

**Suzanne Klein, Ph.D.**  
**Licensed Clinical Psychologist, PSY14774**  
**Psychotherapy and Psychoanalysis**  
**766 3<sup>rd</sup> Avenue**  
**San Francisco, CA 94118**  
**(415) 436-0845**

### Important Information About Your Treatment

#### The Therapy Process

Psychotherapy is often helpful to people who are in distress. It can help you gain a better understanding of your personal goals and values, improve relationships, and help solve many kinds of personal problems. There are, of course, no guarantees. An effort on your part, a willingness to be honest with yourself and me, and a desire to improve your life will make it more likely that therapy will be successful.

Psychotherapy can also be difficult. Sometimes you may feel considerable discomfort in therapy. Remembering, discussing, and/or resolving unpleasant events can bring up strong feelings such as anger, frustration, sadness and fear. Trying to resolve issues between you and other important people in your life such as a partner or family member may result in changes that were not originally considered or intended. It is my experience as a therapist, however, that many people find that the benefits of psychotherapy are worth the discomfort it may bring.

After several sessions (usually between two to four), I will give you some initial impressions of the kind of treatment that seems fitting to your problem(s). During these initial sessions you should be thinking about whether you feel comfortable working with me. Because therapy often involves a substantial commitment of time, money and energy, it is important that you feel comfortable with the therapist that you choose. In the event that you would like to explore an alternative to my recommendations, I will be happy to discuss this with you, and provide you with a referral to another therapist if you would like one.

#### Confidentiality

Everything you discuss with me is confidential. This means that I cannot discuss our work together with anyone or send out information about you to anyone without your permission. There are several exceptions to confidentiality which you should know, although these situations are rare. In the event that one of these situations should arise, I would make every effort to discuss my need to break confidentiality with you before doing so. The following are the exceptions to confidentiality:

1. If you were to make a serious threat to harm someone else, I would be required by law to take steps to protect the person(s) in danger. These steps include calling the person(s) threatened, and notifying the police.
2. If you were to make a serious threat to harm yourself, I am ethically required to try as best as I can to protect that from happening. This might include talking with any family members or persons with whom you live, talking to you about going to the hospital, or calling the police.
3. If I were to suspect that you are abusing or neglecting a child, or an elderly or dependent adult, I am required by law to report that to a county agency.
4. If you became involved in any legal action where your mental or emotional health is at issue, you may not be able to keep your psychotherapy records from the court. If this situation arises for you, it would be in your best interest to consult with an attorney.
5. If I were to receive a subpoena or court order asking for psychotherapy records, I am required to give the court the specific information that it requests.
6. If you decide to use insurance, you may need to sign a consent form for me to disclose certain information to the insurance company that they will require an order to pay for treatment. Many insurance companies require that I send them a diagnosis, and develop and send treatment plans as well as progress reports and other records. Please be aware that once information is sent to the insurance company I will, of course, have no control over who sees it. All insurance companies state that they will keep the information confidential, but there is no way for me to assure that. You do have a choice about whether to release information to an insurance company, however if you choose not to, most will not pay for the services.
7. In order to provide you with the best treatment I can, there may be times when I consult with another mental health professional. In those circumstances I would not reveal any identifying personal information (such as name, place of employment, etc.).

### Release of Information

If you would like me to share any information about your treatment with someone else (for example, your physician), I will need for you to sign a consent form allowing me to do so.

### Fee Information

My standard fee for each fifty-minute session is \$200.00. Additionally, I set aside some hours for working with people who cannot afford my regular fee. If you cannot afford to pay the full fee, and I have the time available, we can negotiate a fee that is reasonable and affordable for you.

### Payment and Insurance

I will provide you with a written bill at the end of the month (unless we have another agreement). Payment is due upon receipt. If you have insurance, I will assist you so that either you can file for reimbursement, or I will bill the insurance company directly, and receive payment from them (and the co-payment from you).

### Missed Appointments

If you are unable to keep an appointment, please notify me as soon as possible. It is in your best interests to meet on a regular basis, therefore, if you are unable to make an appointment, I suggest trying to reschedule during that week at a mutually convenient time. If we are unable to reschedule in advance for a planned appointment that will be missed, and I am unable to fill that hour with another patient, you will be financially responsible for the appointment. Please note that insurance companies do not pay for missed appointments.

### Emergencies/Telephone Contact

If you need to reach me for any reason, you may call me at any time, (415) 436-0845. I will return your call the same day, or within 24 hours. If I am unavailable for an extended period of time (e.g., during a vacation), I will leave the name and phone number of a trusted colleague, whom you may call if needed, on my answering service. If you have an emergency that requires immediate attention and you cannot reach me, contact your local emergency room, San Francisco General Hospital Psychiatric Emergency Services at (415) 206-8125, or 911.

### Discontinuing Therapy

In the best of circumstances, you and I will decide together when to end treatment. Sometimes people feel like they want to stop therapy before their goals have been reached, or before their problems have been resolved. These are usually very important feelings to explore in therapy because they have the potential to lead to greater personal understanding. I encourage you to ask questions about the therapy, my interactions with you, my comments and suggestions, and any other reactions you may have. Of course, you may decide at any time to end therapy. If you do decide to stop treatment, I strongly

encourage you to talk to me first. I will provide you with a referral to another therapist if that seems appropriate.

Acknowledgement and Consent

By signing this form, you are acknowledging that you understand and consent to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had. Your signature also indicates that you have been given a copy of this form.

Patient Signature\_\_\_\_\_

Date\_\_\_\_\_

Print Name\_\_\_\_\_