Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Dear New Client,

Welcome! I am looking forward to meeting with you for your first appointment. I love my work as a Marriage and Family Therapist and look forward to helping you with whatever challenges you would like to explore and resolve.

There are some policies and procedures that I may neglect to fully review with you initially because I am most interested in understanding you and your concerns. I felt writing them down would save time and avoid confusion. Please retain this agreement and read it at your leisure and please feel free to discuss any questions or concerns you have about these policies or any other matter at any time. I will gladly discuss any of these with you. As a potential consumer of psychological services you are entitled to be fully informed. Of course, I will bring up with you matters that seem to directly affect your particular concerns.

My view of psychotherapy is that you, as a client, are hiring me, as the therapist, to consult with you regarding growth issues or problems that significantly impact your life.

The goals of therapy are best set by both client and therapist together, so that our agendas in working together can be clear and most effective. With these goals in mind, a treatment plan will be developed using the latest psychological information available for helping you.

Disclosure Statements

The following statements are to provide you with information concerning therapy, as well as the legal and ethical issues related to services provided by licensed Marriage and Family Therapists in California, and federal rules and regulations concerning you.

TYPE OF THERAPY: Many different kinds of psychotherapy are available to the consumer today. I want to share some fundamental ideas that we can discuss later if you wish.

Therapy is essentially a relationship between the client and the therapist. The client may be an individual, a couple or a family. The initial focus of the therapy is on understanding thoughts, emotions and life situations that concern the client. Therapy then offers the support, skills and directions that facilitate the client's desired changes.

As a client you have the ability to understand and implement change; you are responsible for deciding the ultimate course of action. Through a sequence of self-explorations, which include an investigation of your family history and a commitment to change personal behaviors, you learn more about yourself and the external factors that affect the quality of your life. You may find improved skills in the areas of communication, decision making, personal effectiveness, self-control and self-understanding. Formal and informal assessments, readings, structured experiences, journal writing and "homework" are sometimes used to augment the therapy experience.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

You are in full control of what you want to accomplish in therapy and we decide together what methods to use. It is most helpful, I find, if you are as open and honest as possible about what you choose to share.

If I feel you can best be helped by a therapeutic method different from my own scope of practice, I will discuss a referral with you.

My style of treatment is centered around positivism, increasing mindfulness, achieving goals and increasing self-esteem. I utilize Cognitive Behavioral Therapy as well as other effective therapeutic styles such as Gestalt, Narrative and Client-Centered Therapy, and Psychotherapy. I often choose an approach that best fits my client's needs. To help my clients understand the connection between our mind and our bodies as one affects the other. I assist clients in understanding why as human-beings, we are naturally prone towards certain reactions and behaviors. By sifting through a client's thoughts and feelings. I hope to assist clients make sense of often confusing and conflicting emotions. I have great confidence and hope though my experience as a therapist, that people have an amazing ability to adapt and change.

I frequently attend trainings to learn cutting-edge approaches in the field of psychology and psychotherapy. I sincerely hope our work together will add significantly to your experience of well- being and achieving your goals. If you have any questions about my approach or would like additional clarification, please do not hesitate to ask.

RISKS AND BENEFITS OF THERAPY: There are benefits as well as risks related to therapy. The desired benefits are your improved ability to identify problematic areas, evaluate reasonable options and take action in an honest manner. A good therapy experience also offers opportunities to learn important things about one's self, to acquire helpful life management skills and to integrate both past and present learning toward higher functioning. The risks include the awareness of negative feelings and situations, some of which may not be changed to your satisfaction. Some awareness may cause emotional disability or disruption to your current life. The possible realization that therapy is helpful and desired, but beyond the limits of your financial resources is also a risk.

You may wonder if there are any guarantees in light of the benefits and risks presented here. In short, while I expect that therapy will be helpful, there is no guarantee that therapy with me will be the best way to reach your desired goals. Because every therapeutic experience is unique, it varies from individual to individual. Therefore, it is vital that you feel free to discuss any concerns you have about the course of treatment with me at any time. As a client, you also have the right to seek a second opinion from another clinician.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

RIGHTS OF CLIENTS: My practice is guided by the Ethical Code of the California Marriage and Family Therapists. A copy of that code is available in my office for you to read. Sexual intimacy between client and therapist is never appropriate during or following a therapeutic relationship. The Board of Behavioral Sciences in Sacramento investigates reports of such behavior.

