Kathryn Kimball, Ph.D.
Evidence-Based Therapy Services

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Client Information Brochure and Consent to Treatment

Welcome to my therapy practice! The aim of my services is to provide scientifically validated treatments to help improve your quality of life. This packet contains important information about the professional services and business practices of Kathryn Kimball, Ph.D. (CA License PSY-25628). The content of the packet is addressed to the client or guardian. Before beginning treatment, it is important for you to understand Dr. Kimball's approach to therapy, and agree to some rules about treatment. Please read this document carefully and let Dr. Kimball know if you have any questions or need further information.

Clinical Practice

Therapeutic Approach: I use an evidence-based approach in working with individuals, combining developmental theory and scientific research, and tailoring my clinical interventions to your individual needs. My expertise is in cognitive behavioral treatments (CBT) – meaning that I consider how the beliefs we hold (cognitions) and behaviors contribute to our emotional experiences and overall functioning. CBT is present-focused, and the interventions used are intended to improve a person's well-being and quality of life by expanding their skills and improving abilities for managing emotions and situations that trigger them. There is an emphasis on monitoring and evaluating the person's progress to determine how effective an intervention is. CBT includes a broad range of therapeutic approaches, for example: cognitive behavior therapy, dialectical behavior therapy, behavioral parent training, parent-child interaction therapy, exposure and response prevention, etc. In deciding which treatment approach to use, I consider the types of problems with which you present, current research on how to most effectively address those problems in therapy, and your unique skills and limitations.

The Client's Role: You should understand that your commitment to therapy is expected to extend beyond our scheduled sessions. I will ask you to apply what we discuss in therapy outside of our meetings, and we will work together to find ways for you to practice using new skills daily. I may ask you to do exercises, keep records, and/or read as part of your treatment. If you are learning new ways of reacting in certain situations, we might agree to have you call me in those situations for skills coaching. Additionally, approximately every 3 months (sometimes more often depending on our treatment plan) I might ask you to complete questionnaires that are designed to assess changes in your specific symptoms and treatment goals. Collecting this information requires a bit of a time commitment from both of us, but is critical to tracking your progress and directing your treatment.

By providing you with a sense of what to expect, I hope to help you determine if you have the time, motivation, and resources necessary to get the most from my services. If at any point you are unhappy about the progress, process, or outcome of the treatment plan being followed, please discuss this with me and I will attempt to resolve any difficulties that have arisen in hopes of modifying the treatment plan to better meet your needs.

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Initial Assessment & Treatment Process

Initial Evaluation: During our first session, I will conduct an intake assessment in which we will discuss your reasons for seeking therapy; I will also ask you questions regarding your treatment and symptom history. I will share with you information regarding the types of services I provide, and will address any questions or concerns you may have. Our initial meeting also provides the opportunity for us to decide if I seem to be a good fit for your therapy needs. I typically schedule 1-1.5 hours for this first meeting, as we'll cover a lot of information.

For adolescent clients, I will typically meet with both you and your parents/guardian at the beginning of the intake session for approximately 30 minutes to review this packet and to discuss why you are seeking treatment. I will then meet privately with you (the adolescent) for most of the time to privately discuss your symptoms and reasons for seeking treatment. In the last 15 minutes, we will discuss my treatment recommendations. We may or may not decide to have your parent/guardian join us for this final part of the intake appointment.

Therapy Sessions: Following the initial evaluation session, we will usually meet for a 45-minute session once or twice a week. Shorter appointments (e.g., 30-40 min.) may be clinically indicated for children who are younger, anxious, or take longer to "warm up." Parents of minors may join us for part or all of some sessions as we progress through treatment, though typically we will be meeting alone. During our first few sessions, I will be formulating a conceptualization of your treatment needs and will work with you to decide if my services are a good fit for you. If we determine that you require treatment outside of my areas of expertise, or need additional services (e.g. a psychiatry referral, or group skills training), I may assist you in finding an appropriate referral. As symptoms and treatment needs often change over time, I may make a referral later during the course of our work together. Additionally, if you have ANY questions or concerns regarding our relationship, your treatment progress, or the direction of our work, I encourage you to openly address these with me. You are also entitled to get a second opinion from another provider, to seek services elsewhere, or to ask for treatment referrals at any time.

