

BENJAMIN TUCKER, M.S., BCBA, PCCI

The Bay Area OCD and Anxiety Center • Board Certified Behavior Analyst • Certificant # 1-11-9431 • Professional Clinical Counselor Registered Intern • Registration No. PCCI2660

Adult Assessment/Treatment Agreement

This document contains important information about the professional services and business policies of Benjamin Tucker, M.S., BCBA, PCCI, an employee of the Bay Area OCD and Anxiety Center. Please read it carefully and discuss any questions you have with Mr. Tucker.

ROLE:

Mr. Tucker provides assessment and Cognitive-Behavior Therapy (CBT) services to clients at the Bay Area OCD and Anxiety Center. Mr. Tucker is a Board Certified Behavior Analyst (BCBA) and a Professional Clinical Counselor Registered Intern (PCCI) working under the supervision of Dr. Amy Jenks at the Bay Area OCD and Anxiety Center.

DESCRIPTION OF CBT:

Cognitive-Behavior Therapy has been shown to be an effective treatment for a variety of psychological disorders. It involves examining the relationship between thoughts, emotions, behaviors and the surrounding environment. Exposure therapy is a major component to CBT for anxiety. It involves gradually having an individual approach feared situations repeatedly. By remaining in the presence of the feared situation, one can learn valuable information about the true risk of the situation and their ability to cope. The result is typically a marked reduction in associated distress and anxiety.

RISKS AND BENEFITS OF CBT:

Cognitive Behavior Therapy has been shown in controlled outcome studies to provide effective treatment for a number of problems and disorders. However, no guarantees can be made regarding the success of treatment. Treatment can be time-consuming and stressful; it can bring on strong feelings, such as anger, frustration, sadness, or anxiety, and may result in changes that were not originally intended (such as divorce or remaining in a relationship you believed you would leave). For people in some professions (e.g., politics, law enforcement), the fact of being in treatment may negatively affect their career. There is a small risk that your condition will worsen due to treatment. After meeting with you to assess your situation, Mr. Tucker will offer, if you would like, an estimate of the number of sessions of treatment he recommends for you. For most patients, this ranges between 15 and 25 sessions. Mr. Tucker's estimate of the duration of treatment is only an estimate, and no guarantees can be made as to the length of treatment required.

ALTERNATIVE TREATMENTS:

There are other treatments available including other types of psychotherapy, group, couple, or family therapy, and, in some cases, medications. Testing and other formal evaluation procedures can be helpful in some cases and if Mr. Tucker recommends this in your case, he will let you know what his recommendation is and the reasons for it.

You are entitled to ask questions about all aspects of treatment. Mr. Tucker will help you secure a consultation with another mental health professional whenever you request it or he recommends it.

TRAINING AND EXPERIENCE:

Mr. Tucker earned his M.S. in Psychology from the University of Wisconsin-Milwaukee in 2010, received his BCBA in 2011, and PCCI in 2016. He has received training and experience in behavior therapy for the treatment of a variety of conditions including OCD, anxiety, Tourette Syndrome, body-focused repetitive behaviors, and Autism Spectrum Disorder. He has authored and co-authored several peer-reviewed journal articles and book chapters on behavioral treatments for adults and children with obsessive-compulsive spectrum disorders. As a BCBA, Mr. Tucker incorporates Applied Behavior Analysis (ABA) into CBT. Applied Behavior Analysis is a scientific approach to assessing and improving behaviors important to individuals and society. It involves a careful assessment of the environmental influences on behavior and training individuals to manage their environment in order to bring about positive behavioral changes. Mr. Tucker will answer any questions you have about his qualifications and provide a copy of his credentials upon request.

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THE PATIENT'S ROLE:

You are expected to play an **active role** in your treatment, including working with Mr. Tucker on your treatment goals. In addition, Mr. Tucker will provide you with homework assignments to be completed between sessions. These assignments may include but are not limited to practicing skills learned during sessions or logging your behavior (i.e., self-monitoring). If at any point you are unhappy about the progress, process, or outcome of the treatment, please discuss this with Mr. Tucker and Dr. Jenks in an attempt to resolve any difficulties that have arisen and to arrive at a treatment plan that better meets your needs.

