Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Welcome to your first appointment.

During your session today, I will be getting to know you. Most of that will be done as we talk about your life and your history. However, some of the information is more easily collected in writing. The forms in this packet are designed to help me get to know you as quickly as possible so we can more forward with your counseling. Please answer every question with as much detail as you can. If you feel uncomfortable with a question, just write "ask me" and we will talk about it during your session. If you have any questions, just put an "?" and we will talk about it during your session. It should take you between 15-30 minutes to complete this packet. I look forward to meeting with you soon. **If you are completing this packet at home, please bring the complete packet with you to your first session. THANK YOU!**

I. Contact Information

Today's Date: _____ Your Name: _____

Your birthday: _____ Your SS#: _____

Your address: _____

City: _____ Zip: _____

Telephone:	**Discretion necessary?**	**Best Days/Times to call**
Home: (_____)_____	❑ Yes ❑ No	_____ ❑ anytime ❑ Business Hours
Cell: (_____)_____	❑ Yes ❑ No	_____ ❑ anytime ❑ Business Hours
Work: (_____)_____	❑ Yes ❑ No	_____ ❑ anytime ❑ Business Hours
Other: (_____)_____	❑ Yes ❑ No	_____ ❑ anytime ❑ Business Hours

II. Emergency Contact

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name:_____ Relationship to you _____

Address: _____

Telephone: Home: (____)_____ Other: (____)_____

Authorization to Contact Emergency Contact

By signing below, I authorize Heather M. Berberet, Psy.D. to contact the above named person in the event of an emergency. I understand that Dr. Berberet will disclose only such information as is necessary to protect my health and safety and/or the safety of others. I also understand that this authorization may not be used under any other circumstance without my express permission.

Your Signature _____ Date: _____

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

III. Basic Information

Gender: ❑ Female ❑ Male ❑ Transgender Male to Female ❑ Transgender Female to male

Ethnicity: _____

Sexual/Affectional Orientation:

❑ Heterosexual ❑ Lesbian ❑ Gay ❑ Bisexual ❑ Queer ❑ unsure

❑ Other:_____

Religion:
❑ Jewish ❑ Islamic ❑ Christian ❑ Catholic ❑ Protestant ❑ Buddhist
❑ LDS ❑ Other:_____

How religious or spiritual are you? (circle the number which best describes you)

1	2	3	4	5	6	7	8	9	10
Very religious/Spiritual				Somewhat religious/Spiritual					Not at all religious/Spiritual

Relationship Status (check all that are true for you):
❑ Single, not dating ❑ Single, dating one ❑ Single, dating several
❑ Committed relationship ❑ Married ❑ Divorced ❑ Widowed
❑ Other:_____

Parental Status:
❑ No children ❑ Biological Parent (Number of children? _____)
❑ Step-parent/Co-parent ❑ Foster parent ❑ Adoptive parent
❑ Grandparent Other:_____

Education (Please mark the highest level of education you have achieved)
❑ Some High School ❑ High School/GED ❑ Some College
❑ Technical/Apprentice certification ❑ AS Degree ❑ BA/BS Degree
❑ Some graduate school ❑ MA/MS Degree
❑ Doctorate/MD/JD

IV. Employment & Income

Employment Status:
❑ Full-time ❑ Part-time ❑ Work as parent in the home ❑ Student
❑ Unemployed ❑ Retired

If employed, what is your company name? _____

If employed, what is your job title? _____

What is your average monthly income from ALL sources over the past year? $_____

Sources of Income (please check all that apply):
❑ Job ❑ unemployment ❑ Family (e.g. spouse, partner, parents)
❑ Child Support ❑ SSI/SDI ❑ Savings ❑ Retirement ❑ Other:_____

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Insurance Coverage: *(I will need to make a photocopy of your insurance card. Please have this ready for when we meet.)*

Do you have health insurance? ❑ Yes ❑ No

Does it cover behavioral/mental health services? ❑ Yes ❑ No ❑ Don't know

*(If **YES**, please answer the following questions. If **NO**, please go to the "Military Experience" section below.*

What is the name of your insurance company? _____

What is the name of the primary person insured? _____

For the purposes of billing your insurance company, I will need the following information about the person who is the primary on your insurance policy.

Name: _____ Employer: _____

Birthday: _____ Social Security #: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Policy Name: _____

Policy #: _____ Group #: _____ ID #: _____

Military experience:

Have you ever been in the military? ❑ Yes ❑ No Are you active military? ❑ Yes ❑ No

If yes, please answer the following questions:

Branch ❑ Army ❑ Navy ❑ Air force ❑ Marines

Date entered (month & year): _____ Rank/Rate: _____

Time served oversees? ❑ Yes ❑ No Time served in combat? ❑ Yes ❑ No

V. Your Family

Your home today

Please complete the table below by listing all of the people who current live in your home

First Name	Age	Ethnicity	Occupation	Relationship to You

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Your childhood home

Please list all of the people who lived in your home while you were growing up

First Name	Age	Ethnicity	Occupation	Relationship to You

VI. Your Health

Please give me the name and contact information for your primary care physician:
Name: _____Office Phone:_____
When was your last appointment?
❑ Within the last 30 days ❑ Last 3 months ❑ Last 6 months ❑ Last Year
❑ More than 1 year ❑ More than 3 years

Do you currently have any serious illnesses? ❑ Yes ❑ No
If "Yes," please describe:

Have you had any serious illnesses in the past? ❑ Yes ❑ No
If "Yes," please describe:

Have you ever had surgery or other medical problem? ❑ Yes ❑ No
If "yes," please describe:

In the table below, please list medications for physical problems that you are taking right now:

Medication name	What is your dose?	How often do you take it?	For what reason?	Who prescribes it?	Approx. when did you start this med?

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

VII. Previous Counseling

Are you currently seeing a counselor of therapist? ❑ Yes ❑ No
If "yes," please give tell me their name and phone number:
Name:_____ Phone:_____

Have you ever seen a therapist or counselor? ❑ Yes ❑ No
If "yes," how long ago?
❑ last 3 months ❑ 3-6 months ❑ 6-12 months
❑ More than 1 year ago ❑ 2-3 years ago ❑ 4 or more years ago

Have you ever stayed at a psychiatric hospital? ❑ Yes ❑ No
If "yes," when _____

For how long? _____

Why?_____

Please list any psychological medications you are taking **right now**:

Medication name	What is your dose?	How often do you take it?	For what reason?	Who prescribes it?	Approx. when did you start this med?

