

Psychotherapy Information Form

The decision to start psychotherapy is often not an easy one. Thinking that you can manage whatever troubles you by yourself is not uncommon. Sometimes, despite best efforts and intentions, asking for help is necessary to face what is not working for you in your life. I recognize the courage you have for reaching out for help. Welcome to psychotherapy!

This form provides information that covers psychotherapy goals, benefits and risks. The form also includes my business practice policies regarding payments, cancellations and no-shows. An explanation of my emails, phone calls and emergencies policies follows. Lastly you will be asked to sign one form that indicates you understand and agree to all that was discussed in this document.

Psychotherapy Goals, Benefits, and Risks Agreement

As in many life ventures, there are risks and benefits. Engaging in psychotherapy is no different. People seek psychotherapy for many reasons. The overall general purpose of psychotherapy is to improve psychological health and well-being. The process of treatment involves a collaborative effort between the client, and the therapist.

The therapist and I (the client), will work together to decide upon the goals for my treatment based on the identified issues. The role of the therapist is to utilize applied psychological principles to help me alleviate my psychological discomfort. The process may include gaining awareness of my thoughts, emotions, and patterns of behavior so that different choices become available and level of functioning improves.

I understand that there are risks, and benefits to psychotherapeutic treatment, and that risks are generally associated with longer-term sessions. If I do not experience value from my therapy sessions, I will notify my therapist. I understand that in the process of therapy, I may experience periods in which I may feel worse and my symptoms may increase. I accept that this is a common and natural occurrence in the process of therapy. I understand that, particularly in the case of long-term therapy, it is important to schedule a minimum of two to four final sessions of therapy in which to discuss the therapy experience and bring it to a natural closure. I agree to give my therapist a one week (in the case of therapy under one month's duration) or two weeks (in the case of therapy over one month's duration) advance notice of my intent to terminate. I will use my

final session(s), as directed by my therapist, to review my experience in therapy and my reasons for stopping. I understand that in therapy I will be learning to use a part of my own mind to more effectively identify and cope with stress and other factors that increase my well-being. My therapist will serve as a facilitator or 'catalyst' in the process. I will remain however, primarily responsible for my thoughts, feelings, and actions during and between therapy sessions.

I may now be using and I may continue to use substances, prescribed or otherwise, to decrease my sense of pain and stress. I understand that the use of such substances may alter my experience in psychotherapy, and that it is important for me to advise my therapist of any substances and/or medications I may be taking. If I hide this practice from my therapist, or fail to follow the instructions of my physician regarding my prescribed medications, my benefit from therapy may be completely blocked. I understand that psychotropic medication (such as antidepressants and anti-anxiety agents) is an alternative and possibly an adjunct to psychotherapy. Although it is expected that my therapist will discuss with me the possibility of my taking medication if it appears that it may be appropriate for me to do so, I agree to bring up the issue myself if I wish to consider medication and my therapist has not discussed this possibility with me.

I understand that in California, a nonmedical therapist cannot prescribe medication, and that if I wish to take medication, I will need to consult a psychiatrist or my family doctor/ GP.

Psychotherapy may involve change, or the possibility of change, which may feel threatening and cause anxiety not only to you, but also to those close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel quite vulnerable.

Most of my client's experience some benefits from psychotherapy. In general, discovering tools and techniques that can be utilized to improve the quality of life and your relationships can be helpful. Treatment outcomes are individualistic and there are no guarantees.

I look forward to working together on your journey towards reaching your psychotherapy goals.

Payment, Cancellations, and No-Show Policy

Payment

Initial consultation is 1 hour and 15 minutes: \$175.00

Individual sessions are 50 minutes: \$150.00.

The parent who consents to the treatment of a minor child is responsible for payment of the services rendered.

Payment is due at the time of your appointment unless otherwise discussed and agreed upon. There will be a \$25.00 service charge for all returned checks. In circumstances of financial hardships, Dr. Matoff may be willing to negotiate a temporary fee adjustment. Dr. Matoff will invoice her services to you until the account is paid. If payment is not received by the third invoice, then Dr. Matoff reserves the right to use a collection agency. In most cases, the only information shared with a collection agency is your name, the type of service provided and the amount due.

Insurance: I currently accept California Coastal Physician Network (CCPN) insurance. In addition, I am happy to provide a superbill for clients who would like to claim services on their out-of-network benefits.

Method of Payment:

Cash, check, or Visa credit card

Cancellations and No Shows

Showing up on time to your appointments supports your commitment and accountability to yourself and your treatment. Business wise, I am rarely able to schedule another appointment for someone in the hour you have scheduled if you cancel in less than 24 hours or do not show up for your appointment. Your time and my time are equally important.

I understand that Dr. Matoff has a 24 hour in advance cancellation policy for all scheduled appointments. If I cancel in less than 24 hours of my scheduled appointment or do not show up for my appointment, I will be required to pay the full cost for the session. Dr. Matoff does recognize extenuating circumstances preventing you from keeping your appointment e.g., death in the family, emergency hospitalization, car accident. For these types of unexpected situations, you will not be charged.

Emails, Phone Calls, and Emergency Policies

Emails

Due to the non-secure nature of email, the confidentiality of such communication cannot be ensured despite precautions I take. My laptop is equipped with a firewall, virus protection, and a password, I back up all confidential information from my computer on a regular basis onto an encrypted hard-drive. However, Emails and texts are vulnerable to such unauthorized access since servers or communication companies may have unlimited and direct access to all emails and text that go through them. If you communicate **non-emergency** confidential or private information via unencrypted email, or texts, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters.

Please be advised that I do not utilize email for emergencies or crises.

Texts

Texts can be used to change appointment times but I do not offer therapy via text messages.

Phone Calls

Sometimes an issue may arise between our scheduled sessions which you may want to explore. I am available for brief 5-10-minute telephone calls if this should occur. There is no charge for these brief phone calls. If it looks like the issue it is going to take longer, we will schedule a time for you to come in before your next scheduled session. Patient is responsible for payment of all phone calls longer than 10 minutes pro-rated at \$150.00 per hour.

I make every attempt to return all routine calls during the week (Monday through Friday) within 24 hours. On weekends, I may not be able to return your call until Monday.

Emergencies

I do not offer a 24-hour crisis emergency hotline service. All emergencies are managed by calling 911, your GP, or San Luis Obispo County Hotline.

San Luis Obispo County offers a Hotline that can be reached at **800-783-0607**. The hotline is a suicide prevention and mental health crisis line that is staffed 24-hours a day, 7-days a week. This service offers confidential help by telephone for anyone who is in emotional distress or feeling suicidal. In addition, the service offers mental health referrals.

Do not email me crisis information. Once you have contacted emergency personnel, please leave a message on my private voicemail letting me know of your circumstances. Requests for crisis work which includes but not limited to, phone calls, reports, and the facilitation of your care will be billed at the pro-rate of \$150.00 per hour.

Notice to clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice (marriage and family therapists, licensed educational psychologists, clinical social workers or professional clinical counsellors). You may contact the board online at www.bbs.ca.gov, or by calling 916-574-7830.