

Psychological Services Policies and Procedures

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Welcome to my practice. These service policies and procedures will educate you about my practice. They are designed for you and me to commit and agree to. Agreements between me and my patients are customary and necessary. These policies and procedures ensure that you receive the best treatment and most rapid improvement possible.

Please read. If you don't understand something, please feel free to ask me for clarification.

Thanks, *Revel Miller, Ph.D.*

Confidentiality Limits and Exceptions

I only release information to others if you sign a written Authorization for Release of Patient Information form. 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. However, there are 6 exceptions to confidentiality in which I am mandated by law to disclose information without your personal consent or authorization. See below.

6 Legal Exceptions to Confidentiality

Under the 6 following 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 that you are a danger to your self
2. if there is a reasonable suspicion that you are a danger to others
3. if there is a reasonable suspicion of child abuse or neglect of a child under 18 years of age
4. if there is a reasonable suspicion of elder abuse or neglect
5. if you file a complaint or lawsuit against me
6. if I am court ordered by a judge

Confidentiality with Minors

When working with children and adolescents, it is important that they feel safe with me. 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 personal disclosures to me by the child will require the child's authorization to tell their parents. However, if I feel that a minor child is in danger or a danger to themselves or someone else, then I will immediately notify the parents and others about my concern.

I Collaborate and Consult with Other Professionals

I may request or 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. This will ensure proper and integrated care and prevent wasteful and contradictory advice and planning.

To improve patient treatment, I also 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 preserve your anonymity and 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.

Services I Provide

I provide the following professional services: psychotherapy, counseling, consultation and business coaching. See my separate handout, [Professional Service Specialties](#), for more specific information about each of these services.

Services I Do Not Provide

I do not provide the following services: comprehensive psychological, forensic, neuropsychological, disability or custody evaluations. I also do not provide legal advice or prescribe medications. In addition, I do not work with all psychological and behavioral problems.

Evaluation and 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 personal information. With this information, I then develop a treatment plan for you to reach your goals. We will discuss my recommendations and we can modify the plan so that it fits our expectations and your needs. Once we agree to follow a treatment plan, the focus can be changed during the course of therapy.

Referrals to Other Professionals

I do not accept clients who, in my opinion, I cannot help. If at any time I determine that I cannot help you, I will refer you to other qualified professionals who may be better suited to assist you.

Waiting Room Expectations

Please wait quietly in the waiting room until I come out to meet you. Do not talk on your mobile phone in the waiting room. Do not bring friends, children or family members to sessions unless it has been previously arranged for them to join us. Unless parents are waiting for a young child, 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

Please call my office phone at 805-448-5053. It is best to communicate with me through telephone calls and voice messages. I will make every effort to return your message on the same day. Phone contact is reserved for arranging and changing appointments or urgent personal matters. Telephone calls which last beyond 10 minutes may be billed in 10 minute increments.

Because use of the internet is not necessarily secure 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

Emergency Communications

If you are in a crisis, leave me a voice message on my business phone line at 805-448-5053. Be sure to state that you are in an 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 jeopardy. 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 an appointment or if I am late for an appointment with you, I may have my office manager communicate with you. In addition, you may need to speak with my insurance claim manager to work out health insurance billing issues.

Time Length of Sessions

Most individual sessions are 50 minutes in length. Treatment sessions with couples and families may be 50 to 90 minutes in length. Group psychotherapy sessions are 90 minutes in length. When consulting with parents and family members, sessions can last up to 90 minutes.

My Professional Fees for Services

In our first meeting, we will agree to a session fee. I have different rates for different types and lengths of services and I also take into consideration your ability to pay. My fees may be adjusted every year on January 1st.

My fees for business coaching, psychological assessments, legal matters, lien services and correspondence are higher than my customary hourly rates. My fees 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 agreed to beforehand.

Payment of Fees

Ultimately, adult clients and parents of minor clients are responsible to pay for my services. Payment in full is expected at the time of service with cash, credit/debit cards or a personal check. All fee, payment, billing and insurance issues will be discussed during your session. Returned checks require a reimbursement for any extra bank charges I incur.