Please list any psychological medications that you have taken in the past, **but are not taking right now**:

Medication name	What is your dose?	How often do you take it?	For what reason?	Who prescribes it?	Approx. when did you start this med?

As a child or teenager, did you ever drink alcohol? ❑ Yes ❑ No Age of first drink:____

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

As an adult, did you ever drink alcohol? ❑ Yes ❑ No

Do you currently drink alcohol? ❑ Yes ❑ No

As a child or teenager, did you ever use drugs? ❑ Yes ❑ No Age of first use: _____

As an adult, have you ever used drugs? ❑ Yes ❑ No

If "Yes,' please tell me which drugs you have used in the past:

❑ Marijuana ❑ Hashish ❑ Cocaine ❑ Crack ❑ Meth/crystal
❑ Speed ❑ Steroids ❑ Mushrooms ❑ Acid Heroin
❑ Inhalants ❑ K ❑ X ❑ Barbituates/Tranquilizers
❑ Others (please list):_____

Please tell me which drugs you have used in the last 6 months

❑ Marijuana ❑ Hashish ❑ Cocaine ❑ Crack ❑ Meth/crystal
❑ Speed ❑ Steroids ❑ Mushrooms ❑ Acid Heroin
❑ Inhalants ❑ K ❑ X ❑ Barbituates/Tranquilizers
❑ Others (please list):_____

VIII. Legal History

As a child or teenager, were you every arrested? ❑ Yes ❑ No

As an adult, have you ever been arrested? ❑ Yes ❑ No

As adult, have the police or other law enforcement agents every been called to your home? ❑ Yes ❑ No

Have you ever been on any type of probation or parole? ❑ Yes ❑ No

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

BRIEF SYMTPOM CHECKLIST

Below is a list of problems people sometimes have. Please read each one carefully and circle the number that best describes how much that problem has bothered you **DURING THE LAST 14 DAYS (TWO WEEKS), INCLUDING TODAY**. Circle only one number for each problem and please do not skip any.

HOW MUCH WERE YOU BOTHERED BY:	Not at all	A little bit	Some	Quite a lot	Extremely
1. Nervousness or shakiness inside	0	1	2	3	4
2. Faintness or dizziness	0	1	2	3	4
3. The idea that someone else can control you thoughts	0	1	2	3	4
4. Feeling others are to blame for most of your troubles	0	1	2	3	4
5. Trouble remembering things	0	1	2	3	4
6. Feeling easily annoyed or irritated	0	1	2	3	4
7. pains in the heart or chest	0	1	2	3	4
8. Feeling afraid in open spaces or on the street	0	1	2	3	4
9. Feeling that most people cannot be trusted	0	1	2	3	4
10. Thoughts of ending your life	0	1	2	3	4
11.Poor appetite	0	1	2	3	4
12. Suddenly scared for no reason	0	1	2	3	4
13. Temper outbursts that you could not control	0	1	2	3	4
14. Feeling lonely even when you are with people	0	1	2	3	4
15. Feeling blocked in getting things done	0	1	2	3	4
16. Feeling lonely	0	1	2	3	4
17. feeling blue	0	1	2	3	4
18. Feeling no interest in things	0	1	2	3	4
19. Feeling fearful	0	1	2	3	4
20. Your feelings being easily hurt	0	1	2	3	4
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4
22. Feeling inferior to other	0	1	2	3	4
23. Nausea or upset stomach	0	1	2	3	4
24. Feeling that you are watched or talked about by others	0	1	2	3	4
25. Trouble falling asleep	0	1	2	3	4
26. Having to check and double check what you do	0	1	2	3	4
27. Difficulty making decisions	0	1	2	3	4
28. Feeling afraid to travel on busses, subways, trains, airplanes	0	1	2	3	4
29. Trouble getting your breath	0	1	2	3	4
30. Hot or cold spells	0	1	2	3	4
	Not	A little		Quite	
	Not	**A little**		**Quite**	

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

HOW MUCH WERE YOU BOTHERED BY:	Not at all	A little bit	Some	Quite a lot	Extremely
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
32. Your mind going blank	0	1	2	3	4
33. Numbness or tingling in parts of your body	0	1	2	3	4
34. the idea that your should be punished for your sins	0	1	2	3	4
35. Feeling hopeless about the future	0	1	2	3	4
36. Trouble concentrating	0	1	2	3	4
37. Feeling weak in parts of your body	0	1	2	3	4
38. Feeling tense or keyed up	0	1	2	3	4
39. Thoughts of death or dying	0	1	2	3	4
40. Having urges to beat, injure, or harm someone	0	1	2	3	4
41. Having urges to break or smash things	0	1	2	3	4
42. Feeling very self-conscious with others	0	1	2	3	4
43. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
44. Never feeling close to another person	0	1	2	3	4
45. Spells of terror or panic	0	1	2	3	4
46. Getting into frequent arguments	0	1	2	3	4
47. Feeling nervous when you are left alone	0	1	2	3	4
48. Others not giving you proper credit for your achievements	0	1	2	3	4
49. Feeling so restless that you couldn't sit still	0	1	2	3	4
50. feelings of worthlessness	0	1	2	3	4
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4
52. Feelings of guilt	0	1	2	3	4
53. The idea that something is wrong with you	0	1	2	3	4

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

CHECKLIST OF DIFFICULT LIFE EVENTS

Below is a list of life events that many people have experienced and which can be difficult. Please place check marks next to the events you have experienced in your life.

