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**(760) 295-3988**

## **OFFICE POLICIES AND PROCEDURES**

### **PSYCHOLOGICAL SERVICES**

Psychotherapy may have benefits such as significant reduction in distress, improved social relationships, resolution of specific problems, and clearer understanding of your self, values, and goals. Psychotherapy may also require revealing and working through unpleasant aspects of your history and current life. Therefore, psychotherapy, especially in the initial stages, may lead to uncomfortable levels of feelings like anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness and could impact your relationship with others. Be sure to let me know if you have this experience. Generally, unpleasant experiences are temporary and can be an expected and therapeutic part of the psychotherapy process.

By the end of your evaluation, I will offer you some initial impressions and a treatment plan. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. My approach tends to be active, direct, and psychoeducational in nature and includes setting up practices and readings between sessions to help facilitate treatment. You should evaluate this information along with your own assessment about whether you feel comfortable working with me.

Unfortunately, there are no guarantees and your condition may or may not improve or there is the possibility that your condition could worsen. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to offer referrals for you to secure an appropriate consultation with another mental health professional. In that case, it will be your responsibility to arrange an appointment with that provider.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can contact the California Board of Psychology which oversees licensing, and they will be able to review the services that I have provided.

### **SESSIONS**

My normal practice is to conduct an evaluation that will last from 1 to 3 sessions with each session typically lasting 60 minutes. During this time, we can both decide whether I am the best person to provide the services that you need. If psychotherapy is initiated, I will usually schedule one 60- or 90-minute session per week at a mutually agreed time. We may agree to vary session length and frequency.

My approach tends to be short-term and time-limited, with much of the information about anxiety and treatment strategies provided in the first 6-8 sessions and with many clients seeing improvements in their stress and anxiety during this time. Most cognitive behavioral treatments for anxiety disorders suggest 10-20 sessions for the full treatment of moderate levels of anxiety, but this number can vary depending on severity of anxiety, years with anxiety disorder, life situation, trauma history, and how well cognitive behavioral therapy matches your goals and learning style.

## PROFESSIONAL FEES

- \$180 per 60-minute session of individual psychotherapy
- \$220 per 90-minute session of individual psychotherapy

These fees are comparable to those of practicing psychologists in the area with similar training and experience. In addition, the fee includes the many readings, worksheets, and handouts that are a part of the therapy and also includes time I spend between sessions to prepare materials and content to facilitate treatment and reduce the number of necessary sessions.

If you are unable to pay the full session fee due to financial hardship, a sliding scale fee can be arranged. If a sliding scale is used, the fees will be reviewed every 6 weeks.

Some sessions may require additional time, especially if we are working through situations that elicit anxiety. In these cases, additional time will be charged at a rate of **\$40 for each additional 0-30 minute increment**.

I have time slots reserved for those in need of financial assistance. If you are suffering from an anxiety disorder and would benefit from the cognitive behavioral treatment of anxiety, we can discuss a reduced fee on a sliding scale.

Any other professional services you need, including report writing, telephone conversations lasting longer than 10 minutes, preparation of treatment summaries, court proceedings even if I am compelled to testify by another party, or time spent performing any other service you may request are charged **\$40 for each 15-minute increment**, similar to the fee for therapy.

## CANCELLATIONS

Appointments are made to reserve a specific time slot for you, and therefore, if you need to cancel or reschedule an appointment, a minimum of **24-hour notice is required**. A **cancellation fee of \$50** will be charged for sessions missed or rescheduled without sufficient notification. Most insurance companies will not reimburse for missed sessions.

## BILLING AND PAYMENTS

You will be expected to pay at the end of each session unless we agree otherwise. All services are to be paid in **cash, by check, or by credit card**. If paying by credit card, please read and sign the separate Electronic Payment Communications Disclosure and Authorization form. I do not bill insurance companies, and thus all fees associated with therapy will be your responsibility. Refunds are not available, and any outstanding balance must be paid by the beginning of our next session. Payment schedules for other professional services will be agreed to at the time these services are requested.

I may be willing to negotiate a fee adjustment or installment plan depending on your financial circumstances. If your account has payment overdue for over 60 days, I have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information I would be providing would be client name, nature of services provided, and amount due.

## INSURANCE REIMBURSEMENT

If you have a health benefits policy, it will usually provide some mental health coverage. However, I do not bill insurance companies directly, and therefore, you are responsible for full payment of the session fees at the time of service. I can, though, provide you with documentation that you may submit to your insurance company for reimbursement.

If you will be requesting reimbursement from your insurance company, it is important that you find out exactly what mental health services your insurance policy covers. Also, it may be necessary for you to seek additional approval from your insurance company after a certain number of sessions, which they may or may not grant. If your needs change and you need to find a provider who accepts your insurance as an in-network provider, I will do my best to provide you with a referral resource.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I will have no control over what they do with it. In some cases, they may share the information with a national medical information data bank.

### **CONTACTING ME**

Many modern methods of communication have poor privacy, and thus I have tried my best to obtain secure methods of communication that protect your confidentiality while also allowing you to contact me as easily and comfortably as possible. I offer the following options:

**Confidential Phone:** (760) 295-3988

- I may not be immediately available by telephone as most calls are forwarded to my confidential voicemail system. When you call, please leave some times and a phone number where you can best be reached. Please be aware that my phone number is a landline and thus is NOT equipped to receive SMS (normal mobile phone text messages). Any messages sent to my phone number via SMS will not be received by me and you may or may not receive a message that your text was undeliverable.

