

TERI WRIGHT, Ph.D.  
2101 N. Main St., Ste. D  
Santa Ana, CA 92706  
714 558 8487

### OFFICE POLICIES

Sessions are 45 minutes long.

#### FEES

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|--|----------------------------|
| - 45 Minute Initial Appointment  | 200.00                     |
| - 45 Minute Therapy Session  | 170.00                     |
| - 90 Minute Extended Session   | 340.00                     |
| - 60 Minute Psychological Testing Evaluation Services (includes scoring, interpretation, & report write-up and is done without pt. present)  | 200.00                     |
| - Scoring of Psychological Questionnaires  | 25.00                      |
| - Missed Appointments or Appointments Canceled with Fewer than 24 Hours Notice   | 50.00 _____ please initial |
| - Copies of Records  | 25.00                      |
| - Letters and Completion of Forms (unless done during a session) (lengthy or complex forms or reports will require additional charges)   | 25.00 - 50.00              |
| - Telephone Calls  |                            |
| - to schedule or reschedule appointments, or for brief conversations   | no charge                  |
| - calls greater than ten minutes will be charged at the rate of a standard therapy session   | 170.00/45 minutes          |
| - Litigation Charges   |                            |
| - If I am required to attend a disposition, hearing, or other legal proceeding in the capacity of your current or past therapist, you will be billed for my time, including preparation, telephone time, and travel time, as well as the time spent at the legal proceeding. | 200.00/hour                |

Because I am a preferred provider with some insurance plans, there may be a maximum charge allowed. Please note that some services (such as telephone sessions) may not be covered by insurance.

#### EMERGENCIES

If you need to reach me in the case of a true emergency, call me at my confidential emergency number: (714) 474 4942. If the voice mail answers, leave a message and *please be sure to leave your phone number.*

If you have a life-threatening emergency, call 911 or go to the nearest hospital emergency room.

#### INFORMED CONSENT

The process of psychotherapy involves talking about items that may be uncomfortable to discuss.

Please realize that there is no guarantee about the degree of success of psychotherapy.

I usually have small animals in my office. Please inform me if you have any allergies or fears. These animals are tame, but, like any animal, they could bite.

#### CONSENT TO TREAT CHILDREN

Parents who share legal custody of the child can each consent to the mental health treatment of their child. When parents are divorced or divorcing, a court order will generally state whose consent is necessary to treat the child. It is my policy to treat the child after determining whose consent is necessary to treat him or her. I request that I be provided with the most current copy of any court order dealing with custody issues, as well as written consent to treatment from each parent when they share legal custody, unless the court order explicitly states that only the consent of one parent is required.

CONFIDENTIALITY

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances: Where there is a reasonable suspicion of child or elder abuse; where there is a reasonable suspicion that the patient presents a danger of violence to others, or where the patient is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding.

The Notice of Privacy Practices discusses your rights to confidentiality, as well as limitations of those rights in certain circumstances. Your signature below indicates your agreement to the office policies, and acknowledges that you have been offered the opportunity to review the Notice of Privacy Practices and receive a copy, should you desire one.

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Name (printed)

Signature

Date