

Administrative Memo

(Based on the notes shared by Dr. David Burns)

This memo describes my clinic policies. A clear understanding of these arrangements can make our work together far more rewarding and helpful. If anything seems confusing or unfair, feel free to discuss your concerns with me at the initial evaluation. I'd be more than happy to review any of these topics with you and answer any questions you may have.

Instructions. Put a check (✓) in the column to the right of each item to indicate whether or not you understand and agree with it. If you feel confused or unsure, simply check "Needs discussion." Thank you!

		I AGREE	I DO NOT AGREE	NEEDS DISCUSSION
<p>1. Initial Evaluation</p>	<p>The initial session will be more like an evaluation, and will be devoted for consultation and not for treatment. I will review your history and pinpoint the kinds of problems you want help with. This may require two or more sessions, or one extended session. If I feel that I have the tools and skills to help you, I will share my treatment recommendations with you. This will probably involve talking therapy along with psychotherapy homework assignments between sessions. In some cases, medications might be helpful as well.</p> <p>If you decide that you would like to work with me along the lines that I suggest, I will be pleased to accept you as my patient at that time. If I feel that I do not have the tools to help you, or if the treatment methods I suggest do not appeal to you, you will be free to explore other treatment options and you will not become my patient. If you pursue treatment with another therapist, I will be happy to share the results of my evaluation with that therapist if you provide written permission for me to do so.</p>			

<p>2. Scheduling</p>	<p>I make sure to schedule the next session at the end of each session because your needs for treatment may vary from week to week. If you feel extremely distressed, it might be helpful to meet more frequently, even for several days in a row, until the crisis is over. When you begin to feel better, it may be appropriate to taper sessions and meet less frequently. If you would prefer a standing appointment each week at the same time, I'd be happy to set it up for you.</p>			
<p>3. Length and frequency of sessions</p>	<p>Most therapists schedule 60-minute sessions once a week. If you'd like to schedule extended sessions, or more frequent sessions, this may greatly speed up your recovery. Double or triple sessions can also sometimes be extremely effective. If you'd like to set up such sessions, with a little more intensive treatment program, let me know. We can decide about that collaboratively after the first 2-3 sessions.</p>			

<p>4. Duration of therapy</p>	<p>This varies greatly from person to person. Some patients with mild problems have been helped in just a few sessions. Others with more severe difficulties may require many months of hard, persistent work before they feel better. It's difficult to predict this ahead of time.</p>			
<p>5. Billing</p>	<p>Patients pay for each session at that session. I do send out monthly statements, if that works best for you and can provide you with receipts if you need them. I do not like to bill third parties for your therapy. If someone else, like a parent, wants to pay for your treatment, that's fine. However, I would prefer that they can pay you, so you can pay me at each session. It helps to be clear that, I'm working for you, and not someone else. However under certain circumstances I am open to be flexible with this clause.</p>			

<p>6. Insurance policies</p>	<p>It will be your responsibility to submit forms to your insurance company for reimbursement. In fact, I will recommend you to kindly deal with all the formalities with the insurance company yourself.</p>			
<p>7. Canceling sessions</p>	<p>I require a 24-hour notification to cancel a session for any reason. If you provide this advance notification, I will not charge you for the session. If you do not provide me with a 24-hour notification, you will be charged for the missed session. If I can fill your slot at the last minute, I will not charge you for the cancelled session, even if you give me less than 24 hours notice.</p>			
<p>8. Emergency phone calls</p>	<p>In certain cases, you may need to call me if a problem develops between sessions. For example, if you're experiencing a medication reaction or suddenly feel suicidal, I want you to call me right away. If a phone consultation is needed, I will charge for the time we spend together at my usual rate, based on the length of the call. Often, I can schedule additional sessions with you at the office within a day or two of your call if you need extra help. Sometimes, hospitalization may be helpful.</p> <p>I hope you will keep phone calls between sessions to a minimum, because, as you can imagine, I also need time to unwind. This allows me to be at my very best when I see you. If you think you will need to call me frequently between sessions, we should discuss this at the initial evaluation. If you believe you are having a life-threatening emergency and are unable to contact me or the psychiatrist covering for me for any reason, you should go to the nearest emergency room.</p>			

