



OFFICE POLICIES AND PROCEDURES STATEMENT

ENERGY METHODS/ENERGY CHECKING: Some of the Energy Methods used may include physical touch using “energy checking” and Reiki. Energy checking is an assessment tool for determining how energy patterns affecting your body and mind may be related to the issues you wish to address in pursuing treatment. The technique involves me applying physical pressure that will determine if a specific muscle stays firm or loses strength when you bring to mind a particular thought, emotion, or problem state and resist the pressure. The outcome, as indicated by the relative firmness maintained by the muscle provides information to both me and you about the emotional dimensions of your issues. **If you have any reservations about physical touching, please bring this to the attention of your practitioner immediately.** You understand that the use of energy checking and energy treatment points within the field of psychotherapy is a new development and that at this time there is very little published research in established scientific journals investigating these methods. While clinical reports of successful outcomes using these methods do exist in the published literature of the field known as Energy Psychology, and the methods are being developed and refined under the auspices of organizations such as the Association for Comprehensive Energy Psychology (ACEP), you understand that clinical reports do not constitute conclusive scientific evidence. Further, you understand that even if the clinical effectiveness of these methods is scientifically established, results will vary from person to person.

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 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; and where a client presents a danger to self, to others, to property, or is gravely disabled.

EMERGENCIES: If there is an emergency during our work together, 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.

CONFIDENTIALITY OF E-MAIL AND CELL PHONE COMMUNICATION: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Please notify me at the beginning of our sessions if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail for emergencies.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please send a text or leave a message on my cell phone (510) 299-4844 and your call/text will be returned as soon as possible. All scheduling messages should be left at that number. If an emergency arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the Police (911) or Suicide Prevention-Crisis Support: Alameda County (800)309-2131 or Contra Costa County Crisis Support Services at (800)833-2900.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$_____ per 60 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 me if any problem arises during the course of visits regarding your ability to make timely payments.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this Agreement to provide 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 between the parties. 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 Alameda or Contra Costa 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, we 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.

TERMINATION OF CLIENT RELATIONSHIP: As set forth in the Client Informed Consent & Disclosure Statement which this document is attached thereto and made a part thereof, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who I do not feel I can help. In such a case, I will give you a number of referrals that you can contact. If at any point during our sessions, I assess that I am not effective in helping you reach your healing goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the practitioner 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 practitioner, your practitioner will assist you in finding someone qualified, and, if I have your written consent, provide her or him with the essential information needed. You have the right to terminate at any time. If you choose to do so, I can provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS: Not all dual relationships are unethical or avoidable. Treatment never involves sexual or any other dual relationship that impairs objectivity, clinical judgment, or therapeutic effectiveness of your practitioner or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Although the Bay Area is not a small community where many clients are likely to not know each other, it is nevertheless possible that you could encounter someone you know in the waiting room or encounter me in the community. I will never acknowledge working professionally with anyone without his or her written permission. Many clients choose their practitioner because they know other client(s) before they enter into treatment with me. If you have a close relationship with another client, I will discuss with you and such other client 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 your responsibility to communicate to me if the dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. I will discontinue the dual relationship if you find it interfering with the effectiveness of the therapeutic process or your welfare as a client. Of course, you can do the same at any time.

CANCELLATION: 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. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.

I have read, understand, and agree to the above Office Policies and Procedures Statement that is part of the Client Informed Consent & Disclosure Statement.

Client's Signature

Date

Practitioner Signature

Date