- ❑ Your parent(s) died when you were a child
- ❑ Your own child died
- ❑ Your heterosexual partner/spouse died
- ❑ Your same-sex partner/spouse died
- ❑ You were robbed
- ❑ You were physically assaulted by an opposite sex stranger
- ❑ You were physically assaulted by a same-sex stranger
- ❑ You were the victim of a hate crime
- ❑ You witnessed your parents physically fighting when you were a child
- ❑ You were sexually harassed at school or work by a member of the opposite sex
- ❑ You were sexually harassed at school or work by a member of the same sex
- ❑ You were sexually assaulted by a member of the opposite sex
- ❑ You were sexually assaulted by a member of the same sex
- ❑ Your parent(s) was/were addicted to drugs/alcohol
- ❑ You were sexually abused as a child
- ❑ You were physically abused as a child
- ❑ Your parents divorced
- ❑ You were removed from your parent' home by the authorities
- ❑ Your parent was placed in jail
- ❑ You were arrested
- ❑ You were placed in jail
- ❑ You witnessed street violence or a violent crime
- ❑ You were forced to leave your country (refugee)
- ❑ You had an abortion
- ❑ You were diagnosed with a life-threatening illness
- ❑ You tested positive for HIV
- ❑ You got a heterosexual divorce
- ❑ You were separated or divorced from your same-sex life partner
- ❑ Your partner was diagnosed with a life-threatening illness
- ❑ Your partner tested positive for HIV
- ❑ You were addicted to drugs/alcohol
- ❑ You sexually assaulted someone
- ❑ You physically assaulted someone

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

CONFLICT TACTIC SCALE I (V)

People use many different ways to settle differences between them. Here is a list of some of the things that your current or past partners might have done when you had a dispute. I would like you to circle the number that best describes how many times each thing has happened across ALL of your relationships.

"YOUR PARTNERS TO YOU"

TYPE OF TACTIC	HOW MANY TIMES?						
1. Discussed an issue calmly.	0	1	2	3-5	6-10	11-20	More than 20
2. Got information to back up her/his side of things.	0	1	2	3-5	6-10	11-20	More than 20
3. Brought in, or tried to bring in, someone else to try to help settle things.	0	1	2	3-5	6-10	11-20	More than 20
4. Insulted or swore at you	0	1	2	3-5	6-10	11-20	More than 20
5. Sulked or refused to talk about things	0	1	2	3-5	6-10	11-20	More than 20
6. Stomped out of the room or house or yard	0	1	2	3-5	6-10	11-20	More than 20
7. Cried	0	1	2	3-5	6-10	11-20	More than 20
8. Did or said something to spite you	0	1	2	3-5	6-10	11-20	More than 20
9. Threatened to hit or throw something at you	0	1	2	3-5	6-10	11-20	More than 20
10. Threw or smashed or hit or kicked something	0	1	2	3-5	6-10	11-20	More than 20
11. Threw something at you	0	1	2	3-5	6-10	11-20	More than 20
12. Pushed, grabbed, or shoved you	0	1	2	3-5	6-10	11-20	More than 20
13. Slapped you	0	1	2	3-5	6-10	11-20	More than 20
14. Kicked, bit or hit you with a fist	0	1	2	3-5	6-10	11-20	More than 20
15. Hit, or tried to hit, you with something	0	1	2	3-5	6-10	11-20	More than 20
16. Beat you	0	1	2	3-5	6-10	11-20	More than 20
17. Choked you	0	1	2	3-5	6-10	11-20	More than 20
18. Threatened you with a knife or gun	0	1	2	3-5	6-10	11-20	More than 20
19. Used a knife or fired a gun at you	0	1	2	3-5	6-10	11-20	More than 20

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

CONFLICT TACTIC SCALE II (P)

People use many different ways to settle differences between them. Here is a list of some of the things that YOU might have done when you had a dispute with your current or past partners. I would like you to circle the number that best describes how many times you have done each thing across ALL of your relationships.

"YOU TO YOUR PARTNERS"

TYPE OF TACTIC	HOW MANY TIMES?						
1. Discussed an issue calmly.	0	1	2	3-5	6-10	11-20	More than 20
2. Got information to back up your side of things.	0	1	2	3-5	6-10	11-20	More than 20
3. Brought in, or tried to bring in, someone else to try to help settle things.	0	1	2	3-5	6-10	11-20	More than 20
4. Insulted or swore at him/her	0	1	2	3-5	6-10	11-20	More than 20
5. Sulked or refused to talk about things	0	1	2	3-5	6-10	11-20	More than 20
6. Stomped out of the room or house or yard	0	1	2	3-5	6-10	11-20	More than 20
7. Cried	0	1	2	3-5	6-10	11-20	More than 20
8. Did or said something to spite him/her	0	1	2	3-5	6-10	11-20	More than 20
9. Threatened to hit or throw something at you	0	1	2	3-5	6-10	11-20	More than 20
10. Threw or smashed or hit or kicked something	0	1	2	3-5	6-10	11-20	More than 20
11. Threw something at you him/her	0	1	2	3-5	6-10	11-20	More than 20
12. Pushed, grabbed, or shoved him/her	0	1	2	3-5	6-10	11-20	More than 20
13. Slapped you	0	1	2	3-5	6-10	11-20	More than 20
14. Kicked, bit or hit him/her with a fist	0	1	2	3-5	6-10	11-20	More than 20
15. Hit, or tried to hit, him/her with something	0	1	2	3-5	6-10	11-20	More than 20
16. Beat him/her	0	1	2	3-5	6-10	11-20	More than 20
17. Choked him/her	0	1	2	3-5	6-10	11-20	More than 20
18. Threatened him/her with a knife or gun	0	1	2	3-5	6-10	11-20	More than 20
19. Used a knife or fired a gun at him/her	0	1	2	3-5	6-10	11-20	More than 20

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

SEXUAL EXPERIENCES SURVEY

The questions below describe sexual experiences many people have has with partners/lovers or dates. Please read each one carefully and check YES or NO for each other he following questions. Please answer every question.

1. Have you ever had sex with someone when you wanted to? ❑ Yes ❑ No

2. Have you ever had someone misunderstand the level of sexual activity you wanted? ❑ Yes ❑ No

3. Have you ever been in a situation where someone became so sexually aroused that you felt it was useless to stop him/her even though YOU DID NOT WANT TO continue? ❑ Yes ❑ No

4. Have you ever had sex with someone even though YOU DIDN'T REALLY WANT TO because she or he threatened to end your relationship if you didn't? ❑ Yes ❑ No

5. Have you ever had sex with someone WHEN YOU DIDN'T WANT TO because you felt pressured by his or her continual arguing and insisting? ❑ Yes ❑ No

6. Have you ever been in a situation where you had sex with someone WHEN YOU DIDN'T WANT TO because she or he threatened to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate? ❑ Yes ❑ No

7. Have you ever been in a situation where someone used some degree of physical force (twisting your arm, holding you down, etc) if you didn't cooperate? ❑ Yes ❑ No

8. Have you ever been in a situation where someone penetrated you WHEN YOU DIDN"T WANT TO because she or he used physical force (twisting you arm, holding you down, etc.)? ❑ Yes ❑ No

9. Have you ever been raped? ❑ Yes ❑ No

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Important Information for Clients

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you.

