

# **Policies and Procedures Agreement**

## ***Consent for Treatment***

**Revel Miller, Ph.D.**

Psychologist

### **2 Office Locations:**

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### **Contact Information:**

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## **Policies and Procedures Agreement**

### ***Consent for Treatment***

**Revel Miller, Ph.D.**

Welcome to my practice. Rather than taking time during your session to discuss all of these topics, please read this Policies and Procedures Agreement so that you understand my services and how we will work together. Agreeing to these policies and procedures constitutes your Consent for Treatment with Revel Miller, Ph.D.

Agreements between me and my patients are customary and necessary. Working with agreements, and being held to them, is an essential tool for developing self-awareness, self-responsibility and personal growth. Your sessions with me will be a large investment of your time, money and energy. So you want to make sure you get the most out of your time spent with me.

The following practice guidelines provide structure to our treatment relationship and they ensure that we are both comfortable working together. They also reinforce that you receive the best treatment and most rapid improvement possible.

After reading this Policies and Procedures Agreement, please sign and date the document at the end, acknowledging that you read and understand all of the information and are in full agreement with it.

Please feel free to ask for more information or clarification. We will briefly review these topics together during your next session with me to make sure you understand all of the policies and procedures.

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## **Confidentiality Limits and Exceptions**

Therapy is best experienced in an atmosphere of trust. In most situations, I only release information to others if you sign a written Authorization for Release of Patient Information form. Therefore, your identity and the content of all therapy sessions are held strictly confidential and may not be revealed to anyone without your explicit written permission, except where disclosure is required by law. Exchanges with others will be handled according to the rules guiding these exchanges. However, there are 8 situations in which I am mandated by law to disclose information without your personal consent or authorization. See below.

## **8 Exceptions to Confidentiality**

Information revealed to me will remain confidential unless disclosure is required by law. Legal exceptions to confidentiality are in place to protect your safety and the safety of others. Under the 8 follow situations, I may be required by law to break confidentiality and make a report to the proper authorities:

1. if there is a reasonable suspicion of child abuse or neglect of a minor under 18 years of age
2. if there is a reasonable suspicion of elder abuse or neglect
3. if there is a reasonable suspicion that you are a danger to your self
4. if there is a reasonable suspicion that you are a danger to others
5. if you file a complaint or lawsuit against me
6. if I am court ordered by a judge
7. if you file a worker's compensation or disability claim
8. if a government agency requests information for health oversight activities pursuant to their legal authority

These 8 reasons listed above are excluded from the confidentiality rule and these situations must be reported or taken action on. When making disclosures, I will limit information to only what is needed for your or others' protection. Otherwise, I cannot provide any information unless authorized by you, your legal representative, or ordered by the court. If you are in a legal proceeding, then a judge may subpoena your records and/or my testimony.

To support my practice and improve my treatment, I consult privately with medical, legal and other mental health professionals about my cases to ensure that I am providing the best care. During my consultations I will not give your name or any identifying information about you or others involved with you. The professionals I consult with are also legally bound to keep the information confidential.

When working with children and adolescents, it is important that they feel safe with me in therapy. It is my policy for minors over the age of 12 and their parents to agree that I can provide general information to parents about the progress of treatment and the minor's attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or a danger to themselves or someone else, in which case I may notify the parents and others of my concern.

## **I Collaborate and Consult with Other Professionals**

I may require you to give me permission to collaborate with your other significant health and/or legal professionals. This is to your advantage and ensures that the plans amongst multidisciplinary professionals are coordinated and that they are all informed of your situation and experience. This will ensure proper and integrated care and prevent wasteful and contradicting advice and planning.

## **Services Provided**

I provide a number of professional psychological treatment and consulting services to different types of patients, clients and colleagues. This Policies and Procedures Agreement only addresses my psychotherapy, assessment and consultation services. This agreement does not involve my professional coaching, education or speaking services.

## **Services I Do Not Provide**

I do not provide the following services: comprehensive psychological, forensic, neuropsychological, disability or custody evaluations. In addition, I do not provide legal advice nor prescribe medications. These types of evaluations and prescriptions do not fall within the scope of my practice. In addition, I do not work with all psychological problems or diagnostic categories.

