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**Licensed Psychologist**  
**INFORMATION FOR CLIENTS**

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This informational packet answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This packet talks about the following:

- What the risks and benefits of therapy are.
- What the goals of therapy are, and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost, and how I handle money matters.
- Other important areas of our relationship.

After you read this informational packet, we can talk in person about how these issues apply to you.

Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our meeting. When you have read and fully understood this packet, I will ask you to PRINT AND SIGN the LAST TWO PAGES and bring those pages to our first meeting. I will add those pages to my records, and will provide you with a photocopy for your personal records.

### **About Psychotherapy**

I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is based primarily on a cognitive-behavioral therapy method. Cognitive-behavioral therapy (CBT) is a well-established form of therapy that focuses on examining the relationships between thoughts, feelings and behaviors. CBT often addresses many concerns that tend to bring people to therapy including depression, anxiety, dissatisfaction in relationships and other aspects of life and many other more specific concerns (e.g. psychotic symptoms, OCD, chronic pain, sleep disturbance, attentional concerns, motivation, and daily functioning).

The foundation of cognitive-behavioral therapy is that through the examination and understanding of patterns of thinking and actions, people can learn to modify unhelpful thinking and incorporate new behaviors to improve emotional coping. CBT helps a person to focus on his or her current concerns, and identify strategies for how to address those concerns. Typically this includes identifying unhelpful thinking patterns, recognizing and changing inaccurate beliefs, relating to others in new ways, and changing behaviors accordingly. My work often includes helping people to understand how their thoughts, behaviors, and emotions affect, and are affected by, the people

around them. This can include a focus on improving communication patterns, how people relate to others, and how people think about relationships. Learned patterns in thinking, behaving, emotional responding, and in interpersonal relationships often develop over the course of many years or even a lifetime. The longstanding nature of many concerns can involve substantial time investment to unlearn some of those patterns and to learn new ways of coping and relating. Because of this, I will often encourage: 1) setting goals for therapy to enhance success; 2) practice of concepts discussed in therapy in between sessions; 3) specific interventions or adjunctive treatments to facilitate change.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. I view therapy as a partnership between us. You define the problem areas to be worked on; I use my professional knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will sometimes work together to set up homework assignments for you. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic words.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

I would like to help you work towards achieving the changes that you wish to make as expediently as possible. It is hard to predict how long we will work together, and this is a topic that we will look at as you make progress toward your therapy goals or make the changes that you wish to make. Often therapy can last several months or even several years and the duration depends in large part on what and how much you wish to change.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may find themselves thinking more frequently about unpleasant memories. These feelings or memories may bother a client at work or at home. Also, clients in therapy who are trying to change patterns in thinking, behaving, or interacting with others may have conflict with people important to them. Therapy may disrupt relationships and sometimes may even lead to the ending of some relationships. Sometimes, too, a client’s concerns may temporarily worsen after the beginning of treatment. Most of these risks are to be expectable when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out in the way we hope. If after about 6-8 therapy sessions you are not

feeling better or that you are beginning to proceed towards your goals, we may need to discuss referral to another clinician. Therapeutic “fit” is a significant factor in therapeutic success, and I would rather see you work with another clinician to achieve success sooner, than continue to work with me if it means slower or limited progress towards your goals.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Consultations**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If you are treated by another professional, with your permission, I may coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might recommend that you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I can provide you with the names and contact information of other local therapists.

### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this informational packet. Here I want to explain that I try not to reveal who my clients are.

This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. I recognize that we live in a small and rural community, and that it is possible that our paths may cross in unexpected situations. For example, as fellow community members we may accidentally find ourselves both attending community events, or I may patronize a business that you also patronize or even work at. I will take reasonable steps to avoid situations that may put us in contact with one another outside of therapy, but cannot guarantee that I will avoid all such situations (e.g. if it turns out that we go to the same gym, I will not quit the gym).

