

OFFICE POLICIES AND GENERAL INFORMATION

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Confidentiality: Let me begin by emphasizing that what you tell me is legally protected and strictly confidential. I will not share any information I know about you to anyone without your prior written permission. There are, however, some exceptions mandated by the courts: 1) in cases where there is a reasonable suspicion you are initiating child abuse, elder abuse, or neglect; 2) if you become a danger to others or to yourself; 3) in cases when you file a personal injury lawsuit and claim mental injury.

Your insurance carrier or Managed Care Organization (HMO/PPO/EAP) will require that I disclose confidential information in order to process the claim. When you sign insurance forms, you authorize release of this information. Many MCO's require Outpatient Treatment Reports (OTR) after the 3rd visit to obtain authorization for continued care. Among other information, they want reports on your condition, diagnosis, and treatment plan. MCO's are increasingly asking for more extensive information about their members (you). MCO's will have complete access to your entire treatment records. I have no control or knowledge over what the insurance company does with the information I submit or they request.

Hours Available: I work at one location: 5266 Hollister, Suite 204, Goleta, 93111. I work Monday through Thursday from 9am to 6pm and Friday from 9am-5pm. A therapy "hour" lasts 50 minutes. This is standard for the psychotherapy profession. The clinician spends the remaining 10 minutes of each hour returning phone calls or taking a brief break. Sessions are typically arranged once per week. On certain occasions, it may be appropriate to schedule more often, such as being in a crisis or if being treated with neurofeedback.

Telephone and Emergency Procedures: If you need to reach me during regular office hours, call my office at 805-570-1912. I will return your call the same day and often will call you back within one hour. If it is after hours and you need to speak to someone immediately, or if I am not immediately available, call the Helpline (24 hour crisis intervention) at 805-734-2711 or call 911.

Required Managed Care Reports: Over the years managed care has increased the amount of paperwork required to process your claim. They require a variety of forms to be completed, so many that it is now impossible to always complete them "in between sessions." When these forms are due, I will fill them out in the session with you, which may take up time normally allocated for treatment. I regret that this has become necessary, but it has. Please bear with me on this and I will be as fast as possible in getting them completed.

Cancellations: Missed sessions are understandable from time to time. Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 12 hours (1 day) notice is required for re-scheduling or canceling an appointment. If you call me less than 12 hours to cancel for whatever reason, you will be billed for \$50. If you miss your appointment and do not call in advance, I will bill you for \$100. Insurance will not reimburse for this. I will go out of my way to alter my schedule when occasional conflicts arise, but late cancellations or requests for changes become mutually disruptive.

The Process of Therapy/Evaluation: Participating in therapy can result in a number of benefits to you, including improving interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings such as anger, sadness, worry, and fear. This may temporarily increase your anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in decisions about changing behaviors. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but other times may be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy I will likely draw on various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, and psychodynamic.

If you have any unanswered questions about any of the procedures used in the course of your therapy, their risks, my expertise in employing them, or about the treatment plan, please ask, and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. I consult with other professionals regarding my patients; however, patients' names and other identifying information are never mentioned. Patients' identities remain completely anonymous, and confidentiality is fully maintained. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during the psychotherapy I assess that I am not effective in helping you reach the therapeutic goals, I am obligated to discuss it with you, and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals, which may be of help to you. If you request and authorize in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you wish another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and if I have your written consent, I will provide her or him with essential information needed. Therapy never involves sexual or business relationships or any dual relationship as it may impair my objectivity, clinical judgment, or therapeutic effectiveness. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Agreement:

I read the above office procedures carefully. I understand them and agree to comply with them:

Client name (print)

Date

Signature