PHONE AVAILABILITY:

Mr. Tucker can be reached by phone at (510) 992-4037 ext. 2. If he is with a client or unavailable to talk at that time, he will attempt to return your call within 24 hrs. He generally returns calls between clients and at the end of the day.

If you need to discuss something with Mr. Tucker before your next session he is available by phone appointment. This is something that may be useful on an occasional basis. However, if you need more than occasional telephone contact with Mr. Tucker between your in-person sessions, you may actually benefit from more frequent individual therapy sessions, or you may need a higher level of care. Mr. Tucker and Dr. Jenks will work with you to determine whether or not his availability will meet your treatment needs.

Mr. Tucker is not available on an emergency basis (medication emergency, psychiatric crisis). Please follow the steps below in an emergency.

For medication emergencies:

Call your prescribing physician or 911, or go to the nearest ER

For other emergencies:

Call the Suicide Crisis Line at Team at 1-800-273-8255 or 911, or go to the ER

CONFIDENTIALITY:

The confidentiality of communications between the patient and care provider is important and, in general, is legally protected. Mr. Tucker will make every effort to keep the results of all your evaluation and treatment strictly confidential, as is required by law. Information about you will be released by Mr. Tucker only with your written permission, with the following exceptions:

- when there is suspected elder, dependent adult, or child abuse or neglect.
- when, in Mr. Tucker' judgment, you are in danger of harming yourself or another person, or are unable to care for yourself.
- If you communicate to Mr. Tucker a serious threat of physical violence against another person, Mr. Tucker is required by law to inform both potential victims and legal authorities.
- if Mr. Tucker is ordered by a court to release information as part of a legal proceeding.
- as otherwise required by law.

Mr. Tucker typically shares information about your treatment with Dr. Jenks. By initialing below I give my permission for Mr. Tucker to release information about my treatment and/or assessment to Dr. Jenks _____ **(initial)**

DIGITAL COMMUNICATION:

Regular email (Gmail, yahoo etc) is not considered a confidential form of communication. If you chose to communicate with Mr. Tucker over the internet you agree to accept that a breach of confidentiality could occur. If you communicate with Mr. Tucker via any form of technology (e-mail, Dropbox, Google Documents, text messaging etc.) you agree to accept the risk that a breach of confidentiality could occur. _____ **(initial)**

PRIVACY POLICY CONSENT:

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Mr. Tucker is dedicated to maintaining the privacy of your Protected Health Information (PHI). In addition, Mr. Tucker is required by law to inform you of how your PHI will be protected, how Mr. Tucker may use or disclose PHI, and your rights regarding access to your PHI. A copy of the privacy policy is included at the end of this form. Please review the information carefully. You acknowledge receipt of the Privacy Policy. You understand that it is your responsibility to read these documents and present any questions, concerns, or special requests to Mr. Tucker. _____ (initial)

RECORD-KEEPING:

Mr. Tucker maintains a clinical chart for each patient. Information in the chart includes a description of your condition, your diagnosis, your treatment goals, treatment plan and progress in treatment, dates of and fees for sessions, notes describing each therapy session, and any e-mails which you exchange. Mr. Tucker also keeps records of any consent, release, assessment, or other forms completed in the course of your treatment.

AUDIO TAPING:

You may wish to audiotape therapy sessions so you can review them at a later date. If so, you may bring a tape to the session.

CONSULTATION:

Mr. Tucker may wish to consult with other professionals about treatment planning for your case. Your signature below gives Mr. Tucker permission to do this, provided that he takes reasonable efforts to protect your identity.

