

Daniel A. Coffman, Ph.D.
Licensed Psychologist (PSY22096)
Office policy / Consent form

Behavioral Health, Biofeedback, and Psychological Services

Limits of Confidentiality: All information that you disclose to me within our sessions is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18 years old) unless required by law as described below.

Disclosure may also be authorized or required by law in the following circumstances:

- Where there is a reasonable suspicion of child abuse or elder adult physical abuse
- Where there is a reasonable suspicion that you may present a danger of violence to others
- Where there is a reasonable suspicion that you are likely to harm yourself unless protective measures are taken.

Disclosure may also be required pursuant to a legal proceeding.

Records: Your clinical file will consist of (a) legal forms such as this document, (b) a record of visits and payments, and (c) clinical progress notes, including psychophysiological and psychological testing results. These progress notes will contain enough information about your treatment to justify it, should such justification ever become an issue. As this is a research based practice, data used for research will be coded to preserve anonymity and stored separately from your clinical file. In giving consent you acknowledge that *this research data may be used for professional presentation or publication purposes.*

Training and Experience: I have a Ph.D. in Psychology, am a Licensed Clinical Psychologist (PSY22096) in California, and am certified in biofeedback and applied psychophysiology (BCIA-Senior Fellow, BCIA3105). My post-doctoral training included a three-year residency in health psychology specializing in treatment of chronic pain. Prior to my doctorate, I earned a M.A. in Interdisciplinary Consciousness Studies, specializing in Counseling Psychology and Health Education, and an interdisciplinary B.Ph. with majors in Psychology & Philosophy and minors in Mathematics & Physics. I have worked in a variety of medical, psychiatric, and psychological settings as a therapist, primarily as a psychophysiological therapist, in addition to teaching research methods, statistics, psychology, and health studies at the graduate and undergraduate levels. My experience encompasses anxiety and sleep disorders, pain and stress management, and existential-humanistic and transpersonal counseling. I am a professional member of the American Psychological Association, the Association for Applied Psychophysiology and Biofeedback, the Association for Transpersonal Psychology, the Biofeedback Society of California, and the International Society for the Study of Subtle Energy and Energy Medicine.

Probable Length of Services: Although some clients elect to pursue long-term, open-ended treatment, many issues can be resolved in 20 to 30 sessions, while some highly focused issues such as panic attacks or chronic headache can be resolved in 10 sessions or less. Of course, the success of any treatment depends on the motivation and aptitude of the person being treated. For this reason, I can make no guarantees about treatment length or success.

Risk of Services: Although I anticipate otherwise, you should be aware that despite treatment you may not improve at all, you may not improve as quickly as you might like, or you may start to improve only after treatment has ended. You should also be aware that treatment is intended to induce change in your life, and that when this change occurs it may disrupt your accustomed manner of living and your relationships with others. In short, treatment may be emotionally distressing or even painful at times. In moving forward we trust that any changes or pain will be worth it in the long run. Such is the nature of personal growth and psychospiritual development.

Your Rights: In a private consulting practice such as this, treatment is entirely voluntary, and you have the right to terminate treatment at any time. If for any reason your treatment has been ordered by a third party, you will be fully informed of this. *In all cases, professional treatment never includes sexual contact with the treatment provider.*

Payment for Service: Session fees are **\$120 per 45-minute** session, **\$160 per 60-minute** session, and **\$90 per 30-minute** session. Sessions are typically scheduled for 45 minutes. Sessions extending beyond scheduled time will be charged the higher rate.

You will be expected to pay for services at the time they are rendered, unless other arrangements have been made. Payment can be in cash or by check. If you pay by a check that is ever returned for insufficient funds, I will expect you to make good on the check and to pay me for any service charges levied by my bank. In general, large balances should not accrue, and we will work to prevent this from happening. *As a last resort, I reserve the right to use a collection agency if you do not pay a large balance.* Sliding scale and/or scholarships are available, based on evidence of total household income, to accommodate those who are motivated but cannot afford the full fee.

Managed Care: If your managed care carrier has contracted with me, you are responsible for any co-pay or out-of-pocket requirements of your contract. If I am considered an out-of-network provider you are responsible for all fees and for submitting receipts I provide for reimbursements to you as your insurance contract provides. You should be aware that MOST MANAGED CARE CARRIERS REQUIRE A PSYCHIATRIC DIAGNOSIS for payment.

Insurance Reimbursement: If you carry insurance, you should know that professional services are rendered and charged to *you*. If your managed care carrier has contracted with me I will submit the required documentation for the portion of fees they have agreed to pay and you are responsible for the balance at the time services are provided. If I am considered an out-of-network provider, you will be provided with a receipt that you can submit to your insurance company for reimbursement to you as provided by your contract.

You should be aware that your choice to use insurance involves your signing a waiver of confidential information and that, as a condition of reimbursement, I may be required by the insurance company to supply them with any information about you that they demand. Therefore, be advised that *use of insurance severely jeopardizes the confidentiality of your treatment.*

Cancellation: The scheduling of an appointment involves the reservation of time specifically for you, and I will wait the entire 45 or 60 minutes for you to arrive. If you are late, we will meet for whatever amount of your time remains. You will, of course, be required to pay for the full session. **A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. A fee—equal to your regular session fee—will be charged for missed sessions without such notification. You will always be personally responsible for paying these charges.**

Telephone calls: You are welcome to leave messages at any time. If you need to speak with me, I will be happy to call you back and speak for a few minutes. In general, telephone calls are not meant to take the place of an office visit; *if you require extended time on the phone I will bill you for my time.* In special circumstances, I am agreeable to providing treatment over the phone at the same hourly rate as we have agreed upon for your office visits. If you leave a message and request that I call you back, I will try to respond promptly, although it may take several hours before I can return your call. If you call *in the evening, on a weekend, or over a holiday*, I may be unable to call back until the next business day. In case of an emergency, leave a message for me and then immediately contact your local crisis services.

E-mail: I discourage the use of e-mail with therapy clients because of the risk it poses to confidentiality.

A Note on Insurance and Therapy. If you read the fine print, you'll notice that when you sign an insurance form you are authorizing your therapist to give confidential information to anyone in the insurance company—anyone, even a secretary or clerk — who demands it. If your therapist refuses to release the information, the insurance company can demand return of all payments they have made and refuse further payments. Where does this intimate information from your therapy, this personal information about you, go when they get it? Anywhere they want it to go. **It has been documented that insurance companies have traded, bartered, and sold personal health information to other corporations.** This is why I discourage the use of insurance, and offer a sliding scale to accommodate those who are motivated to proceed but have difficulty paying the full fee. However, it is your choice to proceed in the manner you find most appropriate for your situation.

I have read and understand the above stated policies. I have had the opportunity to ask questions regarding these policies, and agree to them.

Signature & Date

Printed Name