This brochure answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

- This brochure talks about the following in a general way:
- What the risks and benefits of therapy are.
- What the goals of therapy are, and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost, and how I handle money matters.
- Other important areas of our relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. As you will see, there are two signature pages- please sign both. I will also sign them and we will each take a one for our records.

After this brochure you will find two agreements. The first is an *Authorization for Psychological Treatment*. This agreement states that you have received all of the information in this packet and that you understand it. It also gives me permission to provide you with counseling. This agreement creates a therapist-client relationship between the two of us. Please remember that you can end this relationship at any time. The next agreement is our *Fee Agreement*. Outlined in this agreement are the fee arrangements you and I will make during our session together. This is a very important agreement because it also creates a therapist-client relationship. You can either sign these two agreements now, or wait until we meet. There are two copies of each agreement- one copy is for your records and one copy I keep for your file. If you choose to sign these agreements before we meet, please sign both of them.

After the agreements, you will find a series of hand-outs which explain a few important issues in more detail. These handouts are:

- *The Rights of Clients*
- *Information You Have a Right to Know (This suggests good questions you may want to ask me.)*
- *Limits of the Therapy Relationship: What Clients Should Know*
- *Client–Therapist Contact: Proper and Improper Conduct*
- *What You Should Know about Confidentiality in Therapy*
- *What You Should Know about Managed Care and Your Treatment*

Please take these hand-outs with you-they are yours to keep.

About Psychotherapy

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

My theoretical approach is based on the understanding that you learned many lessons about how to act in the world when you were a child. Some of these lessons were helpful to you when you became an adult and left home, and some of them weren't. I also understand that, as adults, we continue to learn lessons every day, and like when we were kids, sometimes these lessons are helpful and sometimes they aren't. When we act according to the things we learned from unhelpful lessons, we aren't as happy as we want to be.

I also understand that how we think about things has a big impact on how we feel about things.

Finally, I understand that people treat some people negatively because of who they are (for example, race/ethnicity, sexual orientation, age, sex/gender) and this type of negative treatment because can have a big impact on how you feel about yourself and the world around you.

These understandings and their respective therapies are called (respectively) psychodynamic theory, cognitive-behavioral theory & therapy, and feminist theory and therapy. If you would like to know more about who developed these theories and therapies, please ask.
In combination, these theories and therapies form the primary ways I, as your therapist, will come to understand you and work to help you.

I have two primary goals when working with clients. First, I want to help you understand yourself better. As a therapist, I think it is my job to help you see yourself more clearly. When you are able to see what you do that helps and hurts you, it is then easier to make changes in your life. Secondly, it is my job to give you the tools you need to create the life that you want. Together, achieving these goals can make a big difference in how happy and satisfied you are with your life.

During our sessions, you will bring up whatever is on your mind and what is happening in your life. Depending on what you bring up, we may try to find times in your life where you had a similar set of thoughts and feelings and the lessons you learned. Another thing we may do is try to discover any additional thoughts or feelings about what is happening. We may talk about other issues in your current life that may impact your feelings and thoughts about this particular situation, or I may ask questions as I try to really understand and "step into your shoes" about the situation. These are common things I may do in session, but I may try something else. Please remember that at any time you can ask me about why I did or said something, what my goals are, and how what I have asked you to do will achieve those goals.

Sometimes, I take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. You could also tape-record our meetings to review at your leisure at home.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask

you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no "magic pills." However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 3 to 4 months. After that, we sometimes meet less often for several more months. We may also continue to meet every week for several more months. Therapy then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a "time out" from therapy to try it on your own, we should discuss this. We can often make such a "time out" be more helpful.

The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment

is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. However, if you would like to have a brief conversation or introduce me to the people you are with, that is just fine.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

Even though you might invite me, I will most likely not attend your family gatherings, such as parties or weddings.

As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday and may not receive any of your gifts eagerly.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.

2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

4. If I believe a child or a senior has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have two trusted fellow therapist "cover" for me. One of these therapists will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. The name of these therapists are Dr. Martin Doucett and Dr. Amanda Quayle.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited.

Except for the situations I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

I make every effort to keep the names and records of clients private. I will try never to use your name on the telephone, if clients in the office can overhear it.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 15 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

My Background

I am a psychologist with 9 years of experience. For the past 5 years, I have had my own office for the general practice of clinical psychology. I am trained and experienced in doing one-on-one and couple therapy with adults (18 years and over), with special training in working with LGBT individuals and couples. I also have significant training and experience helping parents (birth, step, adoptive, and foster parents) manage the behavior of their children. Earlier in my career, I worked in clinics and similar settings. I hold these qualifications:

- I have a doctoral degree in clinical psychology from the California School of Professional Psychology at Alliant International University, whose program is approved by the American Psychological Association (APA).
- I completed an internship in clinical psychology.
- I am licensed as a psychologist in California (License #PSY16920)
- I am a member of the APA.

About Our Appointments

The very first time I meet with you for a full session, we will need to give each other much basic information. For this reason, I usually schedule 1–2 hours for this first meeting. Following this, we will usually meet for a 50-minute session once or twice a week, then less often. We can schedule meetings for both your and my convenience. I will tell you at least two weeks in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

In general, I take two weeks off in December over the Christmas holidays and two weeks off during the summer months. In addition, I have to travel to conferences 6-8 times a year. As often as possible, I will work with you to reschedule your appointment if I will be out of town during your regularly scheduled appointment.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least a week's notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a week in advance. If you give me less that 48 hours notice, or fail to attend an appointment which you had not cancelled, you will be charged my full fee for that session. If you start to miss a lot of sessions, I will have to charge you for the lost time unless I am able to fill it. Your insurance will not cover charges for late cancelled or missed appointments.

Unless we are meeting as a family, I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. I do not have toys, but I can provide reading materials and games suitable for older children.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and ability to manage life responsibilities.

My current regular fees are as follows. My fees do change periodically and you will be given advance notice prior to any fee changes.

