

*Dale W. Beaman, Ph.D.
250 W. First Street, Suite 242
Claremont, CA 91711*

Client Information and Office Policy Statement Informed Consent

Confidentiality

Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include: 1.) suspected abuse or neglect of a child, elderly person or a disabled person, 2.) when your psychiatrist or therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) if you, a significant other, or family member report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4.) if your psychiatrist or therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc. 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) in natural disasters whereby protected records may become exposed or 7.) when otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.

Emergencies

If there is an emergency during our work together, where Dr. Beaman becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

Health Insurance and Confidentiality of Records/ HIPAA Compliance

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Dr. Beaman adheres to HIPAA (Health Insurance Portability and Accountability Act of 2013). Please review the Notice of Privacy Practices posted in the office. You may request a copy of this notice and of your treatment records if you wish. I have had an opportunity to review the Notice of Privacy Practices, in the office where services are provided. In addition: I authorize release of information pertaining to claims, certification, case management, quality improvement, benefit administration and other related purposes to my health plan.

Confidentiality of e-mail, cell phone, and fax communication

It is very important to be aware that computer e-mail, text, e-fax, and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, text, e-faxes in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails, texts, and e-faxes that go through them. Generally, e-mails, text messages, and e-faxes are not encrypted in transit over the Internet. It is always a possibility that e-faxes, texts, and e-mail can be sent erroneously to the wrong address and computers. E-mail messages on your computer, your laptop, tablet computer, phone or other devices have inherent privacy risks – especially when your e-mail access is provided through your employer or school or when access to your e-mail messages is not well protected. Due to the above, Dr. Beaman does not accept e-mails, texts, or e-faxes from clients.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, **divorce and custody disputes**, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Dr. Beaman to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Telephone and emergency procedures

If you need to contact Dr. Beaman between sessions, please leave a message on my confidential office voice mail (909) 621-9023 and your call will be returned as soon as possible. Dr. Beaman checks his messages a few times a day (but never during the nighttime, weekends or holidays). If an emergency situation arises, please call Dr. Beaman at (909) 621-9023 and indicate it clearly in your message. If you are having a life-threatening emergency please call 911 or go to the nearest emergency room.

Payments and insurance reimbursement

Clients are expected to pay services at the beginning of each session. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, and so forth, will be charged at the contracted rate, either set by you insurance provider or a standard rate set by Dr. Beaman. Please notify Dr. Beaman if any problem arises during the course of therapy regarding your ability to make timely payments.

Complaints

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your physician, therapist, or any office policy please inform Dr. Beaman immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

The process of therapy/evaluation

I consent to participate in psychotherapy with Dr. Beaman. I understand that participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Dr. Beaman will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Dr. Beaman often uses a cognitive-behavioral approach to therapy, which focuses on identifying distorted thinking, modifying beliefs, and changing behaviors. It is more time-limited and problem-solving oriented. Sometimes more than one approach can be helpful in dealing with a certain situation.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth, or experiencing anxiety, depression, insomnia, and so forth. Dr. Beaman may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Dr. Beaman is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you.

Discussion of treatment plan

Within a reasonable period of time after the initiation of treatment, Dr. Beaman will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Dr. Beaman's expertise in employing them, or about the treatment plan, please ask and you will be answered fully.

Client name

Cancellation

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24hours' (1 business day) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, you will be charged for sessions missed without such notification at the contract rate. Insurance companies do not reimburse for missed sessions.

Termination

You have the right to stop therapy at any time. However, it is recommended that termination be a collaborative and formal process between you and Dr. Beaman. If you stop coming to therapy, Dr. Beaman may contact you to clarify your intentions regarding continuing therapy. If Dr. Beaman's clinical judgment indicates further treatment is needed, he may inform you of his assessment and recommendations. If Dr. Beaman does not obtain a response regarding your intentions within a reasonable time, he will assume you have unilaterally decided to terminate therapy.

Consent for Treatment

By signing below, you are stating that you have read and understood this 3-page policy statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Client name (print)

Date

Signature

Client name (print)

Date

Signature

Therapist

Date

Signature

Form updated 6/25/2018