INDEPENDENT PRACTICE: While I am housed in an office with other therapists, and enjoy the benefits and the stimulation of interaction with my very skilled peers, we each practice completely independently and are each separately responsible for our own policies and practices.

Therapy Policies

TREATMENT SESSIONS: Therapy sessions are usually held once a week for 50 minutes. Sessions are scheduled on a weekly basis until you and I mutually agree that a different time schedule is appropriate. Goals for therapy are determined within the first few sessions. These are periodically reviewed and refined. Termination occurs when both of us mutually agree that the goals have been satisfactorily addressed or there is some other reason to terminate, such as a required move. You have also the right to terminate at any time; I ask that you discuss your concerns with me for at least one session or by telephone before you leave therapy.

THERAPY AND PHYSICAL SYMPTOMS: Physical symptoms are often the result of emotional stress. They can be reduced and even eliminated under certain therapy conditions. It is important, however, that an appropriate medical specialist review your current situation to ascertain the degree to which the symptom has a physical base. A physical exam is therefore required when a physical symptom is a primary concern. If there is a physical problem that affects your therapy, I will work closely with your medical specialist to coordinate treatments and services with your consent. It is important for you to let me know if you have a persistent physical discomfort. I will be happy discuss a referral to another specialist with you.

LIMITATIONS AS A THERAPIST: Because I have personal responsibilities, I do not do hospital work or severe substance abuse cases. If we feel you require these special services, I will refer you to someone I trust who specializes in these areas. I will maintain contact with you and support you during that time.

MEDICATIONS IN PSYCHOTHERAPY: Depending on symptoms and problems, medications may or may not be appropriate. As a Licensed Marriage and Family Therapist I am not licensed to prescribe medication. In the event medications for psychological distress seems possibly necessary or appropriate, then I will refer you and assist in obtaining a medical evaluation.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

It is your responsibility to inform me of any and all prescribed medications and changes in medications as they may significantly affect your mental status and therapy. It is also important that you are compliant with the course of treatment as prescribed by your physician.

CONFIDENTIALITY and PRIVILEGE: The information presented in therapy is personal and confidential. Information is also legally protected. The only circumstances when information could be shared without your prior written and verbal permission are when there is a clear intention to do harm to yourself or to someone else; and when a court subpoena is valid. I also have a legal and ethical responsibility to notify appropriate social agencies of any suspicion of emotional, physical or sexual abuse or neglect of a child, a dependent disabled adult or an elderly person. Viewing child pornography has recently been added to things we must report. Please note that if you instigate a lawsuit, your mental status and all your records may become subject to court scrutiny. Even when I receive previously signed written authorizations from insurance or regarding legal matters, I will contact you to discuss whether I feel releasing all or some of the information is in your best interest.

RECORDS: I regularly keep written records of our sessions. These records include the date of the meeting, who was present, how long we met and brief notes regarding the issues we discussed. I also record quotes and specific details if issues of homicide, suicide, or abuse or neglect or other legal matters are discussed. I document calls to and from other care providers. These records are maintained seven (7) years after age 18 for a minor and seven (7) years for an adult per California laws and guidelines.

REQUESTS FOR INFORMATION: Insurance companies, health maintenance organizations, and preferred provider organizations sometimes require extensive documentation of your diagnosis, treatment plans and progress. While I am happy to comply with such requests, I must charge for my preparation time and routine costs if lengthy reports are required.

LEGAL MATTERS AND REPORT FEES: Fees for report preparation will be billable at $250 per hour and are not included in testimony charges. I disclose these detailed policies and charges below in advance because this information sometimes discourages unwanted disclosures of your records.

Subpoena of Records: In general, I cannot disclose whether or not anyone is a client of mine, even if it is a friendly call to check time of an appointment. In order to comply with a subpoena, I will need the permission from each of the named parties unless it is a coroner's subpoena, which is more urgent.

I cannot supply a copy of the records without a records review of the items in question for a cost of $250 for each client. I do not in any case allow copies of my notes to be released.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

I can provide a treatment summary that will cover the specific items requested. Usually I take at least a minimum of 2 hours per file to prepare the document depending on the number of visits. The treatment summaries cost $500 per client for the first two hours. Additional hours will be billed at $250 per hour. Fees for report and records preparation are billed at $250 per hour and do not include testimony charges. You are agreeing to these policies and fees in advance when you sign this document.

PRIVACY AND VISIBILITY: The South Bay is a small region which can present some challenges to maintaining privacy when receiving professional services. While unlikely, it is possible that you will recognize someone or be recognized by someone in the waiting room of the office. If you know someone who sees me and you don't want to cross paths, please let me know when you call to schedule. I ask all my clients to maintain their privacy and the privacy of others in and out of the office. Of course, I will maintain the confidentiality of all parties at all times.

I also live in the South Bay region, and you may encounter me accidentally or in a planned community event. Unless you tell me otherwise, I will neither acknowledge you in the community first, nor will I acknowledge working with you without your permission. Please feel free to discuss any concerns you might have about this with me.

ORIENTATION AND CONFIDENTIALITY IN COUPLE AND/OR FAMILY THERAPY: My orientation to family and marriage therapy is that children and individuals do better when the family remains intact, except in cases of domestic violence or child abuse. When I treat you as part of a couple or family group, no information is released to outside parties without the written consent of all parties present in sessions. Minor children will also be asked for their consent. When we meet in individual sessions in the context of family or couple therapy, no information is shared with other members of the family unless the individual (even though he/she may be a minor child) shares it himself/herself or indicates a willingness for me to share or their disclosure suggests they are putting themselves or others in grave danger. The one exception is that I generally respond to emails from one member of a couple by replying to both unless the three of us agree to a different plan in advance. Even then, I will discuss any disclosure prior to making it, if possible. Again, you are agreeing to this policy and practice when you sign this document.

CONSULTATION WITH PEERS: I routinely consult with my therapist peers regarding cases. This is to insure my objectivity and that I do not overlook possible avenues to help you. I do not use my clients' names and try to omit all identifying information unless I have a specific signed consent and you wish me to contact them. Confidential records of these contacts are kept with your records and I inform you of the discussion if I feel it is helpful to you. If you have any questions or discomfort about this, please do not hesitate to discuss this with me.

VACATION POLICY: I will always inform you about my plans to be away from the office on the day(s) we usually meet. When I am not available at times other than our scheduled times, I will usually inform you in advance. I will provide you with the name and contact information of a colleague who will provide coverage in my absence.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

TELEPHONE CALLS, TEXTS AND E-MAILS BETWEEN SESSIONS: Routine calls for the purpose of scheduling or billing information are an expected part of my service and not billed. Telephone calls or emails that are primarily therapeutic in nature, occur frequently, and/or require more than ten minutes will be prorated and billed at the usual rate. Please do not use texts to communicate therapeutic information. Please know that texts, email correspondence and cellular phone calls cannot be considered completely confidential or secure.

If you choose to email, be aware that all emails are retained in the logs of your internet service providers and mine. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

I do schedule telephone sessions for some clients if it is appropriate to their goals and treatment.

I cannot guarantee a timely response on emails so schedule changes and cancellations should always be handled by phone. Please do not text me outside 9am–5pm daytime hours regarding schedule changes.

SOCIAL MEDIA AND INTERNET: As a therapist, my primary concern is to protect your safety, privacy and confidentiality. For these reasons, I do not follow or accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Twitter, Instagram, etc). I do not use search engines (Google, Facebook, etc) to obtain information about current clients except in extremely rare crises where I am concerned about your well-being or when you want to show me something.

You may find my practice listed on business review sites such as Yelp, Healthgrades, Bing, etc. These listings are generated by the business review sites independently from me and without my knowledge. Please know that these listings are **NOT** a request for a testimonial, rating, or endorsement from you as my client. Of course, you have a right to express yourself on any site you wish, but I would urge caution when sharing personal identifying information in a public forum. Due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I ask you to take your own privacy as seriously as I take my commitment of confidentiality to you.