Regular therapy services: For a session of 45 minutes, the fee is $150. This fee includes the 45-50 minutes that we will meet together and 10-15 minutes I use to document our meeting, bill for your treatment, or do other "business" on you behalf. Therefore, your fee includes a full hour of time, of which 45-50 minutes if spent in a face to face meeting. Please pay for each session at its end. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. Very brief "check-in" calls are provided at no additional cost to you. However, if you need an extended call that lasts longer than 15 minutes, I will charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. In addition, there are times when we agree upon an extended session(s). When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Reports: I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill you for any extra-long or complex reports the company might require. The company will not cover this fee.

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

Late Cancellations and "No Shows" : Please provide notice to cancel your appointment at least 48 hours prior to your appointment time. Late cancellations (less than 48 hours notice) or "no shows" will be charged my full fee of $150, regardless of a lower fee we may have agreed to. Appointments that are cancelled late, but which are rescheduled and attended within the same week, will not be subject to additional fees.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. It is one of the reasons that I work hard during your session. Of course, the more effort you put into your treatment, the more helpful it will be to you.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 30 days of when you get it.

At your request, I will send you a statement at the end of each month. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, I will send you a final statement for your tax records.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches $300, we will discuss it during your session. If it then remains unpaid, I must stop therapy with you until your balance has been reduced to less than $300. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

I will raise my fees from time to time. Usually once every one to two years. Fee increases are minimal, and usually are $5 to $10 per session. You will always be given at least 4 weeks notice about fee increases. Fee increases typically happen in January.

If You Have Traditional (or "Indemnity") Health Insurance Coverage

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. These plans include Blue Shield and most Major Medical plans. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know.

If your health insurance will pay part of my fee, I will help you with your insurance claim forms. However, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you (and I) will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, co-payments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.

2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.

To seek payment from your insurance company, you must first obtain a claim form from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it to your insurance company. My statement already provides the information asked for on the claim form.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

If You Have a Managed Care Contract

If you belong to a health maintenance organization (HMO) or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's description of services to one of our early meetings, so that we can talk about it and decide what to do.

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. I will do my best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result.

If You Need to Contact Me

My cell phone serves as my primary business phone. This has many benefits and some drawbacks. I carry my cell phone with me at most times, therefore I usually know when the phone has rung and who has called. I can also be paged on my cell phone, which alerts me to an Emergency. For instructions on how to page me, please see the directions below. However, due to the nature of my work, I cannot promise that I will be available at all times. Please refrain from calling before 8:00am or after 8:00pm unless it is an emergency.

Occasionally a call does not come through, I lose reception, or my battery dies. You can always leave a message on my voicemail and I will return your call as soon as I can. I return phone calls within 24-48 hours after you call, depending on the urgency of the situation and the day you call. Generally, I will return messages daily except on Sundays and holidays.

If you have an emergency or crisis, call my number (619.379.8513) and listen to my message. After my message, you will be instructed about how to use the paging feature. Only use the paging option if it is a clinical emergency. I will then be paged. When I receive a page I stop whatever I am doing and return the page; this includes if I am seeing another client, I am teaching, or if I am in a meeting. As your therapist, I will expect you to page me if you need to, and I will expect you to not page me when you don't. If you have a behavioral or emotional crisis and I do not return your page within 10 minutes, please page me again. As I stated earlier, cell phone are not perfectly reliable. If, after paging me twice, I do not return your call, it means that I did not receive your page. In this case, you should call one of the San Diego County Access and Crisis line at 1-800-479-3339.

Other Points

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Doing follow-up and outcome research is always educational. As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life-relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you wrote on these questionnaires and what I have in my records and use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely anonymous.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the California Board of Psychology, the organization that licenses those of us in the independent practice of psychology.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, gender, gender identity, sexual orientation, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

The Rights of Clients

1. You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists.

2. You have the right to end therapy at any time. The only thing you will have to do is to pay for any treatments you have already had. You may, of course, have problems with other people or agencies if you end therapy—for example, if you have been sent for therapy by a court.

3. You have the right to ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you. If you wish, I will explain my usual methods to you.

4. You have the right not to allow the use of any therapy technique. If I plan to use any unusual technique, I will tell you and discuss its benefits and risks.

5. You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission, and if I do reveal these things I am not required by the law to tell you that I have done so. Here are some of these situations:

- If you seriously threaten to harm another person, I must warn that person and the authorities.
- If a court orders me to testify about you, I must do so.
- If I am testing or treating you under a court order, I must report my findings to the court.

6. If I wish to record a session, I will get your informed consent in writing. You have the right to prevent any such recording.

7. You have the right to review your records in my files at any time, to add to or correct them, and to get copies for other professionals to use.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Information You Have a Right to Know

When you come for therapy, you are buying a service to meet your individual needs. You need good information about therapy to make the best choice for yourself and your family. That is the purpose of our meeting today. I have written down some questions you might want to ask me about how I do therapy. You are free to ask me any of these questions, and I will try my best to answer them for you. If my answers are not clear, or if I have left something out, or if you have more questions, just ask me again. You have the right to full information about therapy.

A. About Therapy

1. What will we do in therapy? What will I have to do in therapy?
2. Could anything bad happen because of therapy?
3. What will I notice when I am getting better?
4. About how long will it take for me to see that I am getting better?
5. Will I have to take any tests? What for? What kind?
6. About how long will therapy take?
7. What should I do if I feel therapy isn't working?

B. About Other Therapy and Help

1. What other types of therapy or help are there for my problems?
2. How often do these other methods help people with problems like mine?
3. What are the risks or limits of these other methods?

C. About Our Appointments

1. How will we set up our appointments?
2. How long will our sessions last? Do I have to pay more for longer ones?
3. How can I reach you in an emergency? If I can't reach you, to whom can I talk?
4. What happens if the weather is bad or I'm sick and can't come to an appointment?

D. About Confidentiality

1. What kinds of records do you keep about my therapy?
2. Who is allowed to read these records?
3. Are there times you *have* to tell others about the personal things we might talk about?

E. About Money

1. What will you charge me for each appointment?
2. When do you want to be paid?
3. Do I need to pay for an appointment if I don't come to it, or if I call you and cancel it?
4. Do I need to pay for telephone calls to you?
5. Will you ever raise the fee that you charge me? When?
6. If I lose some of my income, can my fee be lowered?
7. If I do not pay my bill, what will you do?

F. Other Matters

1. How much training and experience do you have? Do you have a license? What are your other qualifications?
2. What kind of morals and values do you have?
3. To whom can I talk if I have a complaint about therapy that you and I can't work out?

The list above deals with the most commonly asked questions, but many people want to know more. Feel free to ask me any questions you have at any time. The more you know, the better our work will go.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Limits of the Therapy Relationship: What Clients Should Know

Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client *only.* If we were to interact in any other ways, we would then have a "dual relationship," which would not be right and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the therapist's) interests and your (the client's) best interests, and then your interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.
Because I am your therapist, dual relationships like these are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Friends may see you only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends.

In sum, my duty as therapist is to care for you and my other clients, but *only* in the professional role of therapist. Please note any questions or concerns on the back of this page so we can discuss them.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Client–Therapist Contact: Proper and Improper Conduct

This brochure has been written to help you understand what is proper and improper conduct for a therapist, and what responses are available to you as a consumer. It may raise issues that you have not considered before. However, if you are well informed, you will be better able to make sure your needs get met in therapy.

Although most therapists are ethical people (that is, good and law-abiding people) who care about their clients and follow professional rules and standards in their practice, there are a very few who do not consider what is best for their clients and who behave unethically. These issues apply to any mental health worker: psychologists, psychiatrists, social workers, counselors, clergy, nurses, or marriage and family therapists.

Therapist Behaviors That May Not Be OK

There will be times in your therapy when it might be important, even if it is very uncomfortable for you and your therapist, to discuss your feelings and concerns about sex. In fact, such discussions may be needed if you are to benefit from your therapy. **However, sexual contact is never a proper part of any sex education or sex therapy.**

Many caring therapists sometimes show their feelings through touch. These forms of physical contact in therapy, such as a handshake, a pat on the back, or a comforting hug, may not concern you. But you are the best judge of the effects that any touching may have on you. If your therapist engages in any type of physical contact that you do not want, tell him or her to stop, and explain how you feel about that contact. A responsible therapist will want to know about your feelings and will respect your feelings without challenging you.

If your therapist makes sexual comments or touches you in a way that seems sexual to you, you are likely to feel discomfort. Trust your feelings. Do not assume that your therapist must be right if it feels wrong to you.

There are warning signs that a therapist may be moving toward sexual contact with you. The therapist may start talking a lot about his or her own personal problems, giving you gifts, writing letters to you that are not about your therapy, or dwelling on the personal nature of your relationship. Or the therapist may create the idea that he or she is your only source of help by criticizing you for standing up for yourself, or by telling you how to behave with a sexual partner. A red flag should definitely go up if your therapist discusses his or her own sexual activities or sexual attraction to you. Other signs include making remarks intended to arouse sexual feelings, or forms of physical seduction, such as sexual touching.

Attraction to Your Therapist

It is normal for people in therapy to develop positive feelings, such as love or affection, toward a therapist who gives them support and caring. These feelings can be strong and may sometimes take the form of sexual attraction. It can be helpful to discuss these feelings with your therapist in order to understand them. A caring, ethical therapist would never take advantage of your feelings by suggesting sexual contact in therapy or by ending therapy to have a romantic relationship with you.

Though sexual feelings sometimes occur, and discussion about them is often useful, sexual contact with your therapist cannot be helpful. Sexual contact in therapy has been found to be harmful to the client in many ways, including damaging the client's ability to trust. The harmful effects may be immediate, or they may not be felt until later. For this reason, sexual contact with clients is clearly against the rules of all professional groups of mental health workers (psychologists, psychiatrists, social workers, and so on).

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Actions You Can Take If You Believe That Your Therapist's Actions Are Not OK

Any time you feel uncomfortable about a part of your therapy, including therapist behavior that you think is improper, consider discussing this with your therapist. Your therapist should not try to make you feel guilty or stupid for asking questions, and your therapist should not try to frighten, pressure, or threaten you. If your therapist will not discuss your concerns openly or continues to behave in ways that are not OK with you, you probably have reason to be concerned.

When a discussion with your therapist about these behaviors does not help, you have the right to take some further action. You may wish to find another therapist and/or file any of several types of complaints. It is important for *you* to make the final decision about what course of action is best for your concerns and needs.

It may be very hard for you to think about making any kind of complaint against your therapist. You may worry that he or she will eventually find out about your complaint and be angry or hurt about it. You may also be concerned about possible harm to your therapist. There are several points to consider when you are trying to decide what is the best thing to do:

- Sexual contact between a therapist and a client is never a proper form of treatment for any problem. A therapist who suggests or engages in sexual contact in therapy is showing a lack of concern for you.
- Sexual contact in therapy is never your fault. Regardless of the particular things that have happened, you have placed your trust in the therapist, and it is his or her duty not to take advantage of that trust. If the therapist does this, you have been betrayed.
- A therapist who engages in sexual contact with a client is likely to do so more than once and with more than one client. If no one reports this behavior, other people may be harmed by the same therapist.

Specific Courses of Action

Remember that you have the right to stop therapy whenever you choose. At the same time, you may also wish to make some type of complaint against the therapist who has acted improperly.

If you choose to make a complaint against your therapist, the process may become long and difficult. Other clients taking such action have felt overwhelmed, angry, and discouraged. It is very important that you have support from people you can depend upon. Good sources of support might be family members, friends, support groups, a new therapist, or some type of advocate. Identifying and using good sources of support will help you feel more secure about the plan of action you have chosen.

You may wish to see another therapist to help you continue with your therapy, including dealing with problems resulting from the experience with the unethical therapist. It would not be unusual for you to have confusing thoughts and feelings about your experience and your previous therapist. It would also be understandable if you felt frightened about seeking, or had difficulty trusting, a new therapist.

You may also want an advocate to actively help you in making and pursuing plans. Try to locate a mental health worker who has had experience with other clients who have been victims of therapist sexual misconduct. He or she will be able to understand your situation, provide you with important information, and support you in your choice of action.

You may want to contact the state and/or national professional group to which your therapist belongs. For example, many practicing psychologists are members of this state's Psychological Association and the American Psychological Association. These organizations have specific rules against sexual contact with clients, and each has an ethics committee that hears complaints. State and national professional associations do not license their members to practice psychotherapy; however, they can punish an unethical therapist, sometimes

by expelling that person from membership in the organization. Such an action may make it more difficult for the therapist to get or keep a license to practice.