## **Service Specialties**

I specialize in the psychological treatment of adults, couples and families who struggle with psychological issues such as depression, anxiety, stress, and relationship separation and marital divorce. I also provide treatment for individuals who suffer from the stresses associated to chronic illness and terminal disease. I treat some children and their parents and families.

In addition, I offer professional consultation services. I consult parents with a focus on parenting and discipline issues with their children and adolescents. I also consult with adult caretakers about managing their elderly parents and those who support disabled, chronically or terminally ill children, spouses or relatives.

My psychotherapy and consulting services are usually provided on a weekly basis.

If contacted by a person whose needs fall outside my professional capability, I attempt to find one or more qualified professionals to refer them to.

## **Individual Psychotherapy Goals and Process**

Psychotherapy is a treatment modality that addresses psychological distress and problems in life. As I practice it, psychotherapy is a collaborative process between me and my patients. My intent is to build a trusting relationship with you so that you feel free to explore your private thoughts, feelings, behaviors and experiences in an open relationship, with a focus on those aspects that may be causing you distress, interfering with your progress toward your life goals, or getting in the way of your ability to find fulfillment in life.

Psychotherapy has benefits and risks. It can be both difficult and highly rewarding. Psychotherapy demands your active participation and consistent attendance or you cannot expect the progress you are hoping for. To achieve your desired changes, you must put in effort and be honest and open.

Since therapy involves the discussion of unpleasant aspects of life, you may at times experience uncomfortable or painful feelings of guilt, fear, frustration, anger, loneliness and helplessness. You may also experience unexpected anxiety, sadness, insomnia or shame

when I challenge some of your assumptions or perceptions, or propose different ways of thinking about or handling situations. Getting upset, trying out new behaviors, making new decisions and setting new priorities during the course of therapy is something you need to expect. Periodically, you will experience frustration and some type of painful feelings.

Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended. Some of your family members or friends may not like or agree with your changes. Change will sometimes be swift and easy. But more often you will experience it as slow and somewhat frustrating. This frustration is a natural part of the therapeutic process and indicates that you are making internal shifts. In most cases, it took you a long time to develop these issues. You should expect that it will take some time to unravel and resolve them as well.

Psychotherapy has been shown to have rewarding benefits for people who follow through with treatment on a consistent basis. Psychotherapy often leads to improved relationships, solutions to specific problems, feelings of well-being, and significant reductions in feelings of distress.

The goal of our work together is to allow you to make full contact with all aspects of yourself, including – your emotional, behavioral, spiritual, social, mental, physical and self attributes. Working with me should help you to take more control of your behaviors and life, overcome bothersome symptoms and habits, become more self-aware, improve your skills and quality of life.

You must understand that some behaviors, feelings and thoughts can be changed for the better. However, some problems cannot be changed or resolved. But you can learn to better manage them. In addition, you may discover the limits of your power and ability to change things. In this case, you may need to learn to tolerate and accepted things as they are.

During the therapy process, you may learn to evaluate yourself more objectively, regulate and express your emotions appropriately, interact socially in more effective ways, understand yourself better, observe your thinking patterns more critically, and improve your judgment. You should be prepared to struggle to overcome external and internal barriers to living a better quality of life. Don't expect that all life struggles and emotional imbalances or physical conditions will disappear as a result of our work together. But they may improve.

There are no miracles or magic that can create a perfect or happy life for anyone. Together, we strive to improve your life. But there are no guarantees of success or how far we can go together in making those improvements.

Periodically, and upon your request, we will discuss your progress and I will ask for feedback about the ongoing therapy process.

## **Child and Family Psychotherapy**

When I work with children and adolescents, parents must be involved in the treatment process. They may be asked to participate in individual parenting sessions or in sessions with their child, spouse or other family members. Parents are required to participate so that they can understand and serve their child more effectively. When engaged in parenting consults, parents will be asked to learn and experiment with new behaviors, values and approaches within the home environment. This will demand that they, too, make some changes that facilitate modifications in their child or family.

