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EXPECTATIONS OF SERVICES PROVIDED

Psychotherapy occurs within a human relationship, which is close and intimate, and yet which also needs to be professional in order to be therapeutic. To optimize the therapeutic relationship, I have developed the following guidelines to all my clients.

This practice provides psychotherapy for adolescents, children, adults, couples and families. The following policies and expectations pertain to the psychology services at this office. Please feel free to ask any questions about them.

PAYMENT FOR SERVICE: Clients are expected to pay the standard fee of \$ 200 per 50-minute session or \$250 for a 90 minute session at the time of your session unless other arrangements have been made. You can pay cash, check or credit card. A service charge of \$15 will be charged for all returned checks. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. may be charged at the same rate as agreed upon otherwise. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

SCHEDULE CHANGES and CANCELLATIONS: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 full day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions. I acknowledge that people do get ill and that it does me a disservice to be exposed to other people's illness. Therefore, if someone calls at the last moment to cancel a session due to illness, I will only charge an illness cancellation fee of half the session cost. Charging this reduced amount is up to my discretion and might be discussed at the time of

cancellation. The fee for cancelled appointments is due at the time of your next scheduled appointment.

EMERGENCY PROCEDURE: If you experience a psychiatric emergency, please call 911 or visit your nearest hospital emergency room. If you need to contact me between sessions, please leave a detailed message on my voice mail- 650-486-1840 and your call will be returned within 24 hours.

CONFIDENTIALITY: This office follows the highest standards stipulated by the law and by professional ethics regulations regarding confidentiality. The confidentiality of a client's participation in services is strictly kept and may not be revealed to anyone without written permission except: (1) as mandated by law, as in the case of child abuse or neglect, or elder abuse or neglect; (2) to prevent a clear and immediate danger to a person or persons; (3) where the client is likely to harm him or herself unless protective measures are taken; (4) where disclosure is required pursuant to legal proceedings pertaining to the services provided.

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

JOINT CUSTODY / SPLIT PAYMENTS: Because I know that children often have tight schedules and their appointment times are hard to reschedule, I make every effort to ensure that a child's treatment time is consistently held. As a result, when parents are bringing their child to treatment and are splitting the treatment fee across households, I will ask for credit card numbers from both parents to be used for payment. If either parent wants to pay by check, I will hold on to their credit card number to ensure that the flow of treatment is not interrupted. The credit card number on file ensures that there is an alternative method for collecting the fee. If a parent is unable to leave a valid credit card number on file, I will ask for prepayment of 4 sessions to ensure that their child's treatment is not interrupted. If a balance is accrued prior to a session by either parent, the session will have to be cancelled until 4 sessions are prepaid. I know this disrupts a child's schedule considerably, so I make every effort to avoid this occurrence.

DISCUSSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment, I will discuss with you (client) my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask

about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments and will do so as warranted.

TERMINATION: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assesses that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.