

Youth Treatment/Evaluation Agreement For Amy Jenks, Psy.D.

This document contains important information about the professional services and business policies of Amy Jenks, Psy.D. Please read it carefully and discuss any questions you have with Dr. Jenks.

Please read thoroughly:

CONSULTATION/TREATMENT:

Dr. Jenks will provide an assessment of your child's difficulties and available treatment options. She may recommend that she provide your child or family with Cognitive-Behavior Therapy (CBT). CBT has been shown, in controlled outcome studies, to provide effective treatment for a number problems and disorders in children. However, no guarantees can be made regarding the success of your child's treatment. Treatment can be time-consuming, stressful and it may bring on strong feelings. Therapy may result in changes that were not originally intended (such as increased conflict between you and your spouse). Teachers and school administrators may treat children differently if they discover the child is receiving mental health services. The issue of when and to whom to disclose that your child is in treatment with Dr. Jenks is a sensitive and complicated issue. Dr. Jenks will discuss with you, if you like, the advantages and disadvantages of telling others about your child's evaluation and treatment. There is a small risk that your child's condition will worsen due to treatment.

EXPOSURE THERAPY

Exposure Therapy is a component of CBT. Exposure therapy has been shown in controlled outcome studies to be an effective treatment for anxiety disorders and OCD in youth. **Exposure therapy is now considered the standard of care for childhood anxiety.** In exposure therapy children are asked to gradually face their fears without using behaviors that immediately reduce anxiety (avoidance, compulsions, reassurance-seeking). With repeated practice your child will learn that their anxiety will peak and then naturally decline with practice and time. As a parent you should know that your child will be asked to face their fears in a graduated way. While we work with children in a graduated manner, there is still the risk that your child may feel very anxious. There is also the risk that you may feel anxious asking your child to face their fears. The benefits of exposure therapy are that your child may experience a reduction in their symptoms and improvement their functioning.

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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 Dr. Jenks recommends this in your child's case, she will let you know what her recommendation is and the reasons for it.

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

TRAINING AND EXPERIENCE: Dr. Jenks is a Clinical Psychologist licensed to practice in California. Her license number is PSY24451. She graduated from Pacific University with a Psy.D. in Clinical Psychology in 2010. She has been trained in CBT and ACT therapy for children, adolescents and adults. **Dr. Jenks has expertise in the treatment of Anxiety Disorders, OCD and OC-Spectrum Disorders.**

THE CLIENT'S ROLE: You and your child are expected to play an **active role** in your child's treatment. Your child will be asked to complete homework assignments between sessions and you are expected to support and facilitate. Dr. Jenks will explain your role in your child's treatment. You and your child's willingness to do this is an integral part of successful treatment. If at any point you are unhappy about your child's progress, process, or outcome of the treatment, please discuss this with Dr. Jenks in an attempt to resolve any difficulties that have arisen and to arrive at a treatment plan that better meets your child's needs.

HOURS/AVAILABILITY: Dr. Jenks is available for psychotherapy sessions on Monday through Friday 10am-6pm. Sessions typically occur 1-2x/week during the initial phase of treatment, and may taper to 1-2x/month during the final phase of treatment. Dr. Jenks will discuss her recommendation for frequency of sessions with you after she completes the assessment/evaluation of your child's treatment needs.

PHONE AVAILABILITY:

Dr. Jenks can be reached by phone at (510) 992-4037 ext. 1. If she is with a client or unavailable to talk she will attempt to return your call within 24 hrs. She generally returns calls between patients and at the end of the day.

Dr. Jenks can be reached on her cell phone for urgent matters (e.g. running late, last minute cancellation). Her cell phone number is 510-363-6337

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Dr. Jenks is not available on an emergency basis (e.g. medication emergency, psychiatric crisis, suicidal). 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 therapist is important and, in general, is legally protected. In the case of treatment with children, the parents hold the privilege of deciding when and with whom Dr. Jenks may disclose information about your child's evaluation and treatment. Dr. Jenks will make every effort to keep the results of your child's evaluation and treatment strictly confidential, as is required by law. Information about your child will be released by Dr. Jenks only with your written permission, with the following exceptions:

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

In the event that group therapy services are provided, you and your child are expected to keep materials shared in the group confidential. Dr. Jenks cannot be held responsible for a breach of confidentiality on the part of group members.