Because my confidentiality is with my patient, I will not reveal everything that I discuss with a child to their parents. Although there are limits to what I will reveal, I will honor the child and teenager's need for privacy and confidentiality in order to build trust with me. In my consults with parents, I will address progress toward reaching treatment goals and significant events in the child's life. Parents must understand and accept this policy in order for me to work with their child or adolescent under the age of 18. Once a child reaches majority, at age 18, they are treated as an adult with full confidentiality protection. I am an advocate for children and families.

## **Couples in Psychotherapy**

I work with adult couples to improve their relationships by helping them to feel more secure with one another, develop more compassion for the other, and communicate more openly and directly. Some couples are married and some are engaged in a non-married partner relationship. With some couples, our goal is to improve and enrich their intimate relationship. With others, our endeavor is to overcome the persistent conflict and pain that disturbs both members.

There are also couples that come to me who need to separate peacefully with less emotional distress and pain and more understanding and acceptance. Separations and divorces within families are very trying, confusing and destabilizing for everyone involved. Providing psychotherapy during the separation and divorce processes can be very helpful, supportive and growthful for each individual spouse and their children.

I cannot treat or help couples if both members don't actively and voluntarily engage in psychotherapy together. If one or both partners are dishonest, keep secrets or having an affair, then the therapy process will be seriously compromised. My impact is also limited if one member of a relationship refuses to take responsibility for their contributions to the difficulties. Couples work is not about blaming or changing the other partner. It is about discovering your needs and contributions to stress, and working out new ways to communicate and behave that improves the relationship and family interactions for all parties. To work through relationship blockages and to make desired changes, both members must be committed to working in therapy toward common goals.

I am a strong advocate for sustaining relationships that originally were based in love and have a long history and potential for further caring, nurturance and psychological growth for both partners.

## **Group Psychotherapy**

Group psychotherapy is an effective and economical treatment methodology. For some patients, I recommend group therapy because it would be the best treatment modality to resolve certain problems and dilemmas. Admission into a group takes more preparation and education than individual or couples therapy to ensure that the new patient is a good match for the existing group members and to assure that their entry into a group is successful.

Patients in group therapy learn a great deal about themselves through their interactions and experiences with other members. The goals for group therapy patients is to learn to gradually make some significant changes, to accept what cannot be changed, and to learn to manage themselves better.

At times, group members will also engage in periodic individual sessions with me to assess progress or to work on special problems that arise. Group members may also be in simultaneous individual treatment with another psychotherapist.

Because of the unique nature of group therapy, I have an additional set of guidelines, agreements, policies and procedures for each member to commit to before entering the group.

## **Parent and Caregiver Consultation**

Being a parent to children or a caregiver to disabled, dependent, elderly, and chronically or terminally ill spouses, partners, friends, parents and children can be quite stressful. Most people put in their best effort to raise children and to care for others in need. But, they are not prepared for all of the responsibilities and challenges associated to this type of work and responsibility. I work with parents and caregivers to learn how to better manage their dependents.

Often, parents and caregivers assume that they should know how to raise and care for another in need. However, this is not so. Most providers of care for dependent people need to learn skills and perspectives that they have never learned before. Seldom do people get any training beforehand in parenting skills or caretaking. In my practice, I consult with parents and caretakers so that they can do a better job with their charges, maintain realistic expectations, reduce their frustration and stress, and live a better quality of life.

Some children, elderly parents and medical patients are more challenging than others. Often, caring for elderly and medically ill patients demands accepting the patient's distress and managing their demanding behaviors and limited abilities. I help parents and caretakers gain better perspective and learn skills and strategies to improve the quality of their life as well as the lives of their children and partners.

## **Delivery of In-Person and Telephone Services**

Most of my treatment and consulting services are delivered in-person, face-to-face, in my private offices in Santa Barbara.

However, I also deliver long-distance services to California residents by telephone. Through this media, I am able to reach out and serve psychotherapy patients, family members,

consulting clients and other professionals who live too far from Santa Barbara to affordably or conveniently attend in-person meetings yet still need my specialized services or knowledge. I only accept these requests if it is determined that there are no other effective professional in your local area to provide the services you are asking for. All sessions are by appointment and charged my customary professional fees. All services must be pre-arranged and pre-paid in advance.

