

DANIELA WALDER, PSY.D.

CLINICAL PSYCHOLOGIST

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PATIENT POLICIES

Appointments

Psychotherapy (individual), Psychoanalysis

Appointments for psychotherapy, psychoanalysis sessions are 45 minutes in length, unless specified. I am committed to provide you with regular times of a consistent duration each week. These regular appointments are called reserved times.

When you agree with me that you wish to have a reserved time, this means that you are choosing to lease specific portions of my time each week. I will set aside such protected time(s) as a testament to my commitment to you. This is an important way in which I will structure your treatment program, so that I can be available to you regularly, consistently and reliably. This aspect of the treatment is aimed in itself to promote your growth and development.

Since I will be holding this time for you, I will decline anyone else's request to schedule into your time. Your reserved time(s) is yours therefore, unless you were to reschedule that time for that week, or unless you were to release your time permanently. Your treatment requires the regularity and frequency of your sessions.

If you know in advance that you have a competing appointment that will conflict with our attending your reserved time(s), I will do my best to be flexible to try to offer you a replacement session within that week.

If you miss your reserved appointment(s) for any reason (other than noted exceptions below), or if you cancel your session for a week that I have been unable to provide you with an alternative appointment, we call this a missed appointment, for which payment will be due. In cases of inclement weather where travel is determined dangerous due to weather, missed appointments will not be billed. I will provide you with three weeks each year when I do not bill you for cancellations due to vacations, providing that you inform me of your plans more than two weeks in advance. I will also aim to let you know as far ahead as possible about my planned absences for vacations and conference leave, so that you can be as informed as far in advance as possible about times when you would not be attending your reserved times.

In signing this agreement, you are agreeing to pay for any missed sessions unless they meet the above exceptions. Your invoice will list appointments attended and any appointments missed, and most third-party carriers will not cover charges for missed appointments. To optimize your treatment success, it is essential that you minimize missed appointments.

Fees and Payments

The fee for 45 minutes is \$200.00 Payment for regular psychotherapy and psychoanalytic sessions for a given month is due on the 15th day of the following month. If a check is returned due to insufficient funds, you will be charged an additional fee of \$25.

I will provide you with an invoice at the end of each month, that you may submit to your insurance company for reimbursement.

Confidentiality

All Information revealed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form. Case material may be discussed with another colleague or in the context of ongoing educational and teaching activities, but only when personal information regarding the patient is so altered as to render the patient unidentifiable.

Some of the circumstances where disclosure is required by the law are: where a patient presents a danger to self, to others, to property, or is gravely disabled.

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Walder. Dr. Walder will use her clinical judgment when revealing such information. Dr. Walder will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

In the case of my death or disability, my colleagues Mary Jane Kane, LCSW and Dr. Leslie Dalton would obtain access to my files and let you know of any event that has made it impossible for me to contact you. They may only obtain access in case of such an emergency and they are bound to the same ethical guidelines regarding privacy and confidentiality as I am.

Children and Adolescents

Parents or guardians of children will most often be involved in the treatment.

When working with children and adolescents under 18, parents/ guardians do have a right to be informed about treatment. In some cases when working with adolescents it is best to provide the teenager with as much privacy as possible. There may be times when it would be helpful for me to talk with guardians/ parents without the teenager

present, but parents and guardians should not expect regular reporting or reporting of session content from me. It will have to be left to my judgment what information should be disclosed to them. If the person is under 18 and I found out that there was dangerous behavior that could threaten the teen's life (e.g., heavy drug use, a serious eating disorder, unprotected sexual activity, serious problems at school, etc.) or a severe threat to health, I will divulge this to parents or guardians. If a person is over 18, they are guaranteed the same privacy as adults, regardless of who is paying for treatment.

Emergencies

If you are calling regarding an emergency, please leave a message indicating so at (310) 228-8383 I will make every effort to get back to you within the day of your call. In the unlikely event that you cannot reach me, contact your family physician or your local emergency room and ask for the psychologist or psychiatrist on call or dial 911. If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

Confidentiality of E-mail, Cell Phone Communication

It is very important to be aware that e-mail and cel phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Please notify Dr. Walder at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices.

Professional Records

Information revealed within sessions will remain confidential unless disclosure is required by law (e.g., where there is reasonable suspicion of child, dependent, or elder abuse, when the patient is of danger to others, or when the patient is likely to harm him or herself unless protective measures are taken). If there is ever a time when you enter your emotional status as an issue in a legal proceeding (i.e., child custody evaluation, workman's compensation claim, etc., then you may be waiving your right to the confidentiality of this relationship. Both Virginia Law and the standards of my profession require that I keep appropriate records of services provided. The confidentiality of these records is closely safeguarded. Case material may be discussed with another colleague or in the context of ongoing educational and teaching activities, but only when personal information is altered as to render the patient unidentifiable.

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

Release of Information

Should I be required to communicate with a third party regarding the confidential treatment relationship, i.e., an attorney, a judge, or school, or other institution, then a separate "Release of Information" form will be provided and signed by the patient before any such exchange or information occurs.

Consent

I understand that by signing this, I agree to all the terms and conditions as stated, and I have received a copy of this form. This agreement remains in place, unless canceled in writing. I accept this responsibility for this account and guarantee payment of all charges as they accrue, regardless of whether my insurance company allows such charges.

Signature of Responsible Party

Date _____

Print Name of Responsible Party

Print Name of Patient

