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PSYCHOTHERAPY GUIDELINES, POLICIES AND CONSENT FOR TREATMENT

Welcome to my practice! This document contains important information about my professional services and business practices. Please read and we will then review it together and I will answer any questions you may have.

Therapeutic Process: Psychotherapy is a process of self-exploration that involves working together with your therapist to better understand and address the issues in your life which may be causing you problems. Sessions are scheduled as a 50-minute appointment. Frequency of sessions and length of treatment varies, depending upon circumstances and the nature or severity of the issues or problems. Progress depends upon a variety of factors and requires motivation and effort on your part. Psychotherapy may result in a number of benefits to you, including: a reduction in distress and resolution of the specific concerns that led you to seek treatment, increased self-understanding, life satisfaction and improved relationships. While the course of therapy is intended to be helpful, it may also be difficult and uncomfortable at times. Working toward these benefits requires effort on your part and may result in considerable discomfort. Unexpected feelings, such as, sadness, fear, anger, frustration or guilt, may arise. Such feelings are often a natural part of the therapeutic process and may ultimately lead to positive changes.

Confidentiality: Your treatment and the information you reveal to me during the course of treatment is confidential and under most circumstances can only be released with your permission. There are, however, specific situations in which I am required by law to reveal disclosed information. These legally mandated circumstances are as follows:

If you reveal any information which leads me to reasonably suspect that a minor, dependent or elder adult is being abused or neglected, I am legally mandated to report this information to the appropriate child or adult protective services agency.

If you threaten to physically harm someone, I am legally mandated to warn the intended victim and notify police.

There are other circumstances where I may disclose confidential information. If I reasonably believe that you present a danger to yourself, others or the property of others, I may disclose any information necessary to prevent that danger.

In addition, if you raise your mental status as an issue in a legal proceeding, your right to confidentiality under therapist/patient privilege may be forfeited. Furthermore, if I receive a subpoena from a court of law, I will be required to provide the requested information.

Fees and Payment: You are expected to pay the agreed upon fee, or your co-payment, of _____ at the end of each session, unless other arrangements have been made. If I am a contracted provider through your insurance carrier and services have been authorized, I will bill your insurance directly, according to their policies. If you wish to submit your own claims to your insurance carrier for reimbursement directly to you, I will provide you with an invoice. If your insurance denies reimbursement, you are still responsible for the payment to me of all services rendered. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. Non-payment may result in the use of a collection agency.

Cancellation: Since the scheduling of an appointment involves the reservation of time specifically for you, I request a minimum of 24 hours notice if it becomes necessary for you to reschedule or cancel an appointment. The full fee may be charged without such notification. For those utilizing insurance, missed sessions will not be covered by your insurance. You are responsible for the full fee usually paid by your insurance, not just your co-pay, if you late cancel or fail to keep an appointment.

Contact and Emergency Procedures: If you need to contact me in between sessions, you can leave me a message at 925-901-4992 and I will make every effort to return your call, as soon as is practically possible for me, within 24 hours. While I do not charge for very brief phone contacts, any phone call of 10 minutes or more will be prorated and billed accordingly. I check my voice mail several times a day, but generally not during the night, or if I am on vacation. If your call is urgent, requiring immediate assistance that cannot wait for me to return your call when I am able to, you may then contact the local crisis line for Contra Costa County at 925-472-0999. In a life threatening emergency you should call 911 or go the nearest emergency room.

CONSENT FOR TREATMENT

I understand and agree to all of the above specified terms of treatment. By signing below, I give my consent for Dr. Devlin Kelly to carry out psychological evaluation and treatment. I understand that if at any time I have questions regarding my condition or the course of treatment that Dr. Kelly will address my concerns as they arise. Furthermore, I understand that I may terminate treatment at any time.

For those utilizing insurance, my signature below also authorizes disclosure of all necessary information to my insurance carrier and any representatives thereof, for the purposes of authorization and payment for my treatment, as specified by the terms of my insurance plan. Such disclosures will be kept to only the minimum information necessary for such purposes. I understand that in utilizing my insurance, my confidentiality cannot be protected to the extent that disclosure of information is necessary to obtain authorization and payment for my treatment through my insurance plan.

Name (printed)

Signature

Date