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I **will not provide evaluations or expert testimony in court**. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

### **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
2. If through the course of our meeting I determine that you are at serious risk of harming yourself or another person (or another person's property), the law requires me to try to protect you or that other person (or person's property). This usually means telling others about the threat. I cannot promise to keep confidential serious risk of harm to yourself or others. However, even if there is a need for me to break your confidence, I will maintain your privacy through only communicating my concerns to individuals expected to keep you or others safe (e.g. law enforcement).
3. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

Similarly, if I believe that a dependent adult (an adult with limited intellectual or physical abilities) or elderly adult is being abused or exploited, then I am required by law to report this to the authorities.

There are two situations in which I might talk about our work together another therapist(s). I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. The other three therapists in the office building where you and I meet regularly cover for me on these occasions, as I do for them. When I am away from the office I have an after-hours answering service that I have made arrangements with to either contact me, or if I am unavailable, contact one of the other therapists in this. This other therapist will be available to you in emergencies if I am unavailable. Therefore, she needs to know about you, although she will not have access to your clinical record. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. If you agree to work with me, then you must also agree to allow me to consult with other providers about you. I may share information about you, by name, with the three other therapists in my office building as part of my professional weekly consultation (and to prepare them for emergency coverage as noted above). Any other consultations that I determine would be helpful for our work together with other mental health providers or other professionals, beyond the circumstances that I just outlined would occur to facilitate our work together, and most typically would occur with an out-of-area specialist. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

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 an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits.

Other persons who may have access to some confidential information about you including your name and diagnosis (if any) include those involved in the billing of your insurance and/or your insurance providers. If you plan to pay for therapy in full or in part using medical/mental health insurance, then I will need to release confidential information about you to your insurance company at their request. I also work with a medical biller who will be furnished with your name, insurance information, diagnosis (if any), and session information such as dates seen and length/frequency of sessions.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance

company will need to pay your benefits.

It is my office policy to destroy clients' records 7 years after the end of our therapy. Until then, I will keep your case records in a locked and secure place. The paper files are kept in a locked file cabinet, and the computer used for electronic records is password protected and uses hardware disk-encryption.

You can review your own records in my files at any time. Be aware that the records that I keep are intended to track the dates, length, and cost of our appointments, along with basic information about what occurred in our sessions, interventions utilized, and the plan for treatment. The records that I keep are not intended to be an in-depth analysis of you. Rather, they are solely intended as a record of treatment. Because insurance companies and courts of law can require that I release records of our work together, it is my practice to keep records of only the information outlined above. If you ever want a more in-depth understanding of how I conceptualize your concerns or our work together, please let me know and we can discuss it in our next session. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me.

We live in a small community, so if you happen to recognize someone in the waiting room, I also ask you not to disclose the name or identity of any other client being seen in this office.

### **My Background**

I am a psychologist licensed in the state of California. For the past 7 years, I have worked in university counseling centers in California. I recently relocated to this area, and have chosen to both work at HSU, and open my individual practice. I am trained and experienced in doing one-on-one, group, and couples therapy with adults (age 17 years and over). During my graduate training I worked in university and hospital clinics including a chronic pain clinic and a neuropsychology clinic.

I hold these qualifications:

- I have a doctoral degree in counseling psychology from the University of Iowa whose program is approved by the American Psychological Association (APA).
- I completed an internship in counseling psychology, approved by the APA.
- I am licensed as a psychologist in California (PSY 24248)
- I am a member of the local mental health association (North Coast Association of Mental Health Providers--NCAMHP)
- I serve as Secretary on the Board of Directors for NCAMHP
- I have certification in training on suicide prevention
- I have completed training in the use of Exposure with Response Training for the treatment of OCD and related disorders through the Behavioral Therapy Training Institute (BTI).

### **About Our Appointments**

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start

on time, I ask your understanding. I also assure you that you will only pay for the portion of the time we meet. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 24 hours notice. If you fail to cancel an appointment, or cancel less than 24 hours in advance, I will need to charge you for the session. Your insurance will not cover this charge. Cancellations for a Monday appointment should be made no later than Friday morning.