If your therapist is a licensed professional, you may want to contact this state's licensing board of the profession to which your therapist belongs. It has the power to take away or suspend the license of a professional found guilty of sexual misconduct.

Another option is to file a civil suit for malpractice, which would be done through a lawyer. To get a referral to an advocate or therapist experienced in working with victims of sexual misconduct, or to obtain information on filing a complaint, call or write to this state's professional organization.
Here are the addresses of some of the organizations mentioned above:

American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304
703-823-9800

American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
202-336-5510

American Psychiatric Association
1400 K Street, N.W
Washington, DC 20005
888-357-7924

National Association of Social Workers
750 First Street, N.E., Suite 700
Washington, DC 20002-4241
202-408-8600

There are groups in many communities to help victims of sexual abuse, and you can usually find them through the telephone book's "Human Services" section.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

What You Should Know about Confidentiality in Therapy

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the "confidentiality" of therapy. But I cannot promise that everything you tell me will *never* be revealed to someone else. There are some times when the law requires me to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a "secret" that I cannot keep secret. These are very important issues, so please read these pages carefully and keep this copy. At our next meeting, we can discuss any questions you might have.

1. **When you or other persons are in physical danger,** the law requires me to tell others about it. Specifically:

a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency. To "abuse" means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

2. In general, **if you become involved in a court case or proceeding,** you can prevent me from testifying in court about what you have told me. This is called "privilege," and it is your choice to prevent me from testifying or to allow me to do so. However, there are some situations where a judge or court may require me to testify:

a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.
b. In cases where your emotional or mental condition is important information for a court's decision.
c. During a malpractice case or an investigation of me or another therapist by a professional group.
d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital.
e. When you are seeing me for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell me what you don't want the court to find out through my report.

3. There are a few other things you must know about confidentiality and your treatment:

a. I may sometimes consult (talk) with another professional about your treatment. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, another therapist will be available to help my clients. I must give him or her some information about my clients, like you.

b. I am required to keep records of your treatment, such as the notes I take when we meet. You have a right to review these records with me. If something in the record might seriously upset you, I may leave it out, but I will fully explain my reasons to you.

4. Here is what you need to know about confidentiality **in regard to insurance and money matters:**

a. If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield or managed care organizations ask for much information about you and your symptoms, as well as a detailed treatment plan.
b. I usually give you my bill with any other forms needed, and ask you to send these to your insurance company to file a claim for your benefits. That way, you can see what the company will know about our therapy. It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information at the insurer's office. You cannot be required to release more information just to get payments.
c. If you have been sent to me by your employer's Employee Assistance Program, the program's staffers may require some information. Again, I believe that they will act morally and legally, but I cannot control who sees this information at their offices. If this is your situation, let us fully discuss my agreement with your employer or the program before we talk further.
d. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met for professional services, and the amount due to me.

5. **Children and families create some special confidentiality questions.**

a. When I treat children under the age of about 12, I must tell their parents or guardians whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details in things they tell me will be treated as confidential. However, parents or guardians do have the right to *general* information, including how therapy is going. They need to be able to make well-informed decisions about therapy. I may also have to tell parents or guardians some information about other family members that I am told. This is especially true if these others' actions put them or others in any danger.
b. In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist.
c. If you tell me something your spouse does not know, and not knowing this could harm him or her, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this.
d. If you and your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations.
e. If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court, however, may order me to testify.
f. At the start of family treatment, we must also specify which members of the family must sign a release form for the common record I create in the therapy or therapies. (See point 7b, below.)

6. **Confidentiality in group therapy is also a special situation.**
In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that I have to work under. You cannot be certain that they will always keep what you say in the group confidential.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

7. Finally, here are a few other points:

a. I will not record our therapy sessions on audiotape or videotape without your written permission.
b. If you want me to send information about our therapy to someone else, you must sign a "release-of-records" form. I have copies you can see, so you will know what is involved.
c. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

What You Should Know about Managed Care and Your Treatment

Your health insurance may pay part of the costs of your treatment, but the benefits cannot be paid until a managed care organization (MCO) authorizes this (says they can be paid). The MCO has been selected by your employer, not by you or me. The MCO sets some limits on us, and you need to know what these are before we go further.

Confidentiality

If you use your health insurance to help pay for psychotherapy, you must allow me to tell the MCO about your problem (give it a psychiatric diagnosis). You must also permit me to tell the MCO about the treatment I am recommending, about your progress during treatment, and about how you are doing in many areas of your life (functions at work, in your family, and in activities of daily living). I am not paid separately for collecting, organizing, or submitting this information, and I cannot bill you for these services. All of this information will become part of the MCO's records, and it will be included in your permanent medical record at the Medical Information Bureau, a national data bank. The information will be examined when you apply for life or health insurance, and it may be considered when you apply for employment, credit or loans, a security clearance, or other things in the future. You will have to indicate that you were treated for a psychological condition and release this information, or you may not get the insurance, job, loan, or clearance.

All insurance carriers claim to keep the information they receive confidential, and there are federal laws about its release. The laws and ethics that apply to me are much stricter than the rules that apply at present to MCOs. *There have been reports in the media about many significant and damaging breaches of confidentiality by MCOs*. If you are concerned about who might see your records now or in the future, we should discuss this issue more fully before we start treatment and before I send the MCO any information. You should evaluate your situation carefully in regard to confidentiality. For some people and some problems, the privacy of their communications to their therapist is absolutely essential to their work on their difficulties. For others, their problems are not ones that raise much concern over confidentiality.

Treatment

The MCO will review the information I send it and then decide how much treatment I can provide to you. *The MCO can refuse to pay for any of your treatment, or for any treatment by me. Or it may pay only a very small part of the treatment's cost, and it can prevent me from charging you directly for treatment we agree to*. Finally, it can set limits on the kinds of treatments I can provide to you. These limited treatments may not be the most appropriate for you or in your best interest. The MCO will approve treatment aimed at improving the specific symptoms (behaviors, feelings) that brought you into therapy, but it may not approve any further treatment. The MCO will almost always require you to see a psychiatrist for medication evaluations (and prescriptions), *whether you or I think this is appropriate*.

