

Agreement for Clinical Psychology Services

Please refer to the Notice of Privacy Practices for important additional information.

OUTPATIENT SERVICES CONTRACT

This document contains important information about the professional services and business policies of Dr. Craig Childress. Please read this document carefully and write down any questions you might have so that you can discuss them further with Dr. Childress. When you sign this document, it will represent an agreement between us.

Mediation & Arbitration

It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Agreement for Psychological Services

I _____, authorize and request that my (or my child's) therapist, Dr. Childress, provide psychological examinations, assessment, interventions, and/or diagnostic procedures that now or during the course of my (or my child's) care as a patient are advisable.

- The frequency and type of assessment and/or intervention will be decided in my discussions with Dr. Childress.
- I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.
- I understand that there is an expectation that I (or my child) will benefit from this assessment and/or intervention but there is no guarantee that this will occur.
- I understand that the maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

Confidentiality

In general, the privacy of all communication between a patient and a psychologist is protected by law, and information about our work together can only be released to others with the prior written permission of the client except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

Exceptions to Confidentiality

Legal Matters: In most legal proceedings, you have the right to prevent Dr. Childress from providing any information about your discussions with Dr. Childress. In some proceedings involving child custody and those in which the client's emotional condition is an important issue, a judge may order the testimony of Dr. Childress if the judge determines that the issues demand it. Also, when therapy or an evaluation is conducted by order of the court, the court may have access to the results of the therapy or evaluation. If you are involved in legal proceedings and have concerns about the confidentiality of the information you disclose as part of the psychological services sought through Dr. Childress, you should consult with your attorney prior to beginning services with Dr. Childress.

Protection Issues: There are also some situations in which Dr. Childress is legally obligated to take action to protect others from harm, even if he has to reveal some information disclosed to him in confidence. For example, if Dr. Childress believes that a child, elderly person, or disabled person is being abused, he may be required to file a report with the appropriate state agency; if he believes that a client is threatening serious bodily harm to another, he may be required to take protective actions; and if a client threatens to harm himself/herself, Dr. Childress may likewise be obligated to take steps to ensure the client's safety that may require the disclosure of some confidential information.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that you discuss any questions or concerns that you may have with Dr. Childress prior to the provision of psychological services. Dr. Childress welcomes the discussion of these issues with you, however, formal legal advice may be necessary if you need specific advice because the laws governing confidentiality are quite complex and Dr. Childress is not an attorney.

Professional Fees

The standard fee for psychological services from Dr. Childress is \$150 per hour. An hour typically involves 50 minutes spent in discussion and 10 minutes of Dr. Childress' time spent in professionally documenting the session. Additional time spent in client-related activities that are deemed to be important for the delivery of professional services, such as consultations with teachers, physicians, psychiatrists, former therapists, or time spent reading or writing reports related to the client's treatment, will also be charged in 20 minute increments at the \$150 per hour rate.

Litigation Charges

If Dr. Childress is required to attend a deposition, hearing or other legal proceeding in the capacity of your current or past therapist, you will be billed at \$250 per hour for my time, including preparation and travel time as well as the time spent at the legal proceeding. If you are a current or past client, the testimony of Dr. Childress will not include any forensic opinions.

Contacting Dr. Childress

You may reach Dr. Childress by calling (909) 821-5398. When he is unavailable to take your call, the telephone is answered by an answering service (voice mail) that is monitored frequently. Dr. Childress will make an effort to return your call on the same or the following day from the day you call, with the exception of weekends and holidays.

Emergencies: In an emergency or crisis, call 911, contact your family physician, or go to the nearest emergency room and ask for the psychologist or psychiatrist on call. Dr. Childress is not able to provide 24-hour availability.

E-mail Contact: Some clients find e-mail to be a helpful and convenient form of communication. The policy of Dr. Childress is to limit e-mail communication to scheduling of appointments in order to limit potential breaches to confidential information.

If you choose to contact Dr. Childress by e-mail, you should understand that e-mail is not a secure communication medium and may compromise the confidentiality of communication. If you choose to contact Dr. Childress by email, you assume full responsibility for any potential breach in confidentiality. Telephone communication is a more appropriate and secure medium for communicating about client-related issues.

In addition, as a matter of policy Dr. Childress does not respond to the content of e-mail communication from clients except to politely acknowledge receipt of the e-mail and arrange schedules and appointments. Dr. Childress will refrain from discussing topics through e-mail. If clients choose to send Dr. Childress topical information through e-mail, Dr. Childress will charge the client in 20 minute increments at a rate of \$150 per hour for his time spent reading the e-mail.

Professional Records

The laws and standards of the profession require Dr. Childress to keep professional records. You are entitled to review these records unless it is believed that seeing them would be emotionally harmful, in which case Dr. Childress will send the records to a mental health professional of your choice. Because professional records can sometimes be misinterpreted and/or be upsetting to untrained readers, it is recommended that you review them in the presence of Dr. Childress or another mental health professional so that you can appropriately discuss the contents.

Termination of Therapy Services

Dr. Childress may terminate therapy services at his discretion. Termination may be considered appropriate if:

- Treatment goals have been reached and therapy is no longer needed
- Dr. Childress does not believe that he can provide you with effective treatment
- Your needs are outside the scope of the experience or training of Dr. Childress
- You fail to comply with the treatment recommendations of Dr. Childress
- A conflict of interest develops
- You fail to pay the fee of Dr. Childress on a timely basis
- You or Dr. Childress believes it is in your best interest

If you or Dr. Childress decides to terminate therapy, then at least one closure session is recommended.

Agreement

I have read the above Agreement for Clinical Psychology Services carefully. I understand and agree to the conditions described in this document.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Client (Parent) Signature

Date

Client (Parent) Name (print)

(Child's Name)

Craig Childress, Psy.D

Date