Benefits & Risks

Participation in therapy can result in a number of benefits, including better relationships, significant reductions in feelings of distress, and improvement or resolution of the concerns that led you to seek therapy. While change and progress can happen quickly, change may also happen more slowly than desired. There are no guarantees of what you will experience. Working toward these goals requires effort, and open discussions about views of therapy and providing feedback are part of the therapeutic process.

Depending on the issues that brought you into treatment, the process can be somewhat time-consuming and stressful. Since therapy often involves discussing unpleasant aspects of one's life, you may experience uncomfortable feelings like fear, anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. Exposure-related therapies may arouse uncomfortable emotions and other difficult reactions. In addition, I may propose different ways of thinking about or addressing situations, which may cause you to feel angry, challenged, or otherwise upset. If you are concerned about your experiences in therapy, please speak with me about it.

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Finally, a potential risk of child and adolescent therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the needs of your child/adolescent. If such disagreements occur, I will listen to your perspective and explain mine, so that we can come to a greater understanding. We may resolve such disagreements, or "agree to disagree," so long as this enables your child's therapeutic progress. If I believe that your child's treatment is being impeded by our different perspectives, I may elect to discontinue treatment and/or refer you to another professional.

Our Therapeutic Relationship

As a professional, I will use my best knowledge and skills to help you achieve your goals for treatment. This includes following the standards set forth by the American Psychological Association (APA). There are limits to the relationship between a therapist and a client, and I will abide by these. There are several points I wish to highlight about these limits:

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. While I may talk with you about life decisions, I will not provide advice from other professional viewpoints. I cannot prescribe medications but may refer you to a psychiatrist or primary care physician for questions regarding medications you are currently taking, or if your condition is one that research suggests may be improved with pharmacotherapy.

Second, state laws and the rules of the APA require me to keep what you tell me confidential. Except under special circumstances that are described in more detail in the "About Confidentiality" section of this brochure as well as in my Notice of Privacy Practices and Adolescent Privacy Policy, you can trust me not to tell anyone else what you tell me.

Third, I can only be your therapist. I will never have a sexual or romantic relationship with any client during, or after, the course of therapy. I do not have business relationships with any of my clients, apart from the therapy relationship.

In an effort to protect your privacy, if we were to meet on the street or socially, I may not say hello or pursue a conversation with you. This is an effort to respect your privacy. Additionally, I do not accept friend requests from clients through social media networks or online forums.

If you ever become involved in a divorce or custody dispute, I will NOT perform forensic evaluations of existing treatment clients. You should hire a different mental health professional for any forensic evaluations.

Ending Therapy

You may end your therapy or take a break from it at any time. Ideally, therapy involves a well-planned end point that we both agree upon. In this case, your therapy ends upon reaching treatment goals, and we agree that you are likely to maintain these gains. However, there are a variety of reasons therapy comes to an end, and not every therapy ends in this way. I like to offer my clients my full support in leaving therapy. When you are ready to end therapy, I would like to help you leave therapy well. In order to do this, all you need to do is give me advance notice. A month or so notice is ideal, although further notice is appreciated and may be beneficial for younger children.

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Noncompliance with treatment recommendations may necessitate early termination of services. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please let me know any time your financial situation changes.

Confidentiality

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information with the written authorization of parents. *However, there are a few exceptions*:

When Disclosure Is Required by Law: There a some situations in which I am legally obligated to protect others from harm, even if I must reveal some information about a patient's treatment.

- If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
- If I believe that a patient is threatening serious bodily harm to another individual, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If you are under the age of 16 and having sex with someone 21 years or older; or, you are under age 14 and having sex with someone 14 years or older.