If you elect to seek reimbursement from an insurance company for your child's treatment, Dr. Jenks will provide you with a monthly statement you can submit to your insurance company. Most insurance companies require information about your child's diagnosis, the type of service provided (e.g., 50-minute individual psychotherapy session), the date of the session, and the fee, and Dr. Jenks will include this information on your statement upon your request. Dr. Jenks will generally give this statement to you directly at the end of the month. If for some reason, you and Dr. Jenks agree that she will communicate direction

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with your insurance company, please be aware that when information is sent to an insurance company, Dr. Jenks has no control over who sees it. Almost all insurance companies state that they will keep the information confidential, but Dr. Jenks cannot assure that they will do so. Some share information with a national medical information data bank for the purposes of deciding eligibility for life, disability, health, and other insurance. Before Dr. Jenks sends any information to an insurance company, she will talk with you about what she has written and she will obtain your written permission to provide information to your insurance company. You do have a choice about whether to release the information requested by an insurance company, but if you refuse to consent to releasing it, most insurance programs will not pay for any services.

RELEASE OF RECORDS IN FAMILY THERAPY

It is the policy of Dr. Jenks to not disclose records from family therapy to any parties without the authorization of all adult participants and an authorization from the legal guardian of any minor patient participants.

DIGITAL COMMUNICATION:

Regular email (Gmail, yahoo etc) is not considered a confidential form of communication. If you chose to communicate with Dr. Jenks over the internet you agree to accept that a breach of confidentiality could occur.

If you communicate with Dr. Jenks via any form of technology (Skype, 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:

Dr. Jenks is dedicated to maintaining the privacy of your child's Protected Health Information (PHI). In addition, Dr. Jenks is required by law to inform you of how your child's PHI will be protected, how Dr. Jenks may use or disclose PHI, and your and your child's rights regarding access to your PHI. A copy of the privacy policy is available online. 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 Dr. Jenks. _____ (initial)

RECORD-KEEPING: Dr. Jenks maintains a clinical chart for each patient. Information in the chart includes a description of your child's condition, your child's diagnosis, your child's 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. Dr. Jenks also

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keeps records of any consent, release, assessment, or other forms completed in the course of your treatment.

RESEARCH: In order to improve the quality of services and demonstrate the effectiveness of treatment Dr. Jenks will collect you and your child's scored responses to questionnaire that are administered periodically throughout treatment. The data from these questionnaires 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 Dr. Jenks' website or elsewhere (journal etc). No individual data or personally identifiable data will be released.

AUDIO TAPING: You or your child 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:

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

FEES:

Consultation Session, 60-120 min, CPT 90791	\$230 per hour
Psychotherapy, 45-50 min, CPT 90834	\$230
Psychotherapy, 30 min, CPT 90832	\$115
Skype or Phone Sessions	Billed at same rate as in-person therapy
Home/School visits, fee includes driving time from the office	same
All other services (e.g. IEP meetings, phone consultations, report writing)	\$230 per hour
Late cancellation (without 48 hrs notice) or no show	Full fee

PAYMENT:

Bay Area OCD has a policy of using direct deposit from your bank for session fees. At your first appointment we will collect a voided check and enter it into our bookkeeping system

_____ (**initial**)

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CANCELLATIONS AND MISSED APPOINTMENTS: Dr. Jenks has a **48 hrs cancellation policy**. This policy allows for time to be reserved for your child. Because emergencies occur you will be allowed one late cancellation without being charged a late fee. Please be aware that insurance will not reimburse you for charges due to late cancellations. _____
(initial)

REIMBURSEMENT: We are considered an out-of-network provider. You are responsible for collecting reimbursement from your insurance company or other source.

ENDING TREATMENT:

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

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

Should Dr. Jenks become incapacitated or die, one of her colleagues will know how to access her medical records and will contact you to let you know of her 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.

I have read and understood this agreement, the Patient Bill of Rights and the privacy notice 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 my child's participation in evaluation and/or treatment.

Name of Child (please print): _____

Signature of Parent: _____

Signature of Parent: _____

Date: _____

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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

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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. Or, you may read full version of the Notice of Privacy Practices on pages 89-96 in the green folder (entitled HIPAA Help) on my waiting room shelf. If you have any questions or concerns about your rights or privacy, please speak to me about them. (In the HIPAA Help information folder, my role of discussing this information with you is called "privacy officer". Since I am a solo practitioner in my psychotherapy practice, I am also the "privacy officer").

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.

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 on page 89-96 in the green HIPAA Help folder on my waiting room shelf.

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.

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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.

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).

A copy of the Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) of the OCR HIPAA Privacy Regulations (12-3-02, Rev. 4-3-03) is located in the green HIPAA Help folder on the shelf in my waiting room for your review