

Brooke Van Oosbree, PsyD

925-408-2236

drbrookevano@gmail.com

brookevanoosbree.com

Consent for Services and Statement of Policies

Evaluation and treatment. Requests for services will begin with an evaluation of your difficulties, needs, and goals for treatment. Dr. Van Oosbree will provide information on her recommended treatment approach and can offer an estimate of the duration of treatment. No guarantees can be made regarding the success of treatment. Psychotherapy treatment can bring up strong feelings and there is a small risk that your condition may worsen temporarily during treatment.

Treatment is completely voluntary and as such you may discontinue at any time. However, it is recommended that you discuss terminating treatment with Dr. Van Oosbree prior to discontinuation. If you do choose to engage in treatment, you are expected to participate actively in therapy by attending regular sessions and at times practicing between session exercises. You may also be asked to complete assessment questionnaires to monitor your progress.

If any any point you are dissatisfied with any aspect of your treatment, please discuss this with Dr. Van Oosbree so that difficulties may be resolved and the treatment plan can be redesigned as needed. Referrals to other professionals may be made if requested or indicated and any point during treatment.

Availability and Contact. Dr. Van Oosbree is generally available during business hours Tuesday - Friday. She can be reached by leaving a message on her confidential voicemail or via email. Email is not a secure form of communication and confidentiality cannot be guaranteed so you have the right to decline or refuse email communication. Dr. Van Oosbree will make every effort to respond to calls and emails within 2 business days unless she provides notification on her voicemail or email that she is unavailable.

Dr. Van Oosbree does not provide emergency services. If you experience a mental health crisis that requires immediate attention, it is recommended that you contact a crisis service, call 911, or go to the nearest emergency room.

Confidentiality. Your confidentiality is protected by HIPAA (Health Insurance Portability and Accountability Act of 1996) as well as by state law and and professional ethical guidelines.

This means that any information discussed in session or information about your treatment, including your attendance, will not be shared with outside sources unless you have provided written permission to do so, or as required by legal or ethical guidelines.

Exceptions to Confidentiality. Certain information may be disclosed to outside parties without your permission if:

- Dr. Van Oosbree determines that you intent to harm yourself or another person or that you are unable to care for your basic needs
- Dr. Van Oosbree determines a child (under 18), elder (over 65), or legally dependent adult is being abused or neglected
- Dr. Van Oosbree is ordered by a court to release information - this is a rare circumstance, but is possible if you are involved in or become involved in litigation
- Dr. Van Oosbree consults with another mental health professional regarding your care, in which case none of your personal identifying information will be used.

Fees, Billing, and Insurance. Dr. Van Oosbree's current fee is \$195 for a 50-minute individual therapy session paid by cash, personal check, or credit card. Decreased fees on an income-based sliding scale may be available for qualified individuals upon request. Fees will be reviewed annually and small increases will be implemented every 1-2 years in accordance with local market rates for therapy services. Any change in fee will be discussed ahead of time.

With the exception of Lyra Health, Dr. Van Oosbree does not accept insurance. However, she can provide a monthly billing statement, upon request, that you may be able to submit to your insurance company for reimbursement. It is your responsibility to determine whether or not your insurance company will reimburse you for seeing an "out of network" provider and to what extent you will be reimbursed.

Record Keeping. In accordance with professional requirements, Dr. Van Oosbree maintains a clinical record for each client. The information contained in this record includes your name and contact information as well as relevant clinical information such as diagnosis, treatment plan, assessment forms, progress notes from each session, and any administrative forms you complete, such as this one. These records are stored electronically using secure, HIPPA-compliant electronic medical record software. Any hard-copies of clinical information are stored in locked filing cabinet in a locked file room.

Cancellation and Missed Appointments. Please notify Dr. Van Oosbree as early as possible if you need to cancel or reschedule an appointment so she can offer the appointment time to someone else. Cancelling or rescheduling on the day prior to a scheduled appointment will result in a charge of 50% of the session fee for time reserved. Same-day cancellations or

missed appointments will result in a charge of the full session fee for time booked. If you arrive late for an appointment, you will still be responsible for the full session fee.

Telehealth. "Telehealth" refers to consultation, treatment, transfer of medical data, emails, telephone conversations, and education using interactive video, audio, or voice communications. Dr. Van Oosbree offers telehealth services in the form of telephone and online videoconference sessions.

- Unless otherwise stated, telehealth exchanges with Dr. Van Oosbree are confidential. The same regulations governing face-to-face interactions remain in effect for telehealth.
- Regardless of your location, Dr. Van Oosbree operates solely from the state of California, and is governed by the laws of that state.
- You understand that telehealth is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using telehealth vs. face-to-face psychotherapy. In particular, you accept that telehealth does not provide emergency services.
- You are responsible for information security on your computer. If you decide to keep copies of our emails or communication, it is up to you to keep that information secure.
- The risks involved with telehealth include the potential release of private information due to the complexities and abnormalities involved with the Internet. Some computer viruses and other involuntary intrusions may have the ability to obtain private information.
- Your signature indicates that you understand that you may choose to engage in telehealth with Dr. Van Oosbree at your own discretion.

Acknowledgment. By signing your name below, you are acknowledging that you have read and understood this document and that you voluntarily agree to participate in this evaluation and treatment process. If you have any questions about the above information, please discuss them with Dr. Van Oosbree. A copy of this form is available to you upon request.

Please initial each line to acknowledge understanding and agreement:

___ I have reviewed the policies contained in this form and agree to them. A copy of this form has been made available to me.

___ A copy of the HIPAA Notice of Privacy Practices has been made available to me.

___ I agree to pay the fee agreed upon at each session (unless covered by Lyra Health).

___ I understand that I will be charged for any appointments I miss, cancel, or reschedule with less than 24 hours notice.

Client Signature

Date