June E. Kramer, M.D.
Psychiatry

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OFFICE POLICY STATEMENT

Welcome! Please take the time to read this Office Policy Statement so that you better understand my office policies and how they apply to you.

Effective psychotherapeutic treatment requires openness, an attitude of collaboration, and your willingness to invest time, attention, and effort in working toward personal and/or family change. The success of therapy cannot be guaranteed by your therapist because the outcome is, in part, your responsibility. I will utilize my experience, education, and training to work with you as productively as I can, and will perform my services in a professionally competent manner.

Confidentiality

All information you disclose is considered confidential and will generally not be released without a *Release of Information* form signed by you. The *Release of Information* form is valid for only 90 days from the date of signature. The law requires disclosure of confidential information and reporting in three situations: suspected child abuse, threatened harm to self or others, or if individuals are gravely disabled and not able to care for themselves. Furthermore, based on the Uniform Health Care Information Act, I may confer with others who are providing health care services to you as a means of ensuring continuity of care. In some instances, confidential information can be subpoenaed by court.

In providing therapy services to minors, the parent(s) may be the “holder” of privilege depending on the age of the child. In treating minors, it is best to discuss confidentiality with me to establish the most optimal intervention.

The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. Should I obtain consultation regarding aspects of your treatment, I will omit identifying information (including name, employment, etc.) so that confidentiality will be preserved to the best of my ability. Your signature on this Policy Statement serves as consent that I may obtain consultation regarding your treatment (on an *anonymous* basis) without a specific release to do so.

Record Information

I keep a record of the mental health care services I provide you. You may ask to see that record. You may see your record or get more information about it by contacting and/or setting up an appointment with me. As stated above, I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you are utilizing a third party payer, such as an insurance company, I will be required to submit information in order to obtain reimbursement or authorization for services; you will be asked to give release for this purpose on the Insurance Information form given to you with this Office Policy Statement. The scope of the information depends on the type of contract you have with your insurance company. If more than a diagnosis is requested, I will discuss with you what information is being asked for before it is released.

Ethics and Professional Standards

Psychiatrists offering services to the public must be licensed by the State of California. As a psychiatrist, I have a medical doctor degree (M.D.) and four years of an accredited, supervised psychiatric residency. I

have taken written and oral national board examinations and am board certified in General Psychiatry. In addition, I have completed the didactic component of the five year psychoanalytic training program at the Seattle Psychoanalytic Institute, and continue to be involved in the clinical component of that program. I have been in private practice for over 30 years.

As a licensed, board-certified psychiatrist and member of the American Psychoanalytic Association, I am accountable for my work with you. If you have any concerns about the course of evaluation or treatment, please discuss them with me first. You have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you feel I have been unethical or unprofessional, you may contact the Medical Board of California, www.medbd.ca/gov, or phone 800-838-1381.

Appointments and Cancellations

Individual therapy sessions typically are 45-50 minutes in length, with the remaining 10-15 minutes devoted to treatment planning and record keeping. It is important to be on time because your appointment will not be extended beyond the scheduled time as a result of your late arrival. Your appointment time is held exclusively for you. If you are unable to keep your appointment for any reason, you must give at least 48 hours advance notice to cancel; OTHERWISE, YOU WILL BE CHARGED A CANCELLATION FEE. My cancellation fee is currently $80.00. Insurance companies will NOT reimburse you or me for the missed appointment.

Emergencies

In the event of an emergency or an urgent situation, you may call me on my cell phone. I will be giving you that number once you have become on ongoing patient. If you cannot reach me in this manner, you can call the CRISIS LINE of San Luis Obispo county at 800-838-1381, or go to the emergency room of the nearest hospital.

Payment Policies

Payment is expected at the time of your appointment. If I am billing an insurance company, I will generally ask only that you pay your share of the charges. I do ask that the first several visits be paid in full, until your insurance company begins to send its' share of payment. Any other arrangements should be made on an individual basis. Once you are in ongoing treatment, monthly payment is easily arranged.

The fee for psychotherapy with me is $180.00 for a 45-50 minute session. You may have additional charges for:

* initial intake session
* legal expenses including testimony
* extended psychotherapy sessions
* reports, letters or telephone calls on your behalf to attorneys, doctors, agencies, employers, school personnel, etc.
* extended telephone conversations
* travel time on your behalf to any location outside my office
* review of records
* photocopies of records

Overdue Accounts

You are responsible for your account and are expected to pay for all services you receive. Overdue accounts may be charged interest or a minimum late payment fee on a monthly basis. Accounts overdue 90 days or more may be turned over to a collection agency or to an attorney. You will be responsible for attorneys' fees and costs or collection agency fees in the event that your account becomes delinquent.

Special Needs

If you have special financial needs, please discuss these with me.

Agreement to Participate in Services

If you have any questions, please feel free to discuss them with me prior to signing this form. Your signature indicates that you have read, understand and agree to these policies and accept responsibility for payment of fees in accordance with these terms and conditions. Furthermore, you hereby authorize June E. Kramer, M.D. to provide psychotherapeutic services to _________ _____________________. This authorization constitutes informed consent without exception.

Date: ________________________ Patient: ____

Parent/Guardian: ________________________________

Date: ________________________ Clinician: ______________________________________

June E. Kramer, M.D.