I do not offer any long-distance services for couples or group psychotherapy. Due to the possible breaches in confidentiality and other issues while conversing telephonically, I have an additional set of agreements for this service. When you request this specialized service, you need to read, sign and return my Telephone Security Agreement form.

## **Patient Diversity**

It is my aim to be objective and non-discriminatory. My work is non-denominational, non-sectarian and inclusive concerning age, race, gender, personal ability, social status, sexual orientation and ethnic background. During my professional career, I have worked with many different types of people.

I have lived and worked abroad and I have a general understanding and sensitivity to cross-cultural behaviors, beliefs and values. I am more experienced with the European, Asian and Hispanic cultures.

## **Evaluation and Recommended Treatment Plan**

At the outset of treatment, I will take some sessions to evaluate you and your situation. You will need to provide me with information and complete some assessment questionnaires. With this information, I will develop and present a treatment plan for you to reach your goals. We will discuss my recommendations and you are free to either agree or disagree to work with me in following my plan. Together, we can make necessary revisions to the plan so that it fits our expectations and needs better. Once we agree to follow a treatment plan, the treatment focus and approach can be changed during the course of therapy as long as it falls within the limits of my practice and continues to work toward reaching realistic goals.

I do not accept clients who, in my opinion, I cannot help. If I determine that I cannot help you, I will refer you to other qualified professionals who may be better suited to assist you. If at any point during the course of therapy I assess that I am not effective in helping you to reach the therapeutic goals agreed to or that you are not engaged in treatment, I am obligated to discuss these issues with you. In this case, I may need to stop treatment or refer you to another therapist.

## **Attendance Agreement**

Patients must agree to attend all scheduled appointments with their best intentions to work diligently, arrive on time and end at the set time. Typically, ongoing therapy sessions are weekly for 45 minutes in length at a regular time and day of the week. Regular and consistent attendance at these psychotherapy sessions is important if you want to reach your treatment goals.



Please do not bring friends, children or family members to sessions unless it has been previously arranged for them to join us. Unless you are a parent waiting for your child who is in therapy with me, I do not want children, friends or family members to wait for you in the waiting room during our sessions. If you get a ride here from somebody, please have them drop you off and then return at the end of our time together to pick you up.

## **Communication with Me**

It is best to communicate with me through telephone calls and voice messages. I will make every effort to return your call on the same day you make it. I check my voicemail frequently during the work week. I will communicate with you by phone and I will call your designated preferred phone number, the one you left a message with, or the number you told me to call. To get in touch with me, please call my office phone at 805-448-5053. Usually, I will not be able to respond to you immediately. But I will return your call within 24 hours and usually much sooner.

Calls after 7:00 pm during week nights may be returned on the following work day. As a rule, I do not return phone calls on the weekend or holidays unless the nature of the call is highly urgent.

Unless discussed beforehand in a therapy session, phone contact is reserved for arranging and changing appointments or urgent personal matters. Issues which are not urgent can be discussed during the next session. Telephone calls which last beyond 10 minutes will be billed in 10 minute increments based on your session fee at that time.

If you need to give me documents, please mail or bring them to me at the office.

Because use of the internet is not necessarily secure, protected or confidential, I do not text with my patients and I minimize my email communication. I prefer to talk by telephone to discuss issues. I only use email to discuss administrative issues and appointment re-scheduling. When needed, you may email me at [Revel@DrRevelMiller.com](mailto:Revel@DrRevelMiller.com)

## **My Vacations and Business Travel**

When I am going on extended vacation or out of town, I will notify you in advance. During my absence, you will be able to reach an “on-call” therapist colleague of mine if an emergency should occur. That person’s name and phone number will be accessible by calling my business phone voicemail when I am not available – 805-448-5053.

## **Emergency Communications**

If you leave me a voice message at 805-448-5053, be sure to state that you are in a crisis or emergency situation. Please do this for true emergencies only. Do not wait for me to call you back. Waiting for my return call may put you in further danger. And, do not try to reach me by email or text messages when in a crisis.

