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### **Service Agreement and Informed Consent**

Welcome to my practice! I congratulate you for taking the first step to self improvement and giving me the opportunity to work with you. The following information is given to help you understand how we will work together, your rights as a client, and the limitations of my services. Please read this information carefully. During our first meeting we will discuss the service agreement and I will clarify any questions you may have.

#### **Psychotherapy**

Psychotherapy is a process by which an individual can learn to cope with uncomfortable emotions, make specific behavior changes and increase self-understanding. Therapy is built on a relationship with your psychologist. This relationship helps to foster change. As a professional, I will use my best knowledge and skills to help you. The goals of therapy include symptom relief, positive coping, behavior change, self-understanding and enhancement of rewarding interpersonal relationships. As we work together will continue to evaluate our progress towards your goals for therapy.

#### **Risks and Benefits**

Psychotherapy is meant to provide a safe and supportive environment to explore your concerns and create change for your life. However, as with any treatment there are some risks as well as many benefits of therapy. For example it is possible to experience uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness or other unpleasant feelings. Some clients feel as if their problems temporarily worsen as they begin treatment. These are usually normal experiences to the work you are doing in psychotherapy. As we work together we will continue to monitor symptoms and discuss coping skills to ease your discomfort.

While you consider these risks, you should know that there are many benefits of therapy. Benefits of therapy include but are not limited to: decreased symptoms and uncomfortable feelings, increased coping skills, increased self awareness, positive behavior change and more fulfilling relationships.

#### **Our Relationship**

As a licensed psychologist, I am required to abide by the standards have been set by the American Psychological Association for the limits in the relationship between a

therapist and client. These standards include keeping the information that you share with me confidential (specifics related to this will be further discussed in the “confidentiality” section of this document). Also, the standards limit us to a professional relationship only. I cannot be your friend, business partner or have a romantic / sexual relationship during or after the course of therapy.

### **Confidentiality**

I will treat with great care all of the information you share with me. In all but a few rare situations, your privacy is protected by state law and by the rules of my profession. In general, I will tell no one what you tell me nor will I reveal that you are receiving treatment from me. However, there are specific limitations to the protection of confidentiality. If the following situations occur, I am legally obligated to take action:

1. To prevent a serious threat to the health or safety of an individual. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. I can notify the person, tell someone who could prevent the harm, or tell law enforcement officials or take other action as necessary.
2. To report child, elder, or dependent adult abuse.
3. To comply with court orders, legal proceedings, or a valid subpoena.

There are a few situations in which I might talk about your case with another therapist. I ask for your agreement and understanding to let me do so in the following specific situations:

1. If I am away from the office for an extended time such as due to illness or vacation, I have a trusted fellow therapist that will be available to you in emergencies. This therapist will need to know about you and some information about our work. This therapist is bound by the same laws and rules as I am to protect your confidentiality.
2. I consult with other therapists in order to receive feedback and improve my services to each client. Names and identifying information are never disclosed. These professionals are also obligated by law to keep any client information confidential. If you ever have any questions about these consultations, please let me know.

I will not leave a voicemail message with you unless you have given me permission to do so. If you decide to contact me using email, please understand the limits to confidentiality if emails are sent to other recipients unintentionally or by mistake. To best protect your privacy and confidentiality, I ask that communications through email be limited to only scheduling / rescheduling appointments. If you feel you need to discuss something with me further outside of session, it is preferable that you contact me by phone.

## Consultations

It may be necessary for me to make recommendations for you to meet with other professionals during our work (psychiatrist, physician, nutritionist, etc.). It will be helpful for me to consult with these professionals to coordinate the best care for you. To do this, I will need to obtain your written consent to share any information, and I will only release information that is relevant to coordination of care with these professionals.

## Appointments

The first time we meet, I will inform you of important information about my services and our work together, and I will assess relevant information from you to help determine the best plan of action given your concerns. This will take 75-90 minutes to complete. After that, our sessions will be 50 minutes long. I will tell you at least a month in advance of my vacations or any other times we cannot meet.

An appointment is a commitment to our work. We agree to meet at my office and to begin and end on time. If you are late, we will still end the session at the originally determined time, and you will be charged the full amount for the session. I completely understand that unexpected events can interfere with scheduled appointments. However, I consider our meetings very important and ask you to do the same. Appointments can be rescheduled or cancelled at no charge if you contact me 24 hours in advance. If you do not attend an appointment and you do not contact me, you will be charged the full amount for the session.

