

Claire James, Ph.D.
Licensed Clinical Psychologist, PSY 24585
590 Searls Ave. #5, Nevada City, CA 95959
Phone: 530-265-4470 Fax: 530-264-7527

OFFICE POLICIES & PROCEDURES

I welcome you as a client(s) to my practice. The following information describes my operational policies.

What is therapy?

Generally, people seek psychotherapy because a challenging issue or issues have led to an uncomfortable level of dissatisfaction in some part of their lives. Viewed positively, this dissatisfaction can become the basis of constructive efforts with a psychotherapist to resolve difficulties in a person's life. Progress in therapy does not usually happen in a short period of time. It is part of the process in therapy to go through a time when you feel that things may be getting worse and you may feel like quitting. These feelings are important for you to discuss with me.

Gradually, one begins to see how immediate problems or concerns are a part of a larger way of being, and that such problems can be changed or integrated for lasting benefit.

Appointments and Cancellations

To be successful, therapy requires a commitment from both the therapist and client. Appointments are arranged so that we share a consistent, ongoing weekly or biweekly scheduled time together. **If your appointment must be canceled, a minimum of 24 hours prior notice is required to avoid being charged the full fee for that hour (50 minute hour).** This will allow enough time to schedule someone from my waiting list into your time slot. You will also be charged if you "no show" for your scheduled time. No exceptions. Please be aware that a pattern of missed appointments may result in the termination of the therapeutic relationship. Missed appointment fees are due and payable by the next visit.

Payment for Services Rendered

Payment is made at the time the service is rendered, and I will be happy to supply you with a "superbill" to submit to your insurance company. Because you have paid for the session, any reimbursement from insurance will go directly to you. It is your responsibility to determine whether your insurance company will reimburse you.

Payment

Payment is due by the end of each session. All checks should be made out to Dr. Claire James. It is helpful if you write out your check before the session begins. There is a \$25.00 fee for returned checks. My fee is _____ for 50 minutes and is prorated for longer sessions. Each year I carefully evaluate my professional fees, taking into consideration business operating expenses, cost of living and comparative professional rates. I will give you two months notice of any possible fee increase.

Telephone Consultation

I will return your call at my first opportunity. After the first 5 minutes, there is a prorated charge of one-dollar per minute.

Reports and Consultations

A minimum fee of one hour is charged for all reports based on my hourly rate. Any reports that take more than one hour will be prorated. Telephone calls and professional consultations, with physicians, attorneys or others as needed related to your treatment or your child's treatment will be prorated and billed to you at the hourly rate. I will discuss this with you prior to making these contacts.

Confidentiality

Our professional exchanges are strictly confidential, within the limits of California Laws*. In the event that I need to contact another individual or agency regarding you or your situation, I will make every effort to obtain your written or verbal consent. You may wish to be informed regarding the disclosures requested by your insurance. I am not liable for how this information is utilized or to the nature of the inquiries.

*Therapists are mandated by law to report suspected child abuse, or the intent to harm self or others to the appropriate authorities, *with or without client consent*.

My Agreement to You

I agree to assist you in gaining awareness and understanding of the obstacles you face, and to help you gain new skills to make healthy choices in your life, however, this in no way guarantees that the changes you desire to make will occur.

In case of an emergency, call the 24-hour Mental Health Crisis Line at (530)265-5811.

I have carefully read this agreement and my questions were answered by the therapist.

Client Signature: _____ Date: _____

Parent (Guardian) of client: _____ Date: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Date of Birth: _____