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CLINICAL PSYCHOLOGIST PSY21764



**OFFICE POLICIES AND CONSENT TO TREATMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it and we can discuss any questions you have at our first meeting. If you decide to begin treatment with me I will ask you to sign this form, which will represent an agreement between us. Please keep a copy of this form for your reference.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring to treatment. Progress depends on many factors, including motivation, effort, and other life circumstances. Treatment length varies depending on the nature and severity of the issues being addressed, as well as the previously mentioned factors.

While therapy is designed to be helpful, it may at times be difficult or uncomfortable. You may decide to make changes in your life that you had not considered before, like ending a relationship. Psychotherapy can have important benefits, including significant reductions in feelings of distress, finding solutions to specific problems, and improving relationships. It is not possible to know at the start of therapy what you personally will experience.

**MEETINGS**

Our first sessions will involve an evaluation of your needs. During this time, we can both decide if I am the best person to provide the services you need. If either you or I decide for any reason that you would be better helped by another professional or method of intervention, I will offer referrals for alternative services or providers.

If we decide to continue with ongoing psychotherapy, we will typically meet for one 50-minute session per week, although we may agree to make them more frequent. Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. On rare occasions I may have to reschedule our regular session time. If this occurs I will attempt to find a satisfactory alternative time to meet with you, however this is not always possible. I typically take one month off sometime during the summer, as well as a number of briefer breaks at other times of the year. I will notify you of these absences well before they occur.

**CONTACTING ME**

The best way to contact me is by phone at (415) 820-1611. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night. I check my voicemail frequently during business hours. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. I return most calls during my regular working hours. Since the security of e-mail communications cannot be guaranteed and email is less reliable than telephone I prefer to limit such communications to scheduling appointments, if at all.

## **CANCELLATION POLICY**

It is understandable that on occasion you may need to cancel or reschedule a session. If you inform me 48 hours (two business days) in advance that you are unable to attend a session, I will do my best to reschedule your appointment or use the hour to see another client. If I am unable to do either you will be expected to pay the full fee for the session.

## **EMERGENCIES**

Although you can leave me a message at any time, I am often not available to call you back quickly. If you have an emergency requiring immediate attention and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In San Francisco, Psychiatric Emergency Services may be reached 24 hours a day by calling (415) 206-8125. In Marin County, Psychiatric Emergency Services are available 24 hours a day at (415) 499-6666. You may also call 911. If I will be unavailable for an extended time, my voice mail will provide you with the name of a colleague to contact, if necessary.

## **CONFIDENTIALITY**

In general, the law protects the privacy of all communications between a client and a psychologist, including all written treatment records, and I can release information to others about our work only with your written permission. Most of the provisions explaining when the law requires or allows disclosure without your authorization are described to you in the Notice of Privacy Practices that is located on my website (<http://www.drmillstein.com>). Some of the situations in which I am legally obligated or allowed to disclose information about a client's treatment include: (1) I believe a child, elderly person, or disabled person is being abused; (2) I believe a client presents a danger to self, to others, to property, or is gravely disabled; (3) a client's family members communicate to me that the client presents a danger to others. These situations have rarely occurred in my practice. If a situation such as this occurs, I make every effort to fully discuss it with the client before taking any action. Clients also have the right to prevent me from providing any information about their treatment in most legal proceedings, although there are exceptions, such as when disclosure is court-ordered. I participate in regular professional consultations. In such cases neither your name nor any other identifying information about you will be revealed.

## **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 will be happy to send them to a mental health professional of your choice.

## **PROFESSIONAL FEES AND BILLING PRACTICES**

My standard fee for a 50-minute session is \$150.00 for individuals and \$160.00 for couples. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment. Payment is due by check or cash at the beginning of the session unless other arrangements have been made. I charge the same fee for other professional services you may need, such as report writing, telephone consultations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. I periodically raise my fees with reasonable advance notice.

## **INSURANCE**

I do not currently accept insurance or sit on any preferred provider panels. Many insurance companies offer reimbursement for out of network mental health providers, and I will provide

you with monthly statements that you may choose to submit to your insurer for reimbursement. Some plans require that I provide them a clinical diagnosis with the invoice. Should this occur, the information would become part of the insurance company files.

### **ENDING TREATMENT**

You have the right to terminate therapy or take a break at any time. If you choose to do so, I encourage you to talk with me about the reason for your decision and to allow us to bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

### **LITIGATION LIMITATIONS**

Psychotherapy often involves disclosure of very sensitive, confidential information. For this reason, it is my practice to ask you to agree that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

### **COMPLAINTS AND GRIEVANCES**

You may report unprofessional behavior or violation of the laws governing the practice of psychology to: California Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200; phone: (916) 263-2699; e-mail: <mailto:bopmail@dca.ca.gov>; web address: <https://www.dca.ca.gov/psychboard/secure/getpsych.htm>.

You may report unethical behavior to: APA - Office of Ethics, 750 First Street, NE, Washington, DC 20002-4242; phone: (202) 336-5930, FAX: (202) 336-5997.

You may report violations of the Privacy Rule of the Health Information Portability and Accountability Act (HIPAA) or of Dr. Millstein's Notice of Privacy Practices, subject to restrictions stated in the Notice to Dr. Millstein or to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201.

### **CONSENT TO TREATMENT**

I acknowledge that I have read and understand the information included above in Dr. Millstein's "Office Policies" and I agree to abide by its terms during our professional relationship. I have received a copy of the "Patient Bill of Rights," and Dr. Millstein's "Notice of Privacy Practices." I have had the opportunity to discuss any concerns with Dr. Millstein, and I consent to treatment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (printed): \_\_\_\_\_