RESEARCH:

In order to improve the quality of services and demonstrate the effectiveness of treatment Mr. Tucker may collect scored responses to questionnaire that are administered periodically throughout treatment as well as behavioral data. Such data will be de-identified (no personal information) and entered into a database. This database will be used to assess the effectiveness of treatment for patients as a group. This information may be published on The Bay Area OCD and Anxiety Center website. No individual data or personally identifiable data will be released.

FEES:

Consultation Session/Diagnostic Evaluation, 60-120 min, CPT 90791	\$190 per hour
Psychotherapy, 60 min, CPT 90837 (Children and Families are typically seen for 60 min)	\$190
Psychotherapy, 45 min, CPT 90834	\$185
Psychotherapy, 30 min, CPT 90832	\$95
Skype or Phone Sessions	Billed at same rate as in-person therapy
Home visits, fee includes driving time from the office	same
Late cancellation (without 48 hrs notice) or no show	Full fee
Intensive Outpatient Program (3 hours per day of treatment)	\$440
All other services (e.g. consultation with school professionals, IEP meeting attendance, feedback sessions, report writing)	Billed at hourly rate

PAYMENT:

Bay Area OCD has a policy of collecting credit card information for all clients at the beginning of treatment. Sessions will be automatically billed at the end of the session unless you have made an agreement with your therapist to pay by check. If you forget

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to bring a check your session will be billed through your credit card. By signing this document you agree to these financial terms.

_____ (initial)

CANCELLATIONS AND MISSED APPOINTMENTS:

Mr. Tucker has a **48 hrs cancellation policy**. This policy allows for time to be reserved for you. Because emergencies occur you will be allowed **one late cancellation without being charged a late fee (full fee)**. Please be aware that insurance will not reimburse you for charges due to late cancellations. _____ (initial)

INSURANCE REIMBURSEMENT:

Mr. Tucker's services may not be reimbursable through health insurance. _____ (initial)

ENDING TREATMENT:

You may withdraw from treatment at any time. Mr. Tucker recommends that you discuss your plan to terminate treatment with him and Dr. Jenks before taking action, so that they have an opportunity to offer recommendations and to offer referral options if they are needed.

If you discontinue meeting with Mr. Tucker for a period of four weeks or more, he will attempt to contact you. If he is unable to reach you, he will assume (unless other arrangements have been made) that you have elected to terminate your treatment and he will close your case. Of course, should you wish to resume your treatment, he will be happy to discuss that option with you at any time.

Should Mr. Tucker become incapacitated or die, Dr. Jenks or one of her colleagues will contact you to let you know of his incapacitation or death and to help you make arrangements for continuing your care with another provider if needed, and to discuss arrangements for handling your medical record.

GRIEVANCES:

I may request a copy of Mr. Tucker's current professional credentials upon request. In addition, any concerns that I have about Mr. Tucker's performance can be directed to Dr. Jenks, the Behavior Analyst Certification Board (www.bacb.com), or the California Board of Behavioral Sciences (www.bbs.ca.gov).

I have read and understood this agreement, the Patient Bill of Rights and the Notice of Privacy Practices listed below. I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement and consent to participate in evaluation and/or treatment.

Name of patient (please print): _____

Signature of patient: _____ Date: _____

I authorize Bay Area OCD and Anxiety Center to charge my credit card for the full amount owed following each session. I understand that that the practice has a 48 hour cancellation policy and I will be charged the full fee if I cancel in less than 2 business days.

Cardholder Signature _____ / ____ / ____

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Please keep this information for your own records

Patient's Bill of Rights

You have the right to:

- Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- Receive respectful treatment that will be helpful to you.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request that the therapist inform you of your progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
- Refuse a particular type of treatment or end treatment without obligation or harassment.
- Refuse electronic recording (but you may request it if you wish).
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment.
- Report unethical and illegal behavior by a therapist.
- Receive a second opinion at any time about your therapy or therapist's methods.
- Request the transfer of a copy of your file to any therapist or agency you choose.

