

AGREEMENT OF THERAPY SERVICES

This Agreement provides you with information that is additional to that detailed in the Notice of Privacy Practices (HIPAA).

Dr. Mary Wiley is committed to providing caring and professional mental health care to all of her clients. As part of the delivery of mental health services she has established this Agreement regarding fees and other administrative issues related to the provision of professional services to her clients.

Consultation: The client(s) understand that until a plan of treatment has been developed and agreed upon by both Dr. Wiley and the client(s) during the intake process, all services provided are consultative in nature. Dr. Wiley will evaluate the nature of the client's concerns during the first few meetings and will determine whether Dr. Wiley can treat the problem as presented. If not, a referral to another professional would be given to the client(s). As a consultant, Dr. Wiley assumes no obligation to provide continuing services to the client(s). In the event that the Dr. Wiley recommends services elsewhere, the client(s) will be offered referral assistance.

Confidentiality: All communications between Dr. Wiley and client(s) are confidential. Information will only be released to a third party under the following conditions: a) the client(s) authorizes the clinician to release information with written permission; b) the client(s) is threatening serious bodily harm to self or to another; c) the clinician learns that a child, an elderly person, or a disabled person has been or is being abused; or, d) a court order dictates such release.

Other circumstances in which information may be disclosed: In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among the family members. Dr. Wiley will use her clinical judgment when revealing such information. Dr. Wiley will not release any information to an outside party unless she is authorized to do so by **all** adult family members who were part of the treatment. Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client(s) and any other identifying information, is not disclosed. Clinical information about the client(s) is discussed. Considering all of the above exclusions, if it is still appropriate, upon your request, Dr. Wiley will release information to any agency/person you specify unless Dr. Wiley concludes that releasing such information might be harmful.

The Process of Therapy/Evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of specific concerns that led you to seek therapy. **Working towards these benefits requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior.** Dr. Wiley will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. You may also experience anxiety, depression, insomnia etc. Dr. Wiley may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, 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 may be slow and frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

During the course of therapy, Dr. Wiley may draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, family systems or psycho-educational.

Missed & Cancelled Appointments: To be effective, counseling and psychotherapy need to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Additionally, an appointment time reserved for you means that it cannot be used for someone else. It is reserved for you. Since scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 48 hours notice is required** for re-scheduling or canceling an appointment. **The full fee will be charged for sessions missed without such notification.**

Time of Appointments: Dr. Wiley is usually able to begin at the scheduled time. If the session begins late, the session will still be the length that was planned. If the client(s) arrives late for the appointment, the session will still end at the time which it was scheduled to end. The charge of a shortened session will be for the full amount.

Ending Treatment: As set forth above, after the first couple of meetings, Dr. Wiley will assess if she can be of benefit to you. Dr. Wiley does not accept clients who, in her opinion she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, Dr. Wiley assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals to help you. If you request and authorize in writing, Dr. Wiley 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, Dr. Wiley will assist you in finding someone qualified. If Dr. Wiley has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Dr. Wiley will provide you with names of other qualified professional whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Dr. Wiley's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Dr. Wiley will assess carefully before entering into a non-sexual and non-exploitive dual relationship with clients. The Tri-Valley is a small community and many clients know each other. Dr. Wiley lives in the area. Consequently, you may run into someone you know in the waiting room or Dr. Wiley out in the community. Dr. Wiley will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose Dr. Wiley as their therapist because they know her before they enter into therapy with her and/or are aware of her stance on the topic. Nevertheless, Dr. Wiley will discuss with you, her client(s) the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is you, the client's responsibility to communicate to Dr. Wiley if the dual relationship becomes uncomfortable in any way. Dr. Wiley will always listen carefully and respond accordingly to your feedback. Dr. Wiley will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of the client(s) and, of course, you can do the same.

Mediation and Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Wiley and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in the state of California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Wiley can use legal means

(court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

Emergency and Telephone Procedures: If an emergency situation arises, **call 911** and/or the closest 24 hour Psychiatric Emergency facility near you. If you need to contact Dr. Wiley between sessions, please leave a message at (925) 381-3839 and your call will be returned as soon as possible. Brief phone contacts with the client(s) of less than 10 minutes duration and calls relating to scheduling issues will not be billed. **The standard fee will be charged on a pro rated basis for telephone consultation greater than 10 minutes.**

I have read and fully understand the above Agreement; I agree to comply with these policies.

_____ Signature (Client One)

Date _____

Printed Name (Client One) _____

Complete below if applicable:

_____ Signature (Client Two)

Date _____

Printed Name (Client One) _____

_____ Signature (provider)

Mary Wiley, Psy.D

Date _____