In case of a serious emergency, particularly one that is life threatening and you are unable to reach me, immediately contact your family physician or call “911” to explain your situation. Or, go to the nearest hospital emergency room and ask for the mental health professional on duty.

## **Communication with Dr. Miller's Representatives**

If I need to re-schedule or am late for an appointment with you or if I am physically incapacitated, I may have my office manager or trusted professional colleague communicate with you. This is for your convenience and in case I cannot communicate with you myself. It may be due to emergencies that I need to attend to, my illness, my being detained or any other unexpected life experience that necessitates you being notified by my personal representative. In addition, you may need to speak with my office manager to clarify and work out payment and health insurance billing issues.

## **Professional Fees**

At the outset of treatment, I will set a per session fee with you. I charge the following fees for individual, couples and family psychotherapy as well as parent and caretaker consultation services:

\$150 for a 50-minute session

\$225 for a 90-minute session (1.5 hour)

\$ 60 for a 90-minute group session (1.5 hours)

Although there is no set time limit on all treatment sessions with patients, here are my general guidelines for the standard length of the meetings. Be aware, however, that there are always exceptions to these guidelines.

Most individual sessions are 50 minutes in length. Treatment sessions with couples and families may be 45 to 90 minutes in length. Group psychotherapy sessions are 90 minutes in length. When consulting with parents and caregivers, sessions can last from 50 to 90 minutes. There are special occasions when I meet with individuals, couples and families or parent and caregiver clients for 120 minutes. These same fees apply to my long-distance telephone treatment and consultation sessions.

Most of my services are provided on a regular weekly basis unless agreed to otherwise. These fees may be adjusted every year on January 1<sup>st</sup> and I will notify you of changes about 4 weeks in advance.

When you participate in a formal diagnostic assessment procedure, I will quote you a price before you participate. Formal assessments are charged individually depending upon the assessment tools used. Each assessment is different for every patient so I cannot set fees beforehand. Before initiating these evaluation procedures, you will need to agree to pay for the assessment before you participate. Payment for the evaluation procedures will be made at the time of the appointment for the assessment.

My fees for legal matters and health insurance correspondence are higher than my customary hourly psychotherapy rates. My fee for travel time, off-site meetings, copying of records, legal depositions, subpoenaed court appearances, or other types of requested consultations or written documents will be discussed and agreed to beforehand.

Brief collaborative discussions about treatment with other professionals on behalf of the patient are free of charge. However, any out-of-office consultations, extended consultations over 10 minutes long, or clinical correspondence taking more than 10 minutes may also be billed incrementally. These additional fees will be discussed with and agreed to with you before the consultations, travel time or correspondence is scheduled.

## **Payment of Fees**

All sessions are fee-for-service and paid in full at the time of the appointment. I do not accept payment from health insurance companies. Payment can be made with cash or a personal check made out to "Revel Miller, Ph.D." It is customary to present the cash or check at the outset of the appointment. All payment, billing and insurance issues will be discussed at the beginning of the session. Returned checks require the reimbursement for any bank penalties or charges.

## **Patient Health Insurance Reimbursement**

If you have health insurance, it will usually provide some coverage for mental health treatment with a licensed psychologist like me. However, there is no guarantee of insurance coverage or reimbursement for services rendered. You are responsible for payment in full when you meet with me. I encourage you to communicate with your insurance company so that you understand your policy benefits and what to expect.

To understand your coverage, consult your insurance company so that you develop realistic expectations. You should be aware that most insurance companies require me to provide them with a clinical diagnosis and dates of service. Sometimes, I have to provide additional information such as treatment plans or summaries in order for you to receive reimbursement.

I do not accept insurance payments and I am not "in network" with any health insurance providers. However, I am a California state licensed psychologist. At your request, I will submit insurance claims by mail for the services that I provide to you. Upon receipt, your insurance provider can review my submitted claim. Your health insurance agreement is between you and the insurance provider. They will review the claim and reimburse you directly for any payment due. To find out what type of reimbursement you may expect from your carrier, please call them for further information.

Understand that I have no control over or knowledge of what your insurance company does with the information I submit or who has access to this information. You must be aware that submitting a mental health claim for reimbursement may carry a certain amount of risk to your privacy and/or future capacity to obtain health or life insurance.

