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Professional Policy

Dear Client:

The following information is meant to clearly communicate policies about my psychotherapy practice. Please feel free to discuss any questions or concerns you have about these policies or any other matter at any time during the process of treatment.

Private Practice:

Although I am in an independent private practice, I work closely, whenever possible and appropriate, with my professional associates. I also utilize professional consultations in order to continually improve my professional skills. I meet regularly with professionals for consultation. These professionals must also abide by the ethical rules of confidentiality. I will assume I have your permission to discuss your case (not your name) with any of my colleagues.

Therapy Time and Standard Fee:

1. Sessions are generally 50 minutes in length.
2. If you need to cancel an appointment, please remember *I require 24 hours notice, otherwise, you will be charged for your missed appointment* (charged to you, not your insurance company). You can leave a message on my voice mail 24 hours a day, 7 days a week.
3. If you are late, we will meet for the remainder of your scheduled session. If you are more than 20 minutes late and I have not heard from you, I will assume that you are not coming and I may leave the office.
4. Telephone time is limited to 10 minutes, beyond which I will bill you at my standard rate at 15-minute intervals. Payment will be expected at the next scheduled appointment, or sooner by mail.
5. My standard fee is \$175 per 50-minute session. This however, varies upon various contracts with different insurance companies.

Accessibility and Emergencies:

I have a voice mail system, which can be accessed 24 hours a day, 7 days a week. I check my messages frequently during normal business days/hours. On weekends and holidays I check messages infrequently. I return business calls during normal business hours. In case of a crisis or urgent situation, if I cannot be reached or do not respond, you may contact your primary physician or psychiatrist, go to the nearest emergency room or call 911.

Termination:

Termination from therapy is an important process, which can be of benefit to the client and therapist. This is an important opportunity to reflect on progress, or lack thereof, and the process of where you are now and where you hope to be going. I encourage my clients to partake in this process of finding out what was helpful and what could have been more helpful. It is your right to terminate therapy at any time. If you choose to terminate, I will be glad to provide referrals to qualified professional. As your therapist, I have the right and duty to terminate therapy under the following circumstances: when I assess that treatment is no longer helpful or beneficial to you; if I determine that another professional would better serve your needs; if you have not paid for the last two sessions (unless a special arrangement has been made); or if you have failed to show up for your last two sessions without the required 24-hour notice of cancellation. In all cases I will be happy to provide you with resources and referrals as necessary.

Financial Policy:

1. Fees are due and payable at each session. They can be paid in the following manner:
 - a. You pay in full each session; you may send my bill to your insurance company for reimbursement. Please request a billing statement.
 - b. You pay your assigned co-payment required by your insurance company or mental health benefits; I bill your insurance for the balance (you are responsible for balance due if insurance does not pay).
2. A physician referral may be required by your insurance company for mental health benefits. If required, please obtain this promptly as you will be responsible for all charges until you do.
3. *I do not bill secondary insurance.* However, I can, upon request, provide a billing statement, which you can submit to your secondary carrier for reimbursement to you.
4. Please remember, *all charges are your responsibility. It is your responsibility to maintain insurance coverage, update therapist upon any changes, and keep informed as to deductibles or changes in co-payments.*

Social Media Policy:

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

*Note: When working with clients under the age of 18 years, *I must have the consent of all parents/guardians who hold "legal custody."* I will not treat children without this written consent. I prefer to involve all parents/guardians as much as is therapeutically appropriate. I will be glad to discuss how, when, and if this can be accomplished in your case.

I have read, understood, and agree to these policies.

Client(s) Signature _____ Date _____

_____ Date _____

Parent/Guardian Signature (if client is under 18 years of age)

_____ Date _____

_____ Date _____