When it does authorize our treatment, the MCO is likely to limit the number of times we can meet. Your insurance policy probably has a maximum number of appointments allowed for outpatient psychotherapy (usually per year, though there may be a lifetime limit as well), but the MCO does not have to let you use all of those. It may not agree to more sessions, even if I believe those are needed to fully relieve your problems, or if I believe that undertreating your problems may prolong your distress or lead to relapses (worsening or backsliding).

If the MCO denies payment before either of us is satisfied about our progress, we may also need to consider other treatment choices, and they may not be the ones we would prefer. We can appeal the MCO's decisions on payment and number of sessions, but we can only do so within the MCO itself. We cannot appeal to other

professionals, to your employer, or through the courts. This state does not have laws regulating MCOs —that is, laws about the skills or qualifications of their staff members, about access to medical and psychological records by employers and others, or about the appeals process.

You should know that my contract or your employer's contract with a particular MCO prevent us from taking legal actions against the MCO if things go badly because of its decision. *My contract may prevent me from discussing with you treatment options for which the MCO will not pay*. I will discuss with you any efforts the MCO makes to get me to limit your care in any way.

The particular MCO in charge of your mental health benefits can change during the course of your treatment. If this happens, we may have to go through the whole treatment authorization process again. It is also possible that the benefits or coverage for your treatment may change during the course of our therapy, and so your part of costs for treatment may change.

Lastly, even if we send all the forms and information to the MCO on time, there may be long delays before any decisions are made. This creates stressful uncertainty and may alter our earlier assumptions about the costs and nature of your treatment.

If, after reading this and discussing it with me, you are concerned with these issues, you may have the choice of paying me directly and not using your health insurance. This will create no record outside of my files. This possibility depends on my contract with the MCO.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

Our Agreement for Treatment-Patient Copy

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

_____ _____
Signature of client (or person acting for client) Date

_____
Printed name

Relationship to client:
__ Self __ Parent __ Legal guardian
__ Health care custodial parent of a minor (less than 14 years of age)
__ Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

_____ _____
Signature of therapist Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

AUTHORIZATION FOR PSYCHOLOGICAL TREATMENT-Patient Copy

I, _____, I have been provided with general information about the various stages of psychotherapy, alternative forms of psychotherapy, general estimates of how long therapy may continue, the boundaries of the therapeutic relationship, the general risks and benefits associated with psychotherapy, and the limits to confidentiality. I have also been provided with specific information about the qualifications & licensure status of my therapist, the fees and payment arrangements for my therapy, the limits to the availability of my therapist, the way in which I may contact my therapist, what to do in case of a psychological "emergency," and understand & consent to those parameters. In addition, I have signed and been provided a copy of a specific financial agreement or Fee Contract. Finally, I have been provided with the following handouts:

- *The Rights of Clients*
- *Information You Have a Right to Know*
- *Limits of the Therapy Relationship: What Clients Should Know*
- *Client–Therapist Contact: Proper and Improper Conduct*
- *What You Should Know about Confidentiality in Therapy*
- *What You Should Know about Managed Care and Your Treatment*

I have also been provided with an opportunity to ask any questions I may have about any of this information or these policies.

I voluntarily consent to and authorize the undersigned therapist to provide psychological treatment to me. I understand that the undersigned therapist(s) have the sole responsibility for the quality & kind of treatment provided.

I understand that I may terminate treatment at any time I wish. If I wish to terminate treatment and I request referral, I will be provided with the names of several other qualified therapists from whom I may receive psychological treatment. I understand that my therapist and I will monitor my progress and if I am not progressing in the fashion I would like or that the therapist feels should be possible, treatment adjustments will be made. These adjustments may include referrals to another therapist or specialist.

By signing below, I am indicating that I have read, understood, and voluntarily agree to the above statements.

Date:

_____

(Client Signature)

_____

Heather M. Berberet, Psy.D.

Heather M. Berberet, Psy.D. PSY16920
3101 Fourth Avenue
San Diego, CA 92103
619.379.8513

FEE CONTRACT FOR PSYCHOLOGICAL TREATMENT OR EVALUATION-Patient Copy

PROVIDER NAME: Heather M. Berberet. Psy.D. CLIENT NAME: _____

CLIENT SS#: _____ CLIENT DATE OF BIRTH: _____

SERVICE: ❑ Psychotherapy, 50 minute sessions, meeting _____ times per week ❑ Psychological Evaluation
❑ Other:_____

FEES FOR SERVICE: $150.00 per session or $_____.00 per session or $_____ for an evaluation

- Payment is expected following each session.
- Any changes in the schedule of payments must be made with the knowledge & explicit consent of the undersigned therapist.
- If payment is not made in the agreed upon fashion, services may be discontinued.
- If an outstanding balance exists and good faith payment arrangements are not made within 30 days, your account may be turned over to a collection agency.
- Unless an alternative arrangement has been agreed upon and placed in writing, balances less than or equal to two (2) 50-minute sessions are permitted on a limited basis. Balances which exceed the total fees for two (2) 50-minute sessions will result in suspension of treatment until balance is reduced to less than or equal to the total fees of two (2) 50-minute sessions.
- Fees may change during the course of treatment. You will be given at least 4 weeks notice of a fee change.

INSURANCES: This office accepts a limited number of insurance payments. It is the Patient's responsibility to obtain any and all information required in order to determine benefits or receive prior approvals. If you are choosing to utilize your insurance benefits, this office will assist you in completing the paperwork that may be required in order to file a claim. However, you are responsible for initial payment for services and insurance reimbursement will be made directly to you. Monthly billing statements will be provided at your request and free of charge.

CANCELLATIONS:

- Payment is expected for all scheduled sessions of therapy until either the patient or the therapist terminates the psychotherapy relationship.
- 48 hour notice is required to cancel an appointment. Late cancellations and "no shows" will be charge the full fee of $150.00.
- Appointments cancelled in less than 48 hours, but which are rescheduled and attended *within the same week*, will not be charged additional fees.
- Insurance companies do not pay for services not provided. If you have failed to provide the 48-hour notice and are charged for a session, you are responsible for the full payment for that session. Your insurance company will not reimburse you.

ADDITIONAL AGREEMENTS: o ❑ None

_____

_____

_____

I have read, understood, and voluntarily agree to the conditions contained in this financial agreement. I have also received a copy of this agreement.

SIGNATURES: _____
(Patient's Signature) (Date)

_____
Heather M. Berberet, Psy.D. (Date)