When Disclosure May Be Required:

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings (i.e. child custody) in which the emotional condition of the child is a focus, a judge may order my testimony if he/she determines that the issues demand it.
- Your health insurance provider may require disclosure of confidential information in order to process claims. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office.
- I consult regularly with other professionals in order to provide my patients with the best possible care. However, patients' identities remain anonymous, and confidentiality is fully maintained. If I believe it is important to consult with another professional in depth, and I believe identifying information about you may be shared, I will ask you to sign a release of information allowing me to share this information. Without such release, I will not provide information that might lead another professional to be able to identify you.
- Minors seeking therapy services should be aware that the law may provide parents the right to examine treatment records. It is my policy to work with teens and their parents to come to an agreement about what information can be shared and what information the teen would prefer to keep private. This is an important part of work with adolescents and young adults.
- Email, voice mail and fax communication can be easily accessed by unauthorized people, compromising privacy and confidentiality. Please notify me if you would like to avoid or limit the use of any or all of these means of communication.

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While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting, or any other time during our work together. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Child and Adolescent Therapy: Therapy is most effective when a trusting relationship exists between the psychologist and patient. Privacy is particularly important in building and maintaining that trust. Thus, it is often necessary for children and adolescents to develop a "zone of privacy" wherein they feel free to discuss personal matters with greater freedom. This is particularly relevant for adolescents, as an important developmental task at this age involves developing a greater sense of independence and autonomy.

A major treatment goal is to promote strong, healthy relationships between children and parents. Even when teens and parents have strong relationships, there are still some issues that your teen may want to discuss with me on his/her own. It is possible that he/she may reveal private information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Some of these behaviors are within the range of normal adolescent experimentation, and other behaviors may constitute parental intervention. It is important that we discuss your feelings regarding acceptable behavior, and if you have clear expectations, you agree to inform me of what they are. If I believe your child is at serious risk of harming him/herself or another, I will inform you.

Records

It is my policy to destroy clients' records 10 years after the end of therapy. Until then, I will keep your case records in a safe place. In the event that I am suddenly unable to continue providing clinical services or maintain client records due to incapacitation or death, I have designated a colleague, who is a licensed psychologist, as my professional executor. If I die or become incapacitated, this professional executor will be given access to my client records and may contact you directly to inform you of my death or incapacity, to provide access to your records, to provide psychological services if needed, and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

Professional Fees & Payment

Payment Policy: Fees are determined before our first session and detailed in my **Fee Agreement**. I accept payment by check or credit card. The fee for individual therapy sessions is due by the end of each session, unless we establish an alternative arrangement. Payment for consultation or other collateral services is due at the next scheduled session. Payment schedules for other professional services will be agreed to when they are requested. While I offer some lower fee slots for those experiencing hardship or with reduced incomes, I prefer to hold these slots for current clients who are experiencing life transitions during our work together. If my fee is a concern, please discuss it with me. If I am unable to accommodate your financial situation, I will provide you with referrals. I review my fees annually and will provide notice of any fee increases at least a month in advance.

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Other Professional Service Fees: Other professional services are billed and prorated in 15-minute increments on the basis of my standard session rate. Examples of these include (but are not limited to): telephone calls over 15 minutes in length, phone coaching, outreach to schools, attendance at meetings with other authorized professionals, preparation of documents (including letters, reports, treatment summaries), reading reports, site visits and travel time.
The practice of child and adolescent psychology often involves consultation and review of reports. Consultation may include calls with other professionals, for which you have provided a written release of information. Record review includes review of reports or evaluations written by other professionals. These are often an essential part of treatment. I bill for these services at my usual rate. However, phone calls/sessions, records review and consultation are not typically reimbursed by insurance. If you have any questions about or issues with this, please speak with me about it.

Legal Proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. This includes time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs. Because of the difficulty of legal involvement, I charge $400 per hour for preparation and attendance at any legal proceeding. Appearances at legal proceedings are charged in 4-hour blocks (e.g. 8:00 AM to 12:00 PM). Payment of all fees must be made by credit card or cash no later than 5:00 PM, 3 business days prior to the scheduled court proceeding. You agree that if payment is not made in advance, I am not required to attend. This agreement shall supersede all other documents.

Insurance/Third Party Reimbursements: I am an out of network provider. This means that I do not accept medical insurance or bill insurance companies directly. If you wish to receive insurance reimbursement for your child's sessions, it will be your responsibility to communicate with your insurance company regarding potential coverage for out of network services, complete insurance forms and obtain reimbursements. I encourage you to thoroughly review your health insurance policy prior to meeting with me in order to determine your mental health benefits. I am not currently contracted with any insurance companies, however, you will be provided with a monthly statement of services rendered, which you can then submit to your insurance company for reimbursement if you are entitled to out-of-network benefits.

