



## Christina Caro, PhD

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### OUTPATIENT SERVICES CONTRACT

**This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA preemptive analysis.**

Welcome to Christina Caro PhD psychotherapy and counseling services. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

#### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to address the issues you are bringing to therapy. Psychotherapy is **not** like a medical doctor visit. Instead, **it calls for a very active effort on your part**. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, anxiety, and helplessness. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, **may result in changes that were not originally intended**. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

#### EVALUATION & REFERRALS

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If, after the evaluation period, it becomes apparent that I am not able to effectively address

your needs, I will give you referrals to other therapists whom you can contact. The Ethics Code of my profession requires that I not work with clients, who in my opinion, I cannot help.

Moreover, if at any point during psychotherapy I feel that I am not effective in helping you to reach your therapeutic goals, or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, I will discuss with you the termination of treatment and conduct pre-termination counseling, including providing appropriate referrals.

If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will give you a couple of referrals that you may want to contact, and with your written consent, I will provide her or him with the essential information needed.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## TREATMENT PLANNING

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with treatment. The plan will include strategies to support you in achieving your goals, including, but not limited to individual therapy, couples and family therapy, and limited psychological testing and assessment. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Please note:** I provide neither custody evaluation recommendations nor medication or prescription treatment nor legal advice, as these activities do not fall within my scope of practice.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## MEETINGS

A psychotherapy session is 50-minutes in duration. Typically, psychotherapy is comprised of one session per week at a time we agree on, although some sessions may be longer or more or less frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation**, unless we both agree that you were unable to attend due to circumstances beyond your control.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## CONTACTING ME

I am often not immediately available by telephone. Even if I am in my office, I probably will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me

of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**Important note regarding availability outside normally schedule appointments:** Due to the limited telecommunication capabilities in our frontier environment, I am often out of cell phone service on weekends, holidays, and during vacation. Because of this limitation, if you believe you may need non-life threatening crisis support outside of your normally scheduled appointment, I may need to refer you to another professional who can better meet your needs. In any case where you believe you are in a mental health crisis where you are at risk of harm to yourself or other, you should always contact 911 for assistance or go to the nearest emergency room.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

### **PROFESSIONAL FEES**

My hourly fee is \$150/hour. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than 45 minutes. Other services include report writing, telephone conversations lasting longer than **15 minutes**, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. These services may not be covered by your insurance. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at, or consultation regarding, any legal proceeding.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

### **INSURANCE REIMBURSEMENT**

I am not a “preferred provider” for any insurance company with the exception of Anthem Blue Cross, Aetna, HealthNet/MHN, Medicare, and Magellan Employee Assistance Program services. You are responsible for my fees so be sure to confirm services will be covered by you health insurance. As a courtesy I will bill your insurance. I will I will also facilitate treatment authorization by coordinating with your insurance carrier and providing the requested authorization forms when required. As indicated in the section, *Health Insurance & Confidentiality of Records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. For example, marital counseling is typically not covered by insurance. It is your responsibility to verify the specifics of your coverage.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held or monthly, at my discretion, if this payment agreement is appropriate for both you and my practice. If you require an invoice, one will be provided on a monthly basis. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days, a 5% per month fee will be added to your bill. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## **HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS**

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. *If you so instruct, only the minimum information will be communicated to the carrier.* I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is may be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

\_\_\_\_\_(Initial to acknowledge your understanding of above)

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in discussing treatment records. Additional details on your rights regarding access to your records is contained in the *Notice of Privacy Practice for Protected Health Information*

\_\_\_\_\_(Initial to acknowledge your understanding of above).

## MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

\_\_\_\_\_ (Parental waiver of right to examine minor patient treatment record without minor ~~consent~~)

## CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, an elderly person or disabled person has been abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek a crisis assessment for involuntary hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals – either as individuals or in a consultation group - about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant(s) is/are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality, along with the more comprehensive list in the *Notice of Privacy Practice for Protected Health Information*, should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

### **LITIGATION LIMITATION**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

### **RECORD PRIVACY ARRANGEMENT**

I may occasionally share office space with another professional. I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no one can have access to them without your specific, written permission. In sum my practice is not affiliated with any one in any way. I simply allow occasional use of the space as a professional courtesy.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

### **MAIL AND ELECTRONIC COMMUNICATIONS**

It is important to understand that E-mail and/or text messaging is not appropriate for communication of emergencies or crisis situations. Also, in NON-crisis and NON-emergency situations, cell phones, E-mail, and text communication carries risks to confidentiality and security of the email and text messaging contents. **This means that confidentiality and security cannot be guaranteed.** In general, it is in the best interest of the therapist/client relationship to communicate within your weekly therapy session.