Most of my clients attend appointments 1 x per week at first, and then we meet less often as you experience progress with your presenting concern. However, the frequency and duration of sessions depends on your long term and short term goals. We each have the right to stop therapy if either of us feel it is no longer in your best interest. This is carefully considered and discussed. The ending of therapy can be a very valuable aspect of our overall work. If you would like to stop therapy for any reason, I request you come for one final session to review our work together, plan for any future goals, and to have the opportunity to receive any helpful referrals or resources.

## Fees and Billing

I accept fee for service payments in the form of cash, check in my office and by Visa / Mastercard via PayPal on my website. My current regular fees are as follows. You will be given advance notice if my fees should change.

**Initial Interview and Assessment: \$180.00.** The first session is 75-90 minutes in length and includes an assessment of your presenting concerns and appropriate treatment recommendations. If we decide to not work together, I will still provide you with the recommendations and referrals for other therapists or services that better fit your needs.

**Regular therapy services:** \$150.00. Continued appointments will be 50 minutes in length. You will receive a receipt for each payment, and at the end of each month you will receive a statement reflecting all of our meetings, the charges for each, and how much has been paid, and what is still owed.

**Telephone consultations:** There is no fee for communication via telephone or email asking questions about billing, records, or scheduling appointments. If it is suitable and necessary to have a telephone consultation, I will charge you our regular fee, prorated over the time spent in consultation. If long telephone conferences with other professionals are needed as part of your treatment, you will be billed for these at the same rate as regular therapy services. These will be discussed ahead of time so you know if this is a potential billed service.

**Insurance:** Currently I am an "in-network" provider with Aetna, Blue Shield, Cigna, Magellan, and Multiplan. As an "in-network" provider I will complete insurance paperwork for you. You may have a deductible and/or co-pay that must be met as outlined in your plan. Please verify your benefits before your first visit. It may also be possible for you to use my services as an "out of network provider." Be sure to call your insurance company and discuss the coverage for "out of network providers" and specific instructions for reimbursement. I will give you a receipt at the end of each session, which you can then forward onto your insurance company.

**Past due amounts:** Payment is due before the beginning of each session. If the situation arises in which you cannot make the payment before the session for more than 2 sessions in a row, we may need to revise our appointment schedule and possibly create a payment plan. If your unpaid balance exceeds \$500.00, I will notify you by sending a bill with the total balance by mail. If no arrangement for payment has been determined, I have the right to stop providing services to you. I also have the right to send your name and address to a collection agency to obtain the amount due.

### **Records**

Your name, contact information, and records are kept in a secure location. It is my policy to destroy records 7 years after the end of therapy. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, your records will be transferred to another therapist who will assure confidentiality and appropriate storage. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time.

### **Contact and Emergencies**

You may contact me through email or by phone. I cannot promise that I will be available at all times. I generally return messages both through email and phone within 24 hours

of receiving them. **If you have an emergency, and cannot reach me by phone or email, it is best to immediately call 911, go to the nearest hospital emergency room.**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you. I am also required to contact this person or the authorities if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### **Principals and Complaint Procedures**

It is my intention to abide by all the rules of the American Psychological Association (APA) and by those of the California Board of Psychology. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, I ask that you please raise your concerns with me at once. I will make every effort to hear any concerns you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the California Board of Psychology at:

**2005 Evergreen St., Ste. 1400  
Sacramento, CA 95815  
[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)  
[www.pscyhboard.ca.gov](http://www.pscyhboard.ca.gov)  
(866) 503-3221**

In my practice as a therapist I do not discriminate against clients because of any of these factors: race /ethnicity, age, sex, sexual orientation, health status, physical disability, religious beliefs, veteran status, place of residence, marital/ family status, or criminal record unrelated to present dangerousness. This is a personal commitment as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial /ethnic/ cultural diversity. If you believe that you have been discriminated against please bring this matter to my attention immediately.

**INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES**

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed the agreement. I understand that I can discuss my concerns with you, the therapist, before I start formal therapy. If at any time during the treatment I have questions about any of the subject discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy.

I understand that no specific promises have been made by this therapist about the results of treatment, the effectiveness of the treatments used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read or have had read to me, the issues and points in this document. I have discussed those points I did not understand and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability as shown by my signature here.

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Signature of client (or person acting for the client)      Date

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Printed name

Relationship to Client  
 Self  Parent  Legal guardian

I, the therapist, have met with this client and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe that this person is fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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Jamie Lopez, PhD      Date  
License # PSY 23047

Copy accepted by client  Copy kept by therapist