Excerpted from "Professional Therapy Never Includes Sex," California Department of Consumer Affairs, 1997.5.24.01

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Patient Rights To Privacy:

I am dedicated to maintaining the privacy of your personal health information as part of providing professional care. In addition, I am required by law to keep your information private. These laws are complicated, but I must give you the legal information. This document is a shorter version of the full, legally required Notice of Privacy Practices. You may have a copy of the longer version, if you request it

I will use the information about your health (obtained from you or from your other health care providers) mainly to provide you with treatment. I will also use it for business activities called healthcare operations in the HIPAA Help folder. This includes providing you with a monthly billing statement of sessions attended, session payments you have made, a diagnosis/diagnoses and type of treatment session provided. I will NOT be sending the billing statement to any insurance companies (unless you make a special request and sign an authorization form for me to do so). This gives you control over the distribution of your own healthcare information transmission to your insurer.

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If you or I want to disclose (send/share/release) your healthcare information for any other purpose, I will discuss it with you and ask that you sign an authorization form to allow this. (I cannot disclose this information without your written permission).

Exceptions to my legal/professional obligation to keep your healthcare information private:

When there is serious threat to your health/safety or to the health/safety of another individual/the public.

-In this case, I would share information with a person/organization who might be able to prevent/reduce these threats.

-Some lawsuits and/or legal court proceedings. If a law enforcement official requires me to do so.

-For Workers Compensation and similar benefit programs.

-There are some other rare exception situations, where I may disclose information without your permission: situations where your records might be needed to investigate a criminal; situations where your records are requested by public health officials for the investigation of diseases or injuries; situations after your death; situations where you are being investigated by government or military officials. These exceptions are discussed in the long version of the Notice of Privacy Practices document.

Your Rights Regarding Your Healthcare Information:

You can request that I communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask that I call you at home and not at work to schedule or cancel an appointment. I will do my best to do as you ask.

You have the right to limit what I tell people involved in your care (or people involved in paying for your care), such as family members and friends.

You have the right to look at the health information I have about you such as your medical and billing records. You may even request a copy of these records, but I may charge you for administrative time (\$60/hr pro-rated) and copying (\$.05/sheet). Please speak to me directly to make a request to look at your healthcare information. You are entitled to view the following information: the notations I make regarding the medication prescriptions and monitoring provided to you by another clinician, the modalities and frequencies of treatment sessions I have provided for you, the results of clinical tests/self report forms/symptom monitoring sheets in your chart, a written summary (written by me) of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. The only exception to your automatic right to view information in your medical chart is the viewing of psychotherapy session notes that I write. There are specific laws governing psychotherapy session notes, because these notes are intended to assist the psychotherapist only, and have the potential for being misinterpreted by others. If you would still like to view the psychotherapy notes, please speak with me about this. I will review with you the pro's and con's of this, relevant to your treatment needs and situation.

You have the right to accurate information on your health records. If you believe my records contain incorrect or missing information, you have the right to ask me to make amendments to your records. Please make this request in writing, indicate the reasons you want to make these changes and give the written request to me for placement in your medical chart.

You have the right to a copy of this notice. Please keep this copy. If I amend this Notice of Privacy Practices document, I will post changes in the waiting room area for your review, or you can request an amended copy.

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services (www.hhs.org). All complaints must be in writing. Filing a complaint will not change the healthcare I provide you.

If you have questions regarding this notice of my health information privacy policies, please speak to me directly.

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Also, you may have other rights granted to you by the laws of the State of California and these may be the same or different than the federal rights I have described above. For further information on California State Law protecting patient rights, please visit www.chcf.org (the California Healthcare Foundation website). If you have additional questions about this issue, please ask me.

For further information on HIPAA regulations (Health Insurance Portability and Accountability Act, 1996), or your right to privacy regarding healthcare information, please visit www.hhs.gov/ocr/hipaa (the US Department of Health and Human Services website).

For further information about your rights as a psychotherapy patient, please visit www.apa.org/publicinfo/rights (the American Psychological Association's website).