OFFICE POLICIES AND GENERAL INFORMATION
AGREEMENT FOR PSYCHOTHERAPY

I welcome the opportunity to work with you in achieving the goals for which you entered treatment. To proceed with our professional relationship, I ask that you agree to the following policies and procedures.

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

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

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Garvin. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Garvin will use his clinical judgment when revealing such information. Dr. Garvin will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination where Dr. Garvin becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he 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, he may also contact persons whose names you have provided to him.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or in order to process claims. If you instruct Dr. Garvin, only the minimum necessary information will be communicated to the carrier. Dr. Garvin has no control or knowledge over what insurance companies do with the information he submits 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 health or life insurance.

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 (client’s) nor your attorneys, nor anyone...
else acting on your behalf will call on Dr. Garvin to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Dr. Garvin consults regularly with other professionals regarding his clients; however, a client’s last name or other identifying information is never mentioned. The client’s identity remains anonymous, and confidentiality is fully maintained.

**Your Right to Review Records:** Both law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Dr. Garvin assesses that releasing such information might be harmful in any way. In such a case Dr. Garvin will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon you request, Dr. Garvin will release information to any agency/person you specify unless Dr. Garvin assesses that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr. Garvin between sessions, please leave a message on his voicemail at 650-368-0210 and your call will be returned as soon as possible. Dr. Garvin typically checks his messages a few times a day unless he is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the Stanford Hospital Emergency Services at 650-723-5111 or emergency services at 911.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of $150.00 per 50-minute session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please notify Dr. Garvin if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Unless agree upon differently, Dr. Garvin will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was 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 the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**MEDIATION & 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. Garvin and 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 San Mateo County, 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. Garvin can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys’ fees. In the case of arbitration, the arbitrator will determine that sum.
THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Garvin 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…or experiencing anxiety, depression insomnia, etc. Dr. Garvin may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that may 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, 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. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Garvin is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

DISCUSSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment, Dr. Garvin will discuss with you (the client) his working understanding of the problem, treatment plan, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Garvin’s expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Dr. Garvin does not provide, he has an ethical obligation to assist you in obtaining those treatments.

TERMINATION OF TREATMENT: As set forth above, after the first few meetings, Dr. Garvin will assess if he can be of benefit to you. Dr. Garvin does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Garvin assesses that he is not effective in helping you reach the therapeutic goals, he is obligated to discuss this with you and, if appropriate, to terminate treatment. In such a case, he would give you a number of referrals that may of help to you. If you request it and authorize it in writing, Dr. Garvin 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. Garvin will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. If you choose to do so, Dr. Garvin will offer to provide you with names of other qualified professionals whose services you might prefer.

Thoughts of quitting therapy may occur before you reach the completion of your treatment, particularly if you are in the midst of negative feelings towards Dr. Garvin or someone else. Participation in therapy is voluntary, and you have the right to discontinue therapy at any time.
order to avoid shortchanging yourself, however, it is crucial that you immediately express your feelings and desires to Dr. Garvin rather than impulsively terminating.

**DUAL RELATIONSHIPS:** Therapy never involves sexual or any other dual relationship that impairs Dr. Garvin’s objectivity, clinical judgment, therapeutic effectiveness or that can be exploitative in nature. However, not all dual relationships are unethical or avoidable. Many clients choose Dr. Garvin as their therapist because they know him or know about him before they enter into therapy with him; and Dr. Garvin and his clients may have relationships with some of the same individuals. If some aspect of a dual relationship exists, Dr. Garvin will discuss the complexities, potential benefits and difficulties that may be involved. It is your responsibility to communicate to Dr. Garvin if some aspect of dual relationship becomes uncomfortable to you in any way. Dr. Garvin will always listen carefully and respond accordingly to your feedback.

**CANCELLATION:** Since scheduling of an appointment involves the reservation of time specifically for you, *a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.* Most insurance companies do not reimburse for missed sessions.

**OTHER TERMS AND CONDITIONS:** Under certain circumstances, the inclusion of family members or other persons may be beneficial to your therapy, and when appropriate I will work with you to include them. No other persons will be included in therapy sessions without your agreement.  

*I have read the above Agreement and Office Policies and General Information carefully, I understand them and agree to comply with them. All of my questions have been answered fully.*

**Client Signature** ____________________________  ____________________________

**Client Name (Please Print)** ____________________________  Royce B. Garvin, Ph.D.

**Date** ____________________________  **Date** ____________________________