidal thoughts during every therapy session. If they are present, we can discuss them in more detail. If at any time you become actively suicidal (for example, if you have a plan to commit suicide and intend to act on it), I may recommend hospitalization. This can be helpful, even life-saving.</p> <p>If you intend to commit suicide, but are not willing to be hospitalized voluntarily, then I am required by law to contact family members or the police to arrange an immediate evaluation for involuntary hospitalization. I'd be happy to discuss this or any policy with you in person, and to answer any questions you may have about it.</p> <p>If you require frequent hospitalizations despite our work together, I will refer you to a psychiatrist who specializes in inpatient treatment.</p>			
<p>10. Violent feelings</p>	<p>Feelings of anger, including violent fantasies, are also common, and you can explore these feelings during therapy sessions. However, if you ever threaten to kill or do something violent to another person, and I feel that the threat is credible, I am required by law to contact the authorities and to warn the potential victim. This amounts to a violation of our confidentiality but is required by law.</p>			
<p>11. Child or adult abuse</p>	<p>If I discover you are abusing a child, senior citizen, or any other person, I am required by law to report the problem to the authorities and to violate our confidentiality agreement.</p>			

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	I agree	I do not agree	Needs discussion
12. Meeting outside of sessions			
13. Business dealings			
14. Disability claims and legal issues			
15. Premature termination			
16. Gifts			
17. Books, journals, or articles that you've written.			

12. Meeting outside of sessions	I do not meet with patients, friends or family members of patients outside of sessions for any reason.
13. Business dealings	I do not get involved in any business dealings with patients. Our work together will focus on the struggles and situations you are seeking help.
14. Disability claims and legal issues	I do not do disability evaluations or sign disability claims, since this represents a conflict of interest. If you wish to be evaluated for disability, I can suggest the names of forensic experts who can provide that service for you. I will not provide copies of my evaluation, or reports of our work together, to anyone involved in a disability claim. Similarly, if you are involved in any legal action, such as a divorce proceeding or a lawsuit, I will not testify in your behalf or provide copies of my records or reports of our work together unless I am legally forced to do so by a judge. Here's the rationale for this policy. If you recover and I have to report that to someone who is providing disability payments, then you could lose that income. This conflict of interest could prevent us from working together effectively. But if I don't have any involvement in any forensic issues, we can work together toward your recovery without any competing concerns about financial gains or losses.
15. Premature termination	If you become discouraged between sessions or feel the urge to drop out of therapy for any reason, I'd strongly encourage you to come in for an additional session to discuss your feelings. This often leads to a therapeutic breakthrough. One of the memos I sent you deals with this vitally important topic in more detail. If you are not comfortable with this arrangement, and want the right to drop out between sessions, please let me know at the initial evaluation.
16. Gifts	I do not accept gifts from patients or family members of patients because this is considered an ethics violation.
17. Books, journals, or articles that you've written.	Sometimes, patients give me copies of books or other materials they've written and ask me to read them between sessions. I do not read these kinds of materials between therapy sessions. However, if they seem relevant to my understanding of your problems or our work together, I'd be happy to review them with you during one of our sessions. In many cases, your verbal summary of anything you've written will be sufficient.

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<p>18. Psychotherapy homework</p>	<p>I will ask you to do homework between sessions, including written assignments. These assignments can greatly enhance your understanding and speed your recovery. Generally, 10 to 20 minutes per day will be sufficient. We will review your psychotherapy homework together during sessions. The Concept of Self-Help Memo will tell you more about this important aspect of our work together. If you are not willing to do psychotherapy homework, or feel you cannot do the homework for any reason, please let me know at the initial evaluation.</p>
<p>19. Relapse prevention</p>	<p>Therapy has two goals. Feeling better and getting better. Feeling better means that you overcome your symptoms and solve the problems that brought you to therapy, for individual, couples or families. If you're suffering from depression or panic attacks, feeling better means that the depression and panic attacks will diminish. Feeling better is tremendously important!</p> <p>Getting better means that you learn the tools to deal with any emotional or relationship problems that might emerge in the future. This is vitally important because no one can be happy forever. We all run into bumps in the road from time to time. But if you know how to deal with painful mood swings or conflicts with other people, they won't be such a threat or a problem.</p> <p>Before we end our work together, I'll need at least one final session so I can teach you some relapse prevention techniques and review our work together. Then, if you ever need a tune-up in the future, you'd be welcome to return so we can try to manage the problem in the right away. That will make the ending of our therapy work together more comfortable and enlightening for you. You can stop coming to sessions when you feel joy and self-esteem again, because you'll know that you can return anytime in the future if you have the need. In many cases, only a few sessions, will be required to overcome a relapse, especially if we've done good work together initially.</p>
<p>20. HIPAA</p>	<p>I have reviewed and signed the Privacy Practices information on page 6-7.</p>

Description of Privacy Practices

This is a summary of the clinic’s privacy practices, describing how medical information about you is used and disclosed and how you can get access to this information. If you would like more information, please feel free to discuss these matters with me personally. You can also read about The Health Insurance Portability and Accountability Act (HIPAA), which is legislation that governs the electronic transfers of health data. This information can be found on the Internet at <http://www.hhs.gov/ocr/hipaa/>

Definitions

“Medical Records”: Your medical file will contain the following information (at a minimum): medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment, results of clinical tests, and any summary of diagnosis, functional status, treatment plans, symptoms, prognosis or progress.

“Psychotherapy Process Notes” are notes taken by me during the session that contain details of the psychotherapy conversation. These are not considered to be part of the medical record. These “process notes” are protected from access by your insurance provider. Your insurance provider will not have access to these notes unless you authorize the release of these records in writing and your insurance provider cannot refuse to pay for rendered services based on your decision.

Privacy Practices

You have the following rights regarding your medical Records:

1. You may inspect and obtain a copy of your medical records
2. You may add an addendum to or correct your medical records
3. You may request an “accounting of disclosures” of your medical information that documents any releases of your medical information
4. You may request restrictions on certain uses or disclosures of your medical information
5. You may request that we communicate with you in a certain way or at a certain location
6. You may request a full written version of the privacy practices

My disclosure of your medical information will be only for the following purposes:

1. To provide you with medical treatment and services
2. To bill and receive payment for the treatment and services you receive
3. For functions necessary to run the clinic and to assure that all patients receive quality care
4. As required or permitted by law

In certain situations, I may disclose your medical information without your authorization, including:

1. For worker’s compensation or similar programs
2. for public health activities (e.g., reporting abuse or reactions to medications)
3. to a health oversight agency, such as the California Department of Health Services
4. In response to a court or administrative order, subpoena, warrant or similar process
5. To law enforcement officials in certain limited circumstances
6. to a coroner, medical examiner or funeral director
7. to organizations that handle and tissue procurement or transplantation

Access to “Psychotherapy Process Notes” is limited to:

1. The originator of the notes (i.e., the mental health practitioner)
2. Students, trainees or practitioners who are enrolled in supervised training programs may share the information with their supervisors
3. Practitioners may use these notes to defend a legal action or other proceeding brought by the patient against the practitioner
4. For lawful [health oversight](#) activities or as otherwise required by law
5. For coroners or medical examiners, if the patient is deceased
6. Where, consistent with applicable law and the standards to ethical conduct, there is a good faith belief that the use or disclosure of the information is necessary to prevent or lessen a serious threat to health or safety

My signature indicates that I understand the clinic’s policies including the privacy practices as outlined above:

Signature: _____ Date _____