Since communication by email has become the preferred communication method for so many people in the 21<sup>st</sup> century, I utilize a service, *Protected Trust*, to ensure security through encrypted emails. I highly recommend that my clients communicate with me through this service. There is no cost to you to use this service. You will need to provide me with an email address and a security phrase or cell phone number that will be used to verify your identity. A notification of an encrypted email from me will be sent to your preferred email address. You will be prompted to enter your security phrase or cell phone number, at which time you will be logged into my *Protected Trust* account to retrieve your email. You can also reply to me through this service to ensure email communication in secure in both directions.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## SERVICES BY USE OF INFORMATION TECHNOLOGY

Services by electronic means, including but not limited to telephone communication, the Internet, video calls, cell phone, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. You need to understand the following when contacting me via electronic means:

- (1) You retain the option to withhold or withdraw consent at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections and limits of confidentiality are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to, providing convenient access to up-to-date information, consultations, support, change in the conditions of practice, improved access to therapy, and reduction in lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to, the therapist's inability to make sensory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including physical challenges, apparent height and weight, body type, gait and motor coordination, posture, work speed, any noteworthy mannerisms or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, which you may not recognize as significant to present verbally to the therapist.
- (6) It is important to understand that in spite of my best efforts to maintain confidentiality via email, any email sent or received over the Internet through a NON-encrypted email service **may be intercepted by outside sources**, therefore may not be completely confidential and cannot be guaranteed as such. Human error is another factor to consider carefully as email list an immediate means of communication and human errors happen. To enhance your privacy and confidentiality, I use an encrypted email service through **Protected Trust**. I encourage you to communicate using this service whenever contacting me via email.

- (7) It is important to understand that in spite of my best efforts to maintain confidentiality via cell phone communication, including text messages, the conversation **AND TEXT cannot** be guaranteed as confidential as it may be intercepted by an outside source that I have no control over or by human error.
- (8) It is important to understand that at times, email communication or cell phone communication including text messages content may be misinterpreted due to lack of eye contact, vocal tone, and attending to facial expressions between client and therapist. If you are unsure about the intent or content of an email or cell or phone conversation, you are encouraged to discuss concerns, questions, and ask for clarification.
- (9) If you are ill, or on vacation or out of town, and you would prefer to conduct that week's session via phone or videoconferencing, this is acceptable on occasion. You will be billed the same rate as an in-person session. I currently conduct video-conferencing through DoxyMe, which meets HIPAA and HITECH security requirements or Vsee, which meets the encryption standards set by HIPAA and the HITECH regulations. VSee is a free conduit technology and does not retain any protected health information that could be obtained by a third party.
- (10) Outside of your regularly scheduled weekly session, in the event of a crisis situation, a brief (no **more than five minutes**) phone call, or short email (no more than a paragraph) is acceptable **on occasion** between sessions [PLEASE NOTE: on occasion does not mean every week]. It is important that you first consider utilizing your therapy tools, and other support systems between therapy session before contacting me unless it is a life threatening emergency or a crisis situation. Also, please be reminded that I may not be available on weekends, holidays, and during vacation.

**If you are suicidal and cannot reach me, please contact 911 immediately.**

- (11) **Your emails should be geared toward confirming or changing appointments, and not discussing therapeutic topics**, sending photos, jokes or other such emails and the relationship is of a professional therapeutic nature. Any other topics outside of this are best saved for your session.
- (12) If you frequently contact me via email or phone outside of your normal session, it is important to understand that I will bill you for a portion of my time, based on my regular hourly rate as agreed upon. As I see numerous clients per week, I may receive numerous email and calls each week from many clients.
- (13) **IMPORTANT NOTE:** If the frequency of phone calls and email contact continues between sessions, we will discuss the policy on this topic and possibly consider a higher level of care. If a higher level of care is deemed to be in your best interest, then I will assist you in locating a therapist, clinic, in-patient hospital, or other clinical setting that will provide a higher level of care and may better assist you if your needs increase to more than once a week session due to frequent between session contact (\*see 14 below).
- (14) \*On occasion, **during a crisis**, I may be able to accommodate an increase in sessions per week. However, this is not guaranteed and will be strictly dependent upon a clinical



evaluation of this request as well as my availability and schedule. **Again, if between session contact increases in frequency, I will speak to you about a higher level of care.**