## **Patient Appointment Policy**

When you make an appointment with me, we are both committing to be there at the same time, prepared to work together. I reserve time for you for a set amount of time on the day and hour for the length of time agreed to for a set fee. Usually, sessions are for 45 minutes on a

weekly basis. More frequent meetings can be arranged to facilitate more intensive work on deeper psychological issues or may be recommended during times of crisis or periods of special need. We will work around planned vacations and national and religious holidays as needed. All scheduling and other practical issues will be agreed to and confirmed at the beginning of the session.

## **Patient Cancellation Policy**

Please notify me if you are going to miss, be late or need to re-schedule an appointment. However, if you want to cancel or re-schedule a session, you must notify me at least 24 hours in advance of your set appointment. Leave a message for me stating that you will not be attending and let me know the date and time of the appointment you are cancelling.

If you call in less than 24 hours ahead of our scheduled meeting, you will be charged full fee for the time I have set aside for you. If I am able to fill that appointment time with another patient, I will not charge you. But this is usually hard to do. Do not expect it. Health insurance companies do not pay for late cancelled appointments.

If you wish to re-schedule, make sure you call more than 24 hours before your scheduled appointment with me. When cancelling or rescheduling, be prepared to reschedule as soon as possible. Missing sessions interferes with your treatment and will slow down your progress. I will try to accommodate you if I can schedule you in for another appointment within that week. If you are a group therapy member, there is no re-scheduling. You will be responsible to pay for your seat in the group if you do not show up to your meeting.

If there is a serious illness, a health, safety or weather emergency, or a situation that is out of your control that makes it impossible for you to attend, I will take this into consideration. On some occasions, I may consider holding a telephone session with you instead of meeting in person at my office. But this will be rare unless scheduled in advance.

## **Patient Missed Appointment Policy**

You are expected to show-up on time to take full advantage of your session. If you are late or do not show up for a scheduled appointment, you are still responsible to pay the full fee for that session. It is customary for you to pay for late cancellations and no shows before or at the beginning of the next session, along with the fee for that day's meeting. Health insurance companies do not pay for missed appointments.

## **Dr. Miller's Appointment Policy**

Because this is a mutual agreement, I will be available at the scheduled day and time to work with you. If I am 10 minutes late to the appointment, I will cut your fee in half for that session. If I miss an appointment or cancel or re-schedule an appointment with you within less than 24 hours, I will provide your next session for FREE.

As you can see, you and I will both be held accountable for our commitments and actions. There are financial consequences for you and for me if we do not follow through with our agreements.

## **Changes and Termination of Therapy**

Our agreed upon treatment plan can be changed or terminated by either you or me during the course of treatment. However, we both agree to give the other person notice of our intention to make changes or to terminate treatment. Upon making this decision and discussing it with one another, we agree to continue to meet for at least 2 more sessions before formally terminating the treatment sessions.

Please inform me in person during a session about your intent to change the frequency of our sessions or to terminate the psychotherapy sessions. This allows time for us to work on understanding the reasons for and potential impact of the decision. After giving notice, we will schedule at least 2 consecutive sessions to review progress and to process the therapeutic relationship. Termination over the phone or voicemail is not acceptable.

Usually, the termination of treatment is discussed openly, looking at the pros and cons, assessing readiness, and discussing the progress made and issues that remain. Often termination is decided upon and then the sessions taper off over a 2 month period in order to make sure that we have made the right decision, discuss reactions and ease the process.

If you decide to leave a therapy group, then you must inform the group about your decision at least 3 weeks in advance of your final session. Then you can attend 2 more wrap-up sessions with the group members to process your leaving and say good bye to each other. Abrupt terminations create stress and confusion and they are not advantageous to you or the others in the group.

## **Notification of Information Changes**

Please inform me of any changes you make in your employment, residential address and preferred telephone number for me to leave messages. This will provide you with more confidentiality and reliable communication.

## **Notification of Health Changes**

Please inform me about any changes in your health condition, prescription medications, or medical examinations or significant discussions with your health professionals, especially if they involve new upsetting diagnoses and treatments, contagious diseases, acute illnesses, surgery or invasive procedures. I need to be aware of the changes in your physical health and any other treatment plans and prescriptions so that we can make adjustments.