<p>9. Patient confidentiality</p>	<p>I will not provide information about your treatment to others without your permission. Even if a family member calls to inquire about you, I cannot reveal that you are my patient, unless you give me permission to speak with them. Even then, my discussions with any third party would be limited to the specific topics you have given me permission to discuss. For this reason, if you would like me to speak with a relative, it is often preferable that we all meet together during a regular appointment.</p> <p>If anyone provides me with information about you, via phone call or letter, I will share that information with you. In other words, I will not keep any secrets from you or withhold any information from you. However, there are a few areas where I may be required by law to violate the rules of patient confidentiality. These include imminent threats of suicide, violence or homicide, as well as any pattern of child or senior citizen abuse that you may reveal, or that I may become aware of as we work together.</p>			
<p>10. Suicidal feelings</p>	<p>Most depressed individuals struggle with suicidal thoughts and urges from time to time. I will monitor for suicidal thoughts during every therapy session. If they are present, we can discuss them in more detail. If at any time you become actively suicidal (for example, if you have a plan to commit suicide and intend to act on it), I may recommend hospitalization and immediately initiate termination of therapy. This can be helpful, even life-saving.</p>			
<p>11. Violent feelings</p>	<p>Feelings of anger, including violent fantasies, are also common, and you can explore these feelings during therapy sessions. However, if you threaten to kill or do something violent to another person, and I feel that your threat is credible, I will be required by law to contact the authorities and to warn the potential victim. This amounts to a violation of our confidentiality but is required by law.</p>			
<p>12. Child or adult abuse</p>	<p>If I discover you are abusing a child, senior citizen, or any other person, I will be required by law to report the problem to the authorities and to violate our confidentiality agreement.</p>			

<p>13. Meeting outside of sessions</p>	<p>I do not meet with patients, friends or family members of patients outside of sessions for any reason.</p>			
<p>14. Business dealings</p>	<p>I do not get involved in any business dealings with patients. Our work together will focus on the problems and symptoms you need help with.</p>			
<p>15. Disability claims and legal issues</p>	<p>I do not do disability evaluations or sign disability claims. If you wish to be evaluated for disability, you may have to find forensic experts who can provide that service for you. I will not provide copies of my evaluation, or reports of our work together, to anyone involved in a disability claim.</p> <p>If you are involved in any legal action, such as a divorce proceeding or a lawsuit, I will not testify in your behalf or provide copies of my records or reports of our work together.</p>			
<p>16. Premature termination</p>	<p>If you become discouraged between sessions or feel the urge to drop out of therapy for any reason, I'd strongly encourage you to come in for an additional session to discuss your feelings. This often leads to a therapeutic breakthrough. If you are not comfortable with this arrangement, and want the right to drop out between sessions, please let me know at the initial evaluation.</p>			
<p>17. Gifts</p>	<p>I do not accept gifts from patients or family members of patients because this is considered an ethics violation.</p>			
<p>18. Blogs or articles that you've written</p>	<p>Sometimes, patients give me copies of books or other materials they've written and ask me to read them between sessions. I do not read these kinds of materials between therapy sessions. However, if you feel they are relevant to my understanding of your problems or our work together, I'd be happy to review them with you during one of our sessions. In most cases, your verbal summary will be sufficient.</p>			

<p>19. Psychotherapy homework</p>	<p>I will ask you to do homework between sessions, including written assignments. These assignments can greatly enhance your understanding and speed your recovery. Generally, 10 to 20 minutes per day will be sufficient. We will review your psychotherapy homework together during sessions. If you are not willing to do psychotherapy homework, or feel you cannot do the homework for any reason, please let me know at the start.</p>			
<p>20. Relapse prevention</p>	<p>Therapy has two goals. Feeling better and getting better. Feeling better means that you overcome your symptoms and solve the problems that brought you to therapy. If you're suffering from depression or panic attacks, feeling better means that the depression and panic attacks will disappear. Feeling better is tremendously important!</p> <p>Getting better means that you learn the tools to deal with any emotional or relationship problems that might emerge in the future. This is vitally important because no one can be happy forever. We all run into bumps in the road from time to time. But if you know how to deal with painful mood swings or conflicts with other people, they won't be such a threat or a problem.</p> <p>Before we terminate, I'll need at least one final session so I can teach you some relapse prevention techniques and review our work together. Then, if you ever need a tune-up in the future, you'd be welcome to return so we can try to nip the problem in the bud right away. That will make the termination of our work therapy together more comfortable and enlightening for you, and you'll know that you can return anytime in the future if you have the need. In most cases, only a few sessions will be required to overcome a relapse, especially if we've done good work together initially.</p>			

I agree that I have read the above memo in detail. If there are any other questions, we will be happy to answer.

* Kindly do not distribute this memo without the permission of Dr. Dipti Joshi (dipti9@gmail.com)

Client Signature:

Date: