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Office Policies and Informed Consent

This form provides you (client) with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis.

Welcome to my practice! This document contains important information about my professional services and office policies. Please read the following carefully, and let me know if you have any questions/concerns. During our first meeting together, I am happy to answer any questions that you may have. Please keep a copy of this form for your reference.

QUALIFICATIONS

I received my PhD in Education, Counseling Psychology from the School of Education at Stanford University, a program approved by the American Psychological Association (APA). I also obtained an Ed.M. in Risk and Prevention: Childhood at Harvard University. I have worked with children, adolescents, parents and families in both clinic and school-based settings. I completed my post-doctoral clinical psychology residency at Kaiser Permanente Santa Clara in the Department of Child and Adolescent Psychiatry. At The Guidance Center, a community mental health center in Long Beach, CA, I completed my pre-doctoral clinical psychology internship. I have also provided counseling, support, and consultation to students, teachers, and parents in elementary, middle and high schools in the San Francisco Bay Area. I am also an accredited provider for Triple P- Positive Parenting Program, an evidence-based parenting program. My primary therapeutic approach involves cognitive behavioral techniques that are based on the concept that our thoughts influence our feelings and behaviors. This approach is active, collaborative and skills-based.

THERAPY PROCESS

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular issues you are experiencing. Progress depends on many factors, including motivation, effort, and other life circumstances. Psychotherapy is not like a medical doctor visit. Instead, it calls for active participation on your part. In order for the therapy to be most successful, it involves working on things we talk about both during our sessions and at home.

Psychotherapy has both benefits and risks. The risks sometimes include experiencing uncomfortable feelings, like sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Therapy has also been shown to have benefits including reduction of feelings of
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distress, better relationships, and solutions to specific problems. However, there are no guarantees about the outcomes.

The first two sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work may include, and a treatment plan to follow. I encourage you to evaluate this information as well as your own opinions about whether or not you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so I encourage you to be thoughtful about the therapist you select. If you have questions about my approaches to therapy, please feel free to ask so that we can discuss them as they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

SESSIONS

My normal practice is to conduct an evaluation that lasts from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. For children, 11 and under, I typically meet with parents alone for the first hour long session, and then meet the child during the following session. For adolescents 12 and older, I typically conduct an hour session, during which I spend time alone with the parents, teen and/or meet with you conjointly. The frequency of therapy will be agreed upon in advance to adequately meet your needs and treatment goals. There is no standard length of treatment. Duration is based on your individual needs as mutually assessed on an ongoing basis. Weekly sessions are then typically 45 minutes long.

Please arrive on or before your session is scheduled. A scheduled appointment means that time is reserved exclusively for you. If you arrive late, you will only be allotted the time remaining in your session. If Dr. Dizon is delayed in beginning your session on time, please be assured you will still receive your full time if this occurs.

CANCELLATIONS

If you need to cancel or reschedule a session, please provide me with at least 48 hours notice. You will be charged the full fee for sessions that are cancelled with less than 48 hours notice (i.e., 2 business days) or for any missed sessions (i.e., no shows). It is also important to note that insurance companies do not reimburse for cancellations or no shows, and you will be responsible for paying the full fee. You will receive one "free pass" each calendar year in which you can cancel without the 48 hour notice and not be charged. No shows will always be charged the full fee.

PAYMENT OF SERVICES

My fee per session is $315. Payment in full is due at the time services are rendered. I accept payment by credit card, via Stripe online (through the videoconferencing platform, doxy.me.) or with a check (i.e., payable to Marivic Dizon, PhD) mailed to my office. Payment is due at the beginning of each session. Beginning January 1st of each year, my fees are subject to increase.

In addition to my regular fee of $315 for therapy appointments, I charge the same fee on a prorated basis for all other professional services including extended phone contact (i.e., calls lasting longer than 15 minutes) with you or other professionals whom you have authorized, preparation of records or treatment summaries, attendance at meetings with other professionals whom you have authorized, and any time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge $630 per hour for professional services I am asked or required to perform in relation to your legal matter. I also charge a copying fee of $.30 per page for records requests. Please note these services cannot be billed to your health insurance.

At the beginning of each month, I will provide you with a statement containing a record of therapy appointments from the previous month, fees, and the payments you made during the month. This monthly statement is your receipt for tax or insurance purposes. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments. Should a balance accrue beyond 60 days and no payment is received, I reserve the right to seek remuneration by any means legally possible including, but not limited to, the retention of a collection agency. There is also a returned check fee of $35.00.

INSURANCE: Out-of-Network

I am out of network for all insurance plans. A portion of the cost of my services is reimbursable by PPO-type plans on an "out of network" basis. Please note that not all clinical services are reimbursed by insurance companies. I can provide you with a monthly statement that you may submit to your insurance company to obtain out-of-network reimbursement. Be aware that submitting a claim for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain some health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' databases for long-term storage and access. Insurance companies will not reimburse for sessions unless a diagnosis is assigned to you. It is your responsibility to verify the specifics of your coverage (e.g., coinsurance, deductible, session limits, if pre-authorization is needed).

Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

PHONE COMMUNICATION and EMERGENCIES

If you need to reach me between sessions, you can leave a confidential voicemail message at any time, by calling 650-204-7862. I check my messages frequently, and all messages will be returned

no later than the end of the next business day. All urgent messages will be returned as soon as possible.

If an emergency arises, indicate it clearly in your message to me. If your situation is an acute emergency, and you need to talk to someone right away, call the San Mateo Psychiatric Emergency Services line: 650-573-2662, dial 911, or go to the nearest emergency room. Please do not use email or faxes for emergencies.

If I am away from the office for an extended time, I will notify you in advance, and will provide you with the contact information of a clinician whom you may contact if necessary.

CONFIDENTIALITY

All information disclosed during the course of treatment, including that of minors, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law.

Disclosure may be required in the following circumstances:

- When there is a reasonable suspicion of abuse to a child, dependent or elder adult.
- When the client communicates a serious threat of bodily injury to others.
- When the therapist has reasonable belief that the client may be a danger to themselves, others or property of others.
- When disclosure is otherwise required by law.

Disclosure may also occur if the minor is engaging in or has engaged in behaviors that could cause or lead to serious harm.

Finally, in order to provide you with the best possible services, I consult with other professionals regarding my clients. Your identity remains completely anonymous, and confidentiality is fully maintained during professional consultations.

THERAPY WITH MINORS

In treating children under 18 years of age, parents or legal guardians have rights to information regarding treatment. In order for therapy to be effective, the child must have an assurance of confidentiality. Because of this, it is my policy to reach an agreement with parents and children about confidentiality. I believe that a child needs confidentiality in sessions in order to trust that treatment is safe, and I also believe that parents need to understand how their child's treatment is proceeding. If there are any safety concerns, you will be informed immediately. I will also provide parents with verbal periodic updates regarding treatment, and a verbal summary when treatment is complete. Before giving parents any information, I will discuss the matter with the child and will do the best I can to handle any objections children may have about what I am prepared to disclose.

EMAIL, CELL PHONE and FAX COMMUNICATION

It is important to note that email, cell phone, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. If you choose to communicate with me by email, it is recommended that email be limited to requests for phone contact, appointment arrangements, or requests for information. Please only include general information about yourself and your treatment. A phone call and/or voice mail message is the most secure and recommended medium of communication.

SOCIAL MEDIA: In order to protect our professional relationship, I do not 'friend' current or former clients on Facebook, LinkedIn or other social media sites.

DEPLOYMENT

As a certified volunteer animal-assisted crisis response team with my canine partner, Jethro, I may be asked to deploy due to a crisis such as a natural disaster or man-made disaster. In the event I am deployed, I will notify you as soon as possible and may need to reschedule a session.

PROFESSIONAL RECORDS

I maintain treatment records, as required by the laws and professional standards of my profession. You have a right to review and/or receive a copy of your records except in unusual circumstances that involve danger to yourself and/or others or pose a significant risk of harm to another individual. If you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or upsetting to someone who is not adequately trained to read them. For this reason, I recommend that you review them in my presence, so that we can discuss the contents.

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 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 nor your attorney, nor anyone else acting on your behalf will contact Dr. Dizon to testify in any legal proceeding, nor will a disclosure of the psychotherapy records be requested.

ENDING TREATMENT

While you have the right to end therapy at any time, exploring and discussing termination together, is an important part of the therapeutic process. Ideally, therapy is finished when you feel that you have satisfactorily reached your goals. Once we decide to end therapy, I will recommend at least one final session to make sure that you make a smooth transition out of therapy, to make recommendations or referrals, and to discuss how to continue the progress that you have made. Other reasons for termination include that your needs might be outside of my scope of practice, in which case I will refer you to another professional. We also may end therapy if progress is not being made, or if payments are not being made.

GENERAL NOTE: I am in the independent practice of psychotherapy. Although I share office space with other practitioners, we are not in partnership together, we are not practicing in association with one another, and we do not supervise each other's work.

Thanks for giving this form careful attention. Please let me know if you have any further questions or concerns. I look forward to our work together.

CONSENT FOR TREATMENT

My signature below indicates that I have read and understood the policies described above, and agree to abide by its terms during our professional relationship. I understand that I am also assuming ultimate financial responsibility for the cost of the treatment. I have had the opportunity to discuss any concerns with Dr. Dizon, and I consent to treatment.

_____	_____	_____
Client/Parent/Guardian Signature	Client/Parent/Guardian Printed Name	Date
_____	_____	_____
Minor Client Signature	Minor Client Printed Name	Date