## **Billing Questions**

You will be receiving a billing statement each month from my office indicating the date and number of sessions, fees, payments and balance. If you have any questions about the statement, please address them directly to my office manager, Amy Vukovic, at (805) 564-

8861. If needed, you can leave her a confidential message and she will return your call as soon as she is able to.

## **Patient Records**

Both California State Law and the standards of my profession require that I keep professional records of all services provided to you. The confidentiality of these records is closely safeguarded. You have the right to review your records upon request in writing. Because these are professional records, they can easily be misinterpreted and/or upset untrained readers. For this reason, it is my policy to provide you with a summary report. If this is insufficient, then an alternative is to schedule a session to review the information together with me.

I recommend that you review your records in my presence or have them forwarded to another mental health professional so that you can discuss the contents with them. If I believe that access to the records is likely to endanger or cause harm to you or others, I may withhold releasing the records.

Professional standards of care dictate that I retain your records for 7 years after treatment has ended. For minors, the timeframe is 7 years after their 18<sup>th</sup> birthday.

Since I am responsible for the privacy and protection of my practice and patients, any questions regarding my records should be referred directly to me.

## **Complaint Procedures**

Should you believe that your privacy rights have been violated, or if you have any concern about the handling of your personal health information, you may notify me and/or submit a written complaint to: Board of Psychology, 1625 North Market Street, Suite N-215, Sacramento, California 95834. The Board of Psychology's email address is [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov). Their website is [www.psychboard.ca.gov](http://www.psychboard.ca.gov) and their phone number is 866-503-3221.

## **Patient Rights**

When engaged with me for treatment, you have the following right to:

1. end therapy at any time, for whatever reason
2. question any aspect of treatment
3. referral to another qualified therapist for adjunctive or alternative treatment
4. review or receive a summary of your records, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful to you or someone else

Please feel free to speak to me about your patient rights if you have questions or concerns.

## **Legal Limitations**

I do not provide a service that is suitable to be utilized in resolving legal issues. 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 child custody disputes, injuries, lawsuits, depositions, etc.), neither you or your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

If I am ordered by a judge to appear in court, or participate in any legal proceedings, even if I am called to testify by another party, I will charge you for all my costs and time involved in consulting, testifying, travel, writing of documents plus all my time in cooperative meetings and preparations.

## **Mediation and Arbitration**

All disputes arising out of or in relation to this Policies and Procedures 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 my and your agreement.

## **Professional Ethics Considerations**

I am licensed by the state of California as a Psychologist and I abide by the laws outlined by the State Board of Psychology. My practice is also bound by the full ethical codes of the American Psychological Association.

Ethical guidelines have been created to guide the professional relationship with both current and former patients to allow psychological treatment services to occur in their purest and most objective form. Therefore, please understand that it is not appropriate for me to:

- Accept personal gifts of value
- Have social relationships or personal friendships with patients
- Conduct business deals, barter for services or other exchanges
- Initiate public contact or recognition with any patient or their dependents, partners, family members, friends, etc. at any time.

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If you agree to follow these Policies and Procedures, then please sign the following signature page below as either a patient or as a child's legal parent or guardian.

Thank You

**Printing and signing your name and date below acknowledges that you have read, understood and will comply with my Policies and Procedures Agreement. By signing this Agreement, you are allowing me consent to provide you with professional services.**

Policies and Procedures Agreement

Revel Miller, Ph.D.

_____ Patient's Printed Name	_____ Patient Signature	_____ Date
_____ Patient's Printed Name	_____ Patient Signature	_____ Date
_____ Print Name of Child Patient	_____ Child's Date of Birth	_____ Child's Age
_____ Printed Name of Child's Legal Parent or Guardian	_____ Signature of Child's Legal Parent or Guardian	_____ Date
_____ Printed Name of Child's Legal Parent or Guardian	_____ Signature of Child's Legal Parent or Guardian	_____ Date

**(The original signed copy of this Agreement will be kept on file in my patient records.)**