**Secure Messaging:** Signal Private Messenger (760) 295-3988

- You can message me via the Signal Private Messenger app. Signal is a free, open source, and secure alternative to standard texting that works on a smartphone (iPhone or Android phone). You can find information on it at [signal.org](http://signal.org).

**Email:** To reach me by email, you can reach me at [Kathy@DrKathyK.com](mailto:Kathy@DrKathyK.com).

- Internet is not a secure or confidential medium. Therefore, do not send by email any information which you consider confidential. Email communication will have to be restricted to matters related to scheduling, and all other communication regarding clinical matters should be done over the telephone or in person.

### **EMERGENCY CONTACT**

If you are ever experiencing an emergency, immediately call **911** or your local hospital emergency room (**Tri-City Emergency Room 760-940-3505**). If you are experiencing a mental health crisis that is not a life-threatening emergency, please call the San Diego Crisis Line at **(888) 724-7240**. If you contact me about an urgent matter, please know that your messages may reach me later than would be desired or, in rare cases, not at all.

## **RESPONSE TIME**

I may not be able to respond to your texts, email, or calls immediately, but I will make my best efforts to try to get back to you within **two business days**. If I can anticipate that I will be unable to reply to your messages in a timely fashion for some reason, such as during a trip out of town or out of cellular or Internet range, I will take steps to inform you beforehand.

## **DISCLOSURE REGARDING THIRD-PARTY ACCESS TO COMMUNICATIONS**

Please know that with electronic communication methods, there are various technicians and administrators who maintain these services and may have access to the content of these communications. Of special consideration are work and school email addresses. If you use your work or school email to communicate with me, your employer or school officials may access our email communications. There may be similar issues involved in email accounts associated with other organizations that you are affiliated with.

Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to consider the risks involved if any of these persons were to access the messages we exchange with each other.

## **SOCIAL MEDIA**

I do not accept friend or contact requests from nor do I respond to requests to follow current or former clients on any social networking site (Facebook, LinkedIn, etc.) as these actions may compromise your confidentiality and our respective privacy. They may also blur the boundaries of our therapeutic relationship and have a negative influence on our work together. If there are things from your online life that you would like to share with me, please bring them up in our sessions where we can view and explore them together.

Please refrain from contacting me via social media messaging systems such as Facebook Messenger or Twitter. These methods have poor security, and I am not prepared to watch them closely for important messages from clients.

## **PROFESSIONAL RECORDS**

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to review a copy of the records, unless I believe seeing them would be emotionally damaging, in which case, I will be happy to provide them to an appropriate mental health professional of your choice. Because these are professional records, they can be misinterpreted or upsetting, so I recommend that we review them together so that we can discuss what they contain.

## **PRACTICE STATUS**

I work in an office with a group of independent mental health professionals. While the members share an office space, I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

## **FORENSIC/LEGAL PROCEEDINGS**

As a provider, I am not a specialist in forensic or legal proceedings and do not offer this type of courtroom or legal support. I do not provide evaluations determining ability to work.

## CONFIDENTIALITY

Confidentiality is the cornerstone of mental health treatment and is protected by the law. I can only release information about our work to others with your written permission. Some basic information about diagnosis and treatment may be required as a condition of your insurance coverage. Exceptions to confidentiality where disclosure is required by law:

- if there is threat of **serious bodily harm to others**, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- if there is threat to **harm yourself**, I am required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- if there is an indication of **abuse to a child, an elderly person, or a disabled person**, even if it is about a party other than yourself, I must file a report with the appropriate state agency
- If you are involved in **judicial proceedings**, you have the right to prevent me from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony
- if due to mental illness, you are **unable to meet your basic needs**, such as clothing, food, and shelter, I may have to disclose information in order to access services to provide for your basic needs

These situations have rarely arisen in my clinical practice, but should such situation occur, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult with other professionals. In these circumstances, I will make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

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## **CLIENT RIGHTS AND INFORMED CONSENT FOR TREATMENT**

### **Client Rights:**

*As a client you have the following rights:*

- To expect that your provider has the minimal qualifications of training and experience required
- To be informed of the cost of professional services before receiving those services
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - Reporting imminent danger to self or others
  - Reporting suspected abuse of a child, elderly person, or disabled individual
  - Reporting information required in court proceedings
  - Reporting if you are unable to care for your own basic needs
- To be free from being the object of discrimination on the basis of race, religion, gender, sexual orientation, disability, or other unlawful category while received services

### **Informed Consent for Treatment:**

*By signing the form below, you understand the following information:*

- The nature and limits of my services, including that your condition may or may not improve and there is a possibility your condition could worsen
- The fees associated with psychotherapy are your responsibility, and the policies regarding fees, payments, cancellations, and insurance billing have been explained and agreed upon
- The best ways to contact me including information on phone, text, and email options, response time, emergency contact information, social media policy, and limitations in electronic methods of communication
- The limits of confidentiality as outlined above
- My practice status as an independent practitioner and my requirements for record keeping and limitations regarding forensic requests
- The need for you to actively participant in treatment

I understand the above guidelines and agree to the service fee of **\$180 for a 60-minute session** or **\$220 for a 90-minute session**

I have received a copy of the OFFICE POLICIES AND PROCEDURES packet.

Name of client (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of client: \_\_\_\_\_

Name of therapist (print): **Kathleen Kawamura, PhD** Date: \_\_\_\_\_

Signature of therapist: \_\_\_\_\_