



DR. ANA DUBEY

Clinical Psychologist

license #PSY24078

OFFICE POLICIES & CONSENT FOR TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. Please keep a copy of this agreement for your reference.

ABOUT PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems or objectives you bring forward. There are various methods I may use to address the issues that you hope to work on. Together we will agree on a specific treatment plan tailored to your particular needs and goals. Psychotherapy calls for a very active approach on your part. The success of therapy will depend in large part on the effort you put forward during and outside of our sessions. Progress is also highly dependent on good communication between client and therapist. If at any time during therapy you have any questions or concerns, feelings about something I have said or suggested, or need clarification regarding our progress, do not hesitate to bring this up.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings and the process may, at times, feel quite difficult. On the other hand, psychotherapy has also been shown to have benefits for people who go through it; therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

MEETINGS

A regular psychotherapy session lasts for 50 minutes. During our initial meeting we will both decide if I am the best person to provide the services you need. If either you or I decide for any reason that you would be better helped by another professional or method of intervention, I will offer referrals for alternative services or providers. If we decide to continue with ongoing psychotherapy, we will usually schedule one or more sessions per week at a mutually agreed upon time.

CANCELLATIONS & MISSED APPOINTMENTS

Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. Once we agree on a regular time or times to meet during the week, I will reserve those hours for you. It is understandable that on occasion you will need to cancel or reschedule a session. If it is necessary to reschedule or cancel an appointment, I require that you provide me with at least 24 hours advance notice in order to avoid being charged for the session. If I receive less than 24 hours advance notice and we are able to reschedule the appointment that same week for a mutually convenient time, you will not be charged for the missed session. If I receive notice less than 24 hours in advance and we are not able to reschedule during the same week, or you miss a session with no advance notice, you will be charged for the missed session.



FEES FOR SERVICES

Unless we make other specific arrangements, payment by check, cash, Venmo or Zelle is due at the end of the month. A payment by credit card is also acceptable but will result in an additional service fee. I charge the same fee for other professional services you may need. Other services might include, but are not limited to, telephone consultations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. I will pro-rate the cost if I work for periods of less than one hour. I periodically raise my fees with reasonable advance notice.

INSURANCE

I am not on any preferred panels and do not deal directly with any insurance companies. However, some PPOs offer reimbursement for out of network mental health providers. If you will be using out of network benefits, I am able to provide you with statements so that you are able to seek reimbursement from your insurance company. It is always your responsibility to pay our full agreed upon fee for services at the time they are rendered, regardless of your insurance arrangements.

CONTACTING ME

By Phone: You may contact me by phone at 415.674.8272. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night. I check my voicemail frequently during business hours and I will always attempt to return your call within 24 hours. I will give you advance notice of any vacations or other planned absences.

By Email: Because the security of email communications cannot be guaranteed, it is recommended that email be limited to requests for phone contact, appointment arrangements, or request for information. Please only include general information about yourself and your treatment. Email should be addressed to ana@anadubey.com

EMERGENCIES

Although you can leave me a message at any time, I am often not available to call you back immediately. In an emergency, please call me, and I will return your call as quickly as possible. However, if you have an emergency requiring immediate attention please also call 911, Psychiatric Emergency Services at 415.206.8125 (24 hours a day), or go to your nearest emergency room.

ENDING TREATMENT

You have the right to end or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist, and all written treatment records, are protected by law, and I may only release information about our work to others with your written permission. There are a few exceptions, under California Law, when disclosure is required:



- when there is reasonable suspicion of child, dependent or elder abuse or neglect;
- when a client presents a danger to self, to others, to property, or is gravely disabled;
- when a client's family members communicate to the client's therapist that the client presents a danger to others.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I participate in regular professional consultations. In such cases neither your name nor any other identifying information about you will be revealed.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name (printed):-----

Signature:----- Date:-----