It is important to note that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues, conditions, and or/problems targeted in therapy are covered by insurance companies; additionally, your insurance may only cover a portion of my fees. It is your responsibility to verify the specifics of your coverage and to file all claims on your own behalf. Clients who seek reimbursement through insurance should remember that professional services are rendered and charged to the client and not to the insurance companies. You agree that you are ultimately responsible for payment.

Medicaid & Medicare: I do NOT provide services through Medicare or Medicaid, regardless of if you are eligible for said benefits. You are still able to seek my services, but you are required to accept full responsibility for all charges; you will also be asked to sign a contract stating that you will not submit claims to Medicare for my services.

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Balances: I do not permit clients to carry a balance of more than two sessions. If you do not pay for 2 or more sessions, I have the right to immediately stop treatment. Please let me know if problems arise during the course of therapy regarding your ability to make timely payments. I reserve the right and you are hereby notified that I may use an external vendor such as a collection agency to collect unpaid balances.

Returned Checks/Denied Credit Card Charges: A $30.00 fee will be charged for returned checks. Clients are responsible for promptly making payment for any returned check or denied credit card fee.

Cancellations, Missed Sessions, & Tardiness

The success of therapy depends on regular meetings. In order to maximize treatment effectiveness, it is expected that you/your child attend therapy on a **weekly basis**. I hold your weekly time, and also limit the number of patients I see so that I may better address your needs. Given challenges with filling your session time on short notice, I enforce a **48-hour cancellation policy**. *I will charge for appointments cancelled with less than 48 hours notice, unless we are able to reschedule for a later time that same week*. Given my 48-hour cancellation policy, you will be billed for sessions that your child misses/you cancel with less than 48-hours notice. Missed sessions are not reimbursable through insurance.

If I am ever unable to start on time, I ask your understanding and assure you that you will receive the full time to which we've agreed. I will do my best to make you aware of any foreseeable changes in my schedule (e.g. planned vacations, traveling for conferences, teachings and trainings to which I have committed).

Please let me know as soon as possible if you are running late. Sessions will end at the regular time, even if you are late, as I need to prepare and be on time for my next appointments.

Contact & Communications Policy

Contact Information: My preferred method of contact is via telephone at: (415) 656-7060. Due to the nature of my work, I am often not immediately available by telephone. However, I check my voicemail regularly during business hours Mondays — Thursdays. I will attempt to return your call within 24 hours, with the exception of weekends, holidays and vacations. I do not monitor messages on weekends, holidays or during scheduled vacations.

You may also contact me via email at: drkimball33@gmail.com. As described in my **Electronic Communications Form**, for the protection of client privacy and confidentiality, I prefer to restrict the use of email to simple administrative matters such as scheduling. Please do not communicate with me via email regarding personal or clinical information during emergencies as I may not receive or be able to respond to the email in an urgent manner and confidentiality of electronic communications cannot be guaranteed.

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Emergency Contact: Although you may leave me a message at any time, I am often not available to call you back immediately. If an emergency situation arises, please call 911, the Marin Crisis Response Team at (415) 473-6392 *(24 hours a day)*, and/or go to your nearest emergency room.

Vacations and Planned Absences: I will give you advance notice of vacations and planned absences and request that you do the same. Please let me know in advance of school holidays or events that may conflict with appointments. If possible, I will reschedule your appointment for another day the same week.

Office Space: Although I share common space with other tenants, my practice is independent of theirs.

Social Media: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I do not follow current or former clients on blogs or any social networking site. My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

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If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to

keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code (*Principle 5.05*) prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

Statement of Principles and Quality Assurance

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 dissatisfied 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 are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any therapist) have treated you unfairly or have broken a professional rule, please tell me. Additionally, the Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the Board on the internet at www.psychboard.ca.gov, by emailing bopmail@da.ca.gov, calling 1-866-503-3221, or writing to the following address: Board of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.

In my practice as a psychologist, I do not discriminate against clients due to age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, 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 you have been discriminated against, please bring this matter to my attention immediately.