

Office Policies

Confidentiality: The law, professional ethics, and common sense require that whatever you say or do during a psychotherapy session not be shared with anyone else without your written permission. There are a few exceptions to this rule:

1. If your records were subpoenaed, I would be obligated to surrender them;
2. If you tell me about anyone who is currently a child who is being or has been abused, I am required to report that to the authorities. I am required to report it if you say something that even raised the mere possibility of child abuse. This also applies to elders (people 65 years and older) and dependent adults.
3. If you indicate that you intend to injure or kill yourself or someone else, I must act to notify helpers or victims.

***See Notice of Privacy Practices for additional laws requiring disclosure of client records.

Payment: Payment is due by the end of each session unless other arrangements are made. Checks are to be made out to SLBultsma, Inc. Dr. Lewis-Bultsma also accepts payments through Venmo (Sharon Lewis-Bultsma@ Sharon-Lewis-Bultsma), Zelle (714-931-2963) & credit card through Iypay (a \$5 fee is added to each session charge to cover their cost). Sessions are 45 minutes. Sessions for couples therapy are 60 min. Session fees are subject to be raised with the cost of living each year. Please notify me if any problems arise during the course of treatment regarding your ability to make timely payments.

I do not bill insurance agencies, and you are responsible for payment of services whether or not your insurance covers them. However, I will furnish you with a receipt, and you may submit the receipt to your insurance company for reimbursement. The reimbursement check must be made out to you. Disclosure of confidential information- PHI- may be required by your insurance carrier in order to process your claims. Be advised that submitting a mental health invoice carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Cancellation of sessions: You and I will agree upon weekly sessions that will meet at a regular time. Once we agree on a weekly time, you are responsible for paying for the session if you don't show up, or cancel without sufficient notice (7 days). If you are unable to give 7 days notice, there are a few options to avoid missing out on your session: If you notify me and I have another opening in my schedule within a week of your regularly scheduled time, we can meet then. Also, we can have a phone or video session.

Telehealth sessions: I will send you a link where you can log in for our meeting.

Contact between sessions: If you need to get a hold of me between sessions, you can text me at (714) 931-2963, or email me at dr.bultsma@gmail.com. Because texting & email are not entirely secure, the correspondence should be for scheduling or non-personal information. If you need to talk, let me know that and I will get back to you when I can to set up a time. For a life-or-death emergency, call 911 or go to your nearest emergency room.

I reserve the right to charge my standard rate for report writing and reading, consultation with other professionals, release of information, reading records, travel time, and other expenditure of time involved in your care outside of our therapy session.

Litigation Limitation: 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 or custody disputes, injuries, lawsuits, etc.) neither your attorney, nor anyone else acting on your behalf will call on Dr. Lewis-Bultsma to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Legal fees: If I do testify regarding your therapy, I cannot be an expert witness on your behalf as this would be a conflict of interests for a treating therapist. However, if I am called upon to write a report or to testify at a deposition or in court, my fee will be \$250 per 45 min. This fee includes time spent in research, preparation time, and driving time, as well as actual testimony and writing time.

Consultation: In order to get outside perspective and keep my treatment skills honed, I (Dr. Sharon Lewis-Bultsma) consult regularly with other professionals regarding my clients/clinical work. However, client names and identifying information is not used. Your identity remains anonymous; confidentiality is maintained.

Termination: You may terminate at any time simply by letting me know you are ready to quit. I recommend that you terminate in person (if applicable), in a regularly scheduled session. The process of saying good-bye can be a pivotal point in your therapy. For example, perhaps you are not liking therapy, are not used to giving negative feedback, and would rather just drop out without talking about it. Holding yourself to the discipline of an in-person termination where you honestly air your dissatisfaction can be the beginning of a significant change for you.

Depending on how long you've been in therapy, it may be helpful to allow up to a month or more for processing the termination. This allows us time to say good-bye and look at issues that may arise in the process of terminating.

Dual relationships: Therapy never involves sexual or any other dual relationships that impairs the therapist's objectivity, clinical judgement, or therapeutic effectiveness or that can be exploitive in nature. But not all dual relationships are unethical or even avoidable. You may have chosen to do therapy with me because of some personal knowledge of me out in the community- e.g. we may attend a common social setting or a mutual friend may have referred you. Also, you may run into someone you know in the waiting room. In other words, our circles may overlap. I will not acknowledge being anyone's therapist unless I have his/her/their permission. If I see you out in public, I might not even say "hello" unless you speak first. This is to protect your privacy. But if our circles overlap in a way that is or becomes uncomfortable for you, please talk with me about it. We will work to resolve your discomfort either through talking it through to less conflicted feelings, or, if necessary, through concrete steps to resolve the duality- termination if necessary.

Please provide a phone number where I can text you & an email that I can send information:

(Text) _____ (Email) _____

I have read and understand these Office Policies.

Signature: _____ Date: _____

SLBultsma Inc.
Sharon Lewis-Bultsma, Psy. D.
Lic. # PSY19732
2228 N. State College Blvd.
Fullerton, CA 92831