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GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

THE PSYCHOTHERAPY PROCESS: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. You are committing to attend all scheduled appointments, arranging travel and other plans that do not interfere with appointments when possible.

CONFIDENTIALITY:

All information exchanged between you and me is held strictly confidential unless: 1) you authorize the release of information with your signature, 2) you present a physical danger to yourself or others, or 3) I suspect child or elder abuse. In these latter cases, I am required by law to inform potential victims and authorities so that protective measures can be taken.

Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your insurance carrier in order to process the claims. Only the minimum necessary information will be communicated to the carrier.

Electronic Communications: In order to protect your privacy, it is best not to use email for any purpose other than scheduling. If you choose to communicate more personal information by email, there may be some risk to your privacy and the risk and responsibility will be yours.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message on my voicemail and I will return your call as soon as possible. I frequently check messages and return calls Monday through Thursday, and less frequently Friday through Sunday. In case of emergency, leave a detailed message indicating that it is an emergency. You may also call Crisis Support Services at 1-800-309-2131 or 911.

FEES AND PAYMENTS:

My normal fee is \$200 for the initial session and \$170 for each 50 minute session thereafter. If you are using insurance it is your responsibility to provide me with a copy of your insurance card and the insurance company's contact information for providers. It is your responsibility to know your co-pay amount and to be prepared to pay that at your first session.

CANCELLATION POLICY:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 1 week notice is required for canceling an appointment. Unless we reach a different agreement, \$50 will be charged for sessions missed without such notification. If you must miss a session with less than one week's notice and are able to reschedule that appointment within a week, that \$50 fee will be waived.

ENDING TREATMENT:

Ideally, you and Dr. Becker will discuss and agree when you are nearing the end of your treatment. This may be based on having achieved some or all of your goals. You may have reached a "choice point" in your therapy, having worked through some problems. At this point you may choose whether to go deeper or to end your therapy. Once you have decided you are ready to end therapy, we will plan a few sessions to review and set a date for the final session. You may return for additional therapy in the future as needed. *The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.*

I have read the above Agreement, which covers office policies, general information and provides for your informed consent. I understand them and agree to comply with them:

Client name (print) _____ Date _____ Signature _____

Psychotherapist Patricia Becker _____ Date _____ Signature _____