Lindsay Patton, Ph.D.

Licensed Psychologist PSY 9881
913 San Ramon Valley Blvd, Suite 280
Danville, CA 94526
(925) 828-4043
lindsaypattonphd@gmail.com

INFORMATION FORM AND CONSENT

Welcome to my psychology practice. You may have specific questions or be unsure about the process of therapy if this is your first experience. In our initial session, we can talk about what brings you to therapy at this time and how we might proceed to address your concerns and goals. Ask any questions you may have about therapy specifically or any general questions.

CONFIDENTIALITY:

By law and professional ethics, your sessions are strictly confidential. There may be modifications or exceptions to this rule depending upon the type of specific therapy you are requesting (e.g. couples, reunification, etc.) and this will be discussed in the initial session. No information will be shared with anyone without your written permission. If you have had prior therapy experiences or are seeing another therapist, it is advisable for me to make contact and coordinate efforts with your permission. The following are the legal and/or ethical exceptions to confidentiality:

- If I am court ordered to testify or release records
- If there is a court order or stipulation that communication with the court or agents of the court is ordered.
- If you are a victim or perpetrator or know a victim or perpetrator of child abuse. We are required by law to report suspicions of child abuse to Child Protective Services.
- If you are a victim or perpetrator of elder or dependent adult abuse. We are required by law to report this to Adult Protective Services.
- If, in my professional opinion, you are in danger of hurting yourself, someone else, or the property of someone else, I am required to take other steps to prevent harm to you or others.

MINORS:

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide your parents with general information on how treatment is proceeding and suggestions of ways that they may assist their teen/child outside of treatment. In the event that your safety is at risk, confidentiality may be broken in order to protect your

well-being. The limits of confidentiality listed above also apply to the treatment of a minor.

FEES: (see attached fee schedule)

Payment for your session/supervision is due at the end of each session. I do not provide an insurance billing service. My preference is to not spend our time writing checks, receipts and making appointments. I encourage patients to fill out checks prior to the session so we can devote session time to therapy.

COVID-19 NOTE:
At this time, sessions are conducted via Zoom, FaceTime or phone and payment may be submitted via Zelle (925-828-4043) or Venmo (Lindsay-Patton-10) or checks. Hopefully, we are able to return to office visits in the near future when we can do so safely. In the meantime, virtual appointments have been productive and successful for most people.

My time outside of the session is billed in accordance with my fee schedule. This may pertain to extended phone calls, emergency pages, correspondence, consultation, or document review as needed. My session fee increases $5.00 annually on January 1st.

Unpaid balances: Payments received more than 15 days past the date of billing are subject to an annual 18% percentage service charge calculated on a monthly rate of 1.5% of the remaining balance. A $10.00 late charge is included on all late accounts. Delinquent accounts will be turned over to a collection agency. The patient is responsible for the original bill, service charges, collection fees as well as any legal costs associated with the collection process.

INSURANCE:

I do not bill insurance for services rendered. If you would like to submit a bill to your insurance, I will be happy to provide you with an insurance receipt at the end of each session which you can attach to your claim form, submit to your insurance company and you will be reimbursed directly. In addition, I am not a Medicare provider and have opted out of the program.

SESSIONS:

The frequency and duration of psychotherapy/supervision varies upon the severity of problems and the goals of treatment. In general, optimal success is achieved through a schedule of weekly appointments. Each session is generally **50 minutes** in length. You may observe that our sessions run beyond 50 minutes on occasion, however, it is my intention to allow for note taking and file review prior to beginning the next session. My commitment to you is a 50-minute appointment.

CANCELLATION AND RESCHEDULING POLICY:

Once an appointment is scheduled, you will be expected to pay for it if you miss it or give less than a minimum of 24 hours notice of cancellation or rescheduling. **Monday** cancellations are required by **Friday at 5:00pm** at the latest to avoid charge for scheduled time. This policy is strictly enforced. You may leave a message on my voice mail 24 hours/day. There are **no exceptions** to this policy. This allows me to utilize my time productively. Unlike other professions, the time reserved for you is exclusively yours and overbooking is not possible to make up for lost revenue as in other professions. This policy is strictly related to the business side of a private practice and not intended to create a hardship for you. Your cooperation and understanding of this policy is warmly appreciated. In the event, you need to reschedule your appointment giving 24 hours notice (or Friday cancellation for Monday appointments) this not a problem and I will do my best to offer you an alternative time.

CONTACT INFORMATION:

My confidential voice mail is available to you at all times. For routine matters, please leave me a message on my office phone (**925) 828-4043** and I will return your call at my earliest opportunity. I am unable to return calls to numbers with I.D. restrictions on them. At times, the volume of calls I receive can be high and it may take a day or two for you to hear from me. I encourage you to state in your message if you are in need of a quick response. Return calls exceeding 10 minutes will be charged at a prorated hourly fee.

In the event of a clinical emergency or a matter of immediate urgency, please text me and indicate that you need an immediate response. I will interrupt what I am doing whether I am in the middle of a session or on personal time as soon as I am aware of the urgency and call you. If you are in a life threatening situation and cannot reach me, seek treatment at your nearest hospital emergency room or call 911.

In the event that I am unavailable due to a vacation or unscheduled absence, there will be a psychologist on call for emergencies. Contact information will be available on my voice mail recording.

Please do not hesitate to ask for any further clarification or additional questions in your initial session. Thank you for contacting my office and I am looking forward to working together.

YOUR SIGNATURE(S) BELOW INDICATE(S) THAT YOU HAVE READ THE ABOVE AND HAVE DISCUSSED AND CLARIFIED TO YOUR SATISFACTION ANY QUESTIONS YOU MAY HAVE HAD REGARDING THIS INFORMATION. YOUR SIGNATURE(S) BELOW INDICATE(S) YOUR UNDERSTANDING AND ACCEPTANCE OF THESE TERMS.

_____ _____
Signature Date

_____
Print Name Date of Birth

Street Address City, State Zip

Preferred Phone Number_____ Alternative Phone_____

Email:_____

Additional parent contact information in the treatment of a minor (if applicable):

_____
Print Name Date of Birth

Street Address City, State Zip

Preferred Phone Secondary Phone

_____ _____
Signature Date

Authorization for treatment of a minor:

I/we, _____ the parent(s)/legal guardian of

_____give my/our
Name/Date of Birth

consent for my/our child(ren) to receive psychological treatment with Dr. Lindsay Patton.

_____ _____
Signature (Parent/Guardian) Date Signature (Parent/Guardian) Date