- (15) Client's forwarding, sharing, printing, etc. of email or text correspondence between us with parties, including friends and family, is considered unethical and a breach of confidentiality and not advised. You break your own confidentiality by doing this and risk damaging the trust and rapport between you and your therapist.
- (16) If a friend, co-worker, supervisor, family member or any other outside party contacts me via email or voicemail regarding your treatment once a therapeutic relationship has been established, I will not confirm or deny or acknowledge you as a client in any way. This will be communicated to the emailing party as well, and you will be alerted of this communication I your session.

If you have read and understood the above risks of communicating electronically via NON-encrypted email or cell phone (including text messaging, fax, SKYPE) with me, the policies regarding between session contact, and if you agree to the extra fees that may incur should you frequently contact me via email and phone or any other electronic means, please sign below.

DO NOT SIGN if you have any questions regarding the above information (Paragraphs 1-16) Please feel free to discuss any questions you may have before signing. Your signature indicates that you are willing to accept the risk ad limits of confidentiality, including human error, and the additional charges (outside of emergencies) if you decide to contact me via cell phone or NON- email or by any other electronic means over the occasional 5-minute between session rule, and that you are willing to consider a higher level of care if the frequency of contact between sessions falls outside of the policies outlined above.

**1. I understand the risks [including potential lack of confidentiality and human error] of communicating via email, text or cell phone and any other electronic means.**

**2. I agree to abide by the policies set forth by Christina Caro, Ph.D. with respect to contacting my therapist between sessions and the additional fees that I may incur.**

**3. I will agree to consider a higher level of care should the frequency of between sessions increase and I find that I need additional frequent support outside my regular weekly session. \_\_\_\_\_**

**PRINT NAME:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DUAL RELATIONSHIPS

Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs a therapist's objectivity, clinical judgment, or can be exploitative in nature. I assess carefully before entering into non-sexual and non-exploitative dual relationships with my clients. It is important to realize that in some

communities, particularly small towns, military bases, university campus, etc., multiple relationships are either unavoidable or expected. I will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise me if the dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## **SOCIAL NETWORKING AND INTERNET SEARCHES**

I do not accept friend requests from current clients on personal social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites. However, I do have a business Facebook page that you can follow: @christina caro, phd.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## **VOLUNTARY TERMINATION OF TREATMENT**

You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## **EMERGENCY**

If there is an emergency during therapy, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## **IN THE EVENT OF UNEXPECTED INTERRUPTION(S) OF PRACTICE**

If I should unexpectedly pass away or become disabled, a designated licensed therapist will manage the administrative aspects of my practice. He or she will be responsible for contacting people I have seen within a year of my death or disability, will make referrals and will be responsible for forwarding records to the professional who assumes future care. Your signature at the end of this document verifies that you release me to provide him or her with these records and your contact information, so he or she will be free to fulfill these responsibilities. Should you notify me in writing that you do not wish to release information about you to a designated licensed therapist in the event

of my death or disability, I will follow your instructions, but you will have to advise me of who will take that responsibility if my designee does not, and how that person will legally and ethically implement your wishes.

\_\_\_\_\_ (Initial to acknowledge your understanding of above)

## COMPLAINTS

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants are required to post the Notice below in a conspicuous location in their principal psychological business office. Since I work in multiple locations, I am including that Notice in this Contract:

“**NOTICE:** the Department of Consumer Affairs receives questions and complaints regarding the practice of psychology. If you have any questions or complaints, you may contact this department by calling (916) 263-2699, or by writing to the following address:

Board of Psychology  
2005 Evergreen Street  
Suite 1400  
Sacramento, CA 95825

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature

Date

Printed Name

Relationship to patient, if patient is a minor

Patient Provided Copy: \_\_\_\_\_ (Date)

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