



Angela Copeland Psy.D.

Angela Copeland, Psy.D. PSY22974 3525 4th Avenue San Diego, CA 92103

Office Policies and Informed Consent

The Process of Therapy

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. Within a reasonable period of time after the initiation of treatment, Dr. Copeland will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Copeland's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. Dr. Copeland provides neither custody evaluation recommendation nor prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

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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 written permission except where disclosure is required by law. The following circumstances which require disclosure by law are: *where there is reasonable suspicion of child, dependent, or elder abuse or neglect; where a patient presents a clear and present danger to self, to others, to property, or is gravely disabled; or when a patient's family members communicate to Dr. Copeland that the patient presents a danger to others.* If Dr. Copeland becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

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. Copeland. In couples therapy and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or family members, unless otherwise agreed upon. Dr. Copeland will use her clinical judgement when revealing such information. Dr. Copeland will not release records to any outside party unless she is authorized to do so by **all** adult parties who were part of the couples or family therapy or other treatment that involved more than one adult patient.

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Litigation Limitations

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, and lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on Dr. Copeland to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

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Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

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E-mails, Cell Phones, Computers and Faxes

E-mails, faxes, and important texts are considered part of the medical records. However, it is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Dr. Copeland's computers are equipped with a firewall, a virus protection, and a password and she also backs up all confidential information from her computers on a regular basis, however her e-mails are not encrypted. Please notify Dr. Copeland if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell phone or faxes. If you communicate confidential or private information via e-mail or text, Dr. Copeland will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via e-mail/text. Please do not use e-mail, text or fax for emergencies.

*Please limit the use of texting and emailing to scheduling matters.

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Records and Your Right To Review Them

Both California law and standards for a clinical psychologist require that treatment records be kept for a minimum of seven years from the patient's discharge date or seven years after the minor reaches the age of 18. If you have concerns regarding treatment records, please discuss them with Dr. Copeland. As a patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Copeland assesses that releasing such information might be harmful in any way. In such circumstances, Dr. Copeland will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Dr. Copeland, will release information to any agency / person you specify. When more than one patient is involved in treatment, such as in cases of couples or family therapy, Dr. Copeland, will release records only with signed authorizations from **all** the adults (or all those who legally can authorize such a release) **involved in the treatment.**

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Emergency Procedures

If you need to contact Dr. Copeland between sessions, please leave a message at (760) 449-1888 and your call will be returned as soon as possible. Dr. Copeland checks her messages during the daytime only; unless she is out of town. If an emergency situation arises, indicate it clearly in the message and if you need to speak to someone right away call *San Diego's Psychiatric Emergency Services at (619) 692-8200, San Diego's 24 Hour Access and Crisis Line at (888) 724-7240* or the *Police at 911*. Please do not use text, e-mail or faxes for emergencies. Dr. Copeland does not always check her e-mail or faxes daily and generally responds during the weekdays Monday-Friday.

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Mediation and Arbitration

All disputes arising out of, or in relations to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen in agreement of Dr. Copeland and the patient(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego County, California, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the forgoing, in the event that your account is overdue (unpaid) and there is no agreement plan, Dr. Copeland can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

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Social Networking

To avoid compromising your privacy and confidentiality, Dr. Copeland does not accept friend requests from or communicate with former patients on social networking sites, such as Facebook. For this same reason, she requests that patients not communicate with her via social networking websites.

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Payment Policies

1. For clinical services Dr. Copeland's standard fees are: \$175. per 50 minutes for Individual therapy sessions, \$200. per 60 minutes for Couples or Family therapy. An adjusted fee may be arranged if necessary and will be established prior to commencement. Extended sessions are prorated at the rate of the session fee. All payments must be made at the time of service. A service charge of \$15. will be assessed in addition to the fee for service if payment is delayed. Failure to pay for services could also result in postponement or cancellation of future visits.
2. Certain services are not included in the per session fee. For example: collateral consultations, report/letter writing and reading, etc. beyond 15 minutes will be charged at the rate of \$30. per 15-minute increment.
The charge for telephone consultations lasting more than 15 minutes will be prorated based on the set fee for therapy session.

Please notify Dr. Copeland, if any problems arise during the course of therapy regarding your ability to make timely payments. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement or a payment plan, Dr. Copeland can use legal or other means (courts, collection agencies, etc.) to obtain payment.

When you schedule a session, that time is reserved solely for you. For this reason, a 24 hour notice of cancellation is required or you will be charged the full fee for the session. It is understandable that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If this occurs, please provide 24 hour notice and an attempt to reschedule you within the same week will be made.

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Termination

Dr. Copeland, intends to run her therapy practice ethically and with the upmost integrity, therefore she does not accept patients whom she believes she cannot help. If at any point during therapy, Dr. Copeland, assesses that she is not effective in helping you reach the therapeutic goals or that you are non-compliant, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such case, she will give you referrals for alternate therapy services. You have the right to terminate therapy at any time.

"I have read the above Office Policies and General Information Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully; I understand them and agree to comply with them."

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Name of Patient (Print)

Signature

Date

Name of Patient (Print)

Signature

Date