Health Insurance Reimbursement

I am not an “in-network” provider for any health insurance companies except Medicare and Medicare supplemental insurance. However, I can submit claims to all insurance companies on a monthly basis and they may reimburse you for my services.

If you have health insurance, it must 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. I encourage you to communicate with your insurance company so that you understand your policy benefits and what to realistically expect.

You should be aware that most insurance companies require you to meet your annual deductible amount before they make reimbursements. They also require me to provide them with a clinical diagnosis and dates of service. Sometimes, insurance companies require pre-authorizations for treatment or additional information in order to receive reimbursement.

Understand that I have no control over 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 may carry a certain amount of risk to your privacy and/or future capacity to obtain health or life insurance.

Ultimately, you are responsible for all payments if your insurance company denies payment on claims. Late charges and collection agencies may be required if you don't pay your full bill in a timely manner.

Attendance Agreement

Patients agree to attend all scheduled appointments with their best intentions to work on their issues. You must arrive on time to get the best results. Consistent attendance of your therapy sessions is important if you want to reach your treatment goals.

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. For an agreed upon fee, I reserve time for you for a set amount of time on the day and hour and for the length of time we mutually scheduled.

Appointment Cancellation Policy

Please notify me by telephone if you are going to miss, be late or need to re-schedule an appointment. If you want to cancel or re-schedule a session, you must notify me at least 24 hours or one full business day in advance of your scheduled appointment. A full business day includes Monday through Friday, 8:00 am to 6:00 pm. It does not include time between Friday night to early Monday morning. Leave a voice message for me stating that you will not be attending and let me know the date and time of the appointment you are cancelling. Leave your phone number so I can call you to reschedule.

If you call in less than one full business day ahead of our scheduled meeting, you will be charged full fee for the time I have set aside for you. Health insurance companies do not pay for late cancelled appointments.

When cancelling or rescheduling, be prepared to reschedule as soon as possible. Missing sessions interferes with your treatment and will slow down your progress. 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.

Patient Missed Appointment Policy

You are expected to show-up on time to take full advantage of your session. If you forget to attend or decide not to 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” at the next session. Health insurance companies do not pay for missed appointments.

Billing Questions

Speak with me directly if you have questions about your balances, my fees or health insurance claims. We can usually resolve issues together.

Treatment Changes and Termination

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 one another notice of our intention to make changes or to terminate treatment. Upon making the decision to end therapy and discussing it with one another, we agree to continue to meet for at least 2 more sessions before formally terminating the treatment process.

Please inform me in-person during a session about your intention to change the frequency of our sessions or to terminate your treatment. This allows us time 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 your progress in treatment. Termination of treatment by phone, voicemail, email, text or letter is not acceptable.

Usually, the termination of treatment is discussed openly, looking at the pros and cons of ending therapy, assessing readiness, and discussing the progress made and issues that remain. Often, termination is decided upon and then the sessions taper down gradually.

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 to say good-bye. Abrupt terminations create stress and confusion and they are not advantageous to you or the others in the group.

Notification of Personal Changes

Please inform me of any changes you make in your employment, residential address and preferred telephone number or email address.

Notification of Health Changes

Please inform me about any changes in your health condition, prescription medications, medical examinations or significant discussions with health professionals.

My Vacations and Business Travel

When I am going on a vacation or out-of-town for professional training, 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 arise.

Legal Limitations

I do not provide a service that is suitable to be utilized in resolving legal issues. Due to the sensitive nature of the therapeutic process and the fact that it often involves making confidential disclosures, 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. The purpose of this stance is to protect your confidentiality and our treatment relationship.

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

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 California State license number is: PSY15868. My practice is also bound by the full ethical codes of the American Psychological Association.

Complaint Procedures

If you have any concern about my services, please notify me immediately. If you are not satisfied with my response, you can 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. Their website is www.psychboard.ca.gov and their phone number is 866-503-3221.

Thank you for agreeing to all of these policies and procedures!