

**Catherine A. Curtin, Ph.D.
1040 Lincoln Ave.
San Jose, CA 95125
(408) 425-0122**

OFFICE POLICIES AND GENERAL INFORMATION

The Process of Therapy/Evaluation and Scope of Practice: 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 involves your very active involvement, honest and openness in order to change your thoughts, feelings, and/or behavior. Dr. Curtin will ask for your feedback and views on your therapy, its progress and other aspects of therapy and will expect you to answer openly and honestly.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Dr. Curtin may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which could cause you to feel upset, angry, depressed, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive to one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of your therapy, Dr. Curtin is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include but are not limited to, cognitive-behavioral, psychodynamic, developmental (adult, child, family), psycho-educational, and mindfulness.

Dr. Curtin provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within the scope of her practice.

Payments and Insurance Reimbursement: Professional service will be provided at a fee/copayment of \$_____per 50-minute session. Payment is to be made at the end of each session unless other arrangements have been made in advance. Cash, checks and credit cards are accepted for payment. An accounting statement is given to you each month if requested.

There is a 24-hour cancellation policy. Cancellations or rescheduling can be made by leaving a message on my voicemail: (408) 425-0122 or emailing me at: catcurtin52@hotmail.com. Late cancellations and missed appointments (no notice given) will be billed at 100% of the full session fee which is \$_____.

Insurance Patients: Please note that late cancellations and missed appointments are not covered by insurance plans. In the case of a late cancellation or missed appointment, you are responsible for the full session fee, not solely the copayment.

Clients who carry insurance should remember that professional services are rendered and charged to the client, not the insurance company. If Dr. Curtin is not a provider for your plan, a copy of your receipt can be requested, which you can then submit to your insurance company for reimbursement if you so choose. It is your responsibility to verify the specifics of your benefits and coverage such as deductibles, copayments, etc. If your account is overdue (unpaid), and there is no written agreement regarding a payment plan, Dr. Curtin can use legal or other means (courts, collection agencies, etc.) to obtain payment. A processing fee of \$25 will be charged for all returned checks.

Telephone and Emergency Procedures: If you need to contact Dr. Curtin between sessions, please leave a message on her voicemail: (408) 425-0122. Please be sure to leave your phone number even if you think Dr. Curtin already has it along with times you can be reached. Dr. Curtin returns messages on a timely basis from Monday through Thursday.

If you feel you have a life-threatening emergency, please call 911 or go to the nearest hospital emergency department. If it is not a life-threatening emergency, but you feel you must speak to someone immediately, call the 24-hour Crisis Line at 1-855-278-4204. It is available 7 days a week.

E-mail and Internet Policy: E-mail correspondence is not considered to be a confidential medium of communication, and so Dr. Curtin does not use e-mail unless previous arrangements have been made.

Dr. Curtin does not use any social media site except Linked-In and does not message clients through that site. This is based on a concern for the potential loss of privacy and blurring of the therapeutic relationship.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure is Required by Law: Some of the circumstances where disclosure is required by law are: where there is reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when a client's family members communicate to client's therapist that the client presents a danger to others.

When Disclosure May be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records by your therapist.

In couples or family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members. In child therapy, Dr. Curtin will use her clinical judgment when revealing to parents specific issues that may arise. Dr. Curtin 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 cases of divorce or separation, both parents must give consent for treatment of their child and must authorize any release of information.**

Emergencies: If there is an emergency during our work together, or in the future after termination where Dr. Curtin becomes concerned about your personal safety or the possibility of you injuring someone else, she will do what she 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, she may also contact the person whose name you have provided on the intake form.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier, or HMO/PPO/MCO/EAP in order to process claims. If you instruct Dr. Curtin to do so, only the minimum necessary information will be communicated to the carrier. You must be aware that submitting a mental health claim or invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has also been reported to be legally accessed by enforcement and other agencies, which also puts the client in a vulnerable position.

Independent Practice: The therapists in this practice are not partners or otherwise affiliated in the same psychotherapy practice, nor do they manage each other. Each therapist is an independent practitioner and simply shares office space and equipment in his/her separate practice. The therapists are not responsible for each other's practices or for the care rendered to each other's clients.

I have read the above Office Policies and General Information carefully (total 3 pages), I understand and agree to comply with them:

Client name (print)	Date	Signature
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(If Client Less than 18 years old or older and parent is responsible for payment):

Parent Name (print)	Date	Signature
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Therapist name	Date	Signature
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