Because the waiting area in my office is shared with three other therapists, I ask that you do not leave children under 12 unattended in the waiting area during our appointments. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. If you have an infant who is likely to sleep through our meetings, and wish to bring the infant, please talk to me about accommodating this request. You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible.

### **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fee is as follows. You will be given advance notice if my fees should change.

Regular therapy services: \$140.00 for 55-60 minutes. For shorter sessions, I will pro-rate the fee, unless the shorter session is due to lateness on your part.

I do provide a portion of my services at a substantially reduced rate in order to serve the needs of individuals without insurance and who are unable to afford therapy due to serious financial difficulties. I will meet with some individuals who are unable to afford therapy on a "sliding-scale" basis for short-term therapy. The number of slots that I have for individuals on a sliding-scale fee schedule is limited compared to the amount of people seeking such services. In order to provide low-cost services to as many individuals as possible, I typically limit short-term, sliding-scale services to 12 sessions. If you are interested in this service, please ask me about it and we can discuss it further in our first session when we discuss fees.

Please pay for each session in full or each co-payment at the time of service. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. Other payment or fee arrangements must be worked out before the end of our first meeting.

Telephone consultations: On rare occasions, telephone consultations may be suitable or even needed at some point through the course of our therapy. If so, I will charge you our regular fee, prorated over the time needed. Of course,

there is no charge for calls about scheduling or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Reports: I will not charge you for my time spent making routine reports to your insurance company. However, if your insurance company requires any extra-long or complex reports, I will charge you for time spent writing these reports in the event that the company will not cover this fee.

Other services:

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I usually do not send bills. If you think you may have trouble paying your bills on time, please discuss this with me. If you do not pay for more than two sessions (or copayments) in a row or more than three times over a 2 month period, I will send you a bill by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this may be turned over to small-claims court or a collection service.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

### **If You Have Traditional (or "Indemnity") Health Insurance Coverage**

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know.

### **If You Have a Managed Care Contract**

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's description of services to one of our early meetings, so that we can talk

about it and decide what to do.

I will provide information about you to your insurance company only with your informed and written consent. I may send this information by mail or by fax. I will try my best to maintain the privacy of your records, but I ask you not to hold me responsible for accidents or for anything that happens as a result (e.g. mail is misdelivered).

I am a member of several insurance panels, but you should verify coverage with your insurance provider in advance of our meeting. Health insurance is a contract between you (or your employer) and your insurer; I am not part of that contract. If I am not a member of your insurance panel and you would like seek reimbursement from your insurance company for payment of our sessions, upon your request, I will supply you with an invoice for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You can use this to apply for reimbursement.

### **If You Need to Contact Me**

I am not available at all times. I usually do not take phone calls when I am with a client, or when I am engaging in other work or personal activities. You can always leave a message on my answering machine or in the event of an emergency, with my answering service (707) 441-2123, and I will return your call as soon as I can. Generally, I will return urgent messages daily except on Sundays and holidays. Otherwise I will return messages on my next business day. If you have an emergency or crisis, tell this to my answering service, who will try to contact me (or, as noted earlier, if I am out of town, another therapist in my office will be contacted). If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call one of the following community emergency agencies: the Humboldt County Mental Health crisis line at (707) 445-7715, or the local emergency services by dialing 911.

### **Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You may also contact the California Board of Psychology, the organization that licenses practitioners of Psychology.

### **Read, Sign, and Print the remaining two pages, and bring them to our first appointment.**

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, **Medicare requires** that I notify your physician by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made (or unless you do not have Medicare).

Please check only ONE of the following:

You are authorized to contact my primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.

I do not authorize you to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical diagnosis and treatment. I am providing you with the name and address of my primary care physician only for your records.

Please write below the name, address, and phone number of your primary physician:

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Name	Phone
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Address

### **Our Agreement**

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects 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 with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures 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 informational packet. 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 informational packet. 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	Date
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Printed name

\_\_\_\_\_ Initial here to show that you have read this page.

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 this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

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

\_\_\_\_\_  
Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.