FEES FOR SERVICES: The fee for service is $150 for a 50-minute session.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

You are responsible for paying at the time of your session unless prior arrangements have been made. It is best to pay when you arrive for your session as we may discuss challenging material and you may be more comfortable leaving directly after the session is over. However, payment at the end of session is completely fine as well. Payment can be made with cash, credit card or a personal check. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

INSURANCE: I am not a participating provider for insurance plans, however I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

MISSED APPOINTMENTS AND CANCELLATIONS: Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you 24 hours notice, as I know you will have reserved the time for the appointment. Likewise, I expect that you will give me 24 hours notice if you must cancel the appointment. If, for any reason, you cannot let me know 24 hours in advance, you will be charged the regular fee for the time reserved. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

* * * * * *

SIGNATURES: By signing below, you agree as follows:

- *I have read the materials presented in this disclosure statement.*
- *My signature indicates that I understand the information, and consent to the conditions of therapy that are either stated or implied here, and I commit myself to compliance with them.*
- *I understand that once therapy begins, I retain the right to withdraw consent to participate in therapy at any time that seems appropriate.*
- *I will make every effort to discuss my concerns about the progress of therapy with you before I terminate.*

_____ _____
Client's Signature Date

_____ _____
Patrick Dickey, M.A., LMFT Date

Revised 07/2017

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Adult Self-Report Form

Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best number to reach you: (_____) _____ - _____

Is it ok to send an appointment reminder via text? YES NO

Email: _____

****

Ethnic Origin: _____ Race: _____

Sexual orientation:
□ gay, □ lesbian, □ bisexual, □ straight, □ unsure/questioning, □ refused, □ other:

Gender identity:
□ male, □ female, □ trans (male to female), □ trans (female to male), □ gender queer,
□ intersex, □ refused □ other:

Preferred gender pronoun:
□ he/him, □ she/her, □ ze/zir, □ they/them, □ refused, □ other:

Marital Status: Married Partnered Single Divorced Other:

Chief Concern

Please describe the main difficulty that has brought you to see me:

Your medical care (From whom or where do you get your medical care?)

Clinic name: _____ Phone: (_____) _____

Doctor's name: _____ Address: _____

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Your current employer

Employer:

Occupation:

Length of time with this employer:

Present relationships

How do you get along with your spouse or partner?

How do you get along with your children?

How do you get along with friends?

How do you get along with your family?

Past Psychological/Psychiatric Treatment

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services?
Yes No

Please indicate which type of treatment (circle one): Inpatient Outpatient Both

If yes, please indicate:

When:

From Whom:

For What:

Results:

Have you ever taken medications for psychiatric or emotional problems? Yes No

If yes, please indicate:

When

From Whom:

For What:

Results:

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

List of Symptoms

Please circle any of the following that have been bothering you lately:

abused as child	agoraphobia	alcohol use
ambition	anger	anxiety
appetite	being a parent	bowel trouble
career choices	children	compulsions
compulsivity	concentration	confidence
depression	divorce	drug use/abuse
eating problem	education	energy (hi/low)
extreme fatigue	fears	fetishes
finances	friends	guilt
headaches	health problems	inferiority feelings
insomnia	loneliness	making decisions
marriage	memory	my thoughts
nervousness	nightmares	obsessive thinking
overweight	painful thoughts	panic attacks
phobias	relationships	sadness
self-esteem	separation	sexual problems
short temper	shyness	sleep
stress	suicidal thoughts	work

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Please indicate how the issue(s) for which you are seeking treatment are affecting the following areas of your life:

Intimate Relationship:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Family:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Job/school performance:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Friendships:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Financial situation:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Physical health:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Anxiety level / nerves:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Mood:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Eating habits:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Sleeping habits:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Sexual functioning:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Alcohol / drug use:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Ability to concentrate:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Ability to control anger:

1 - No effect 2 – Little effect 3 – Some effect

4 – Much effect 5 – Significant effect Not Applicable

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Substance Use

Do you currently consume alcohol? YesNo

If yes, on average how many drinks per occasion do you consume? How many days per week do you consume alcohol?
Do you have a history of problematic use of alcohol? Yes No

Have family members or friends expressed concern about your drinking? Yes No

Do you currently use non-prescribed drugs or street drugs? Yes No

Do you have a history of problematic use of prescription or non-prescription drugs? Yes No

Do you have a family history of alcohol or drug problems? Yes No

If yes, please describe:

Other

Is there anything else that is important for me as your therapist to know about and that you have not written about on any of these forms? Please tell me here; use the back of the paper if needed.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

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.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request and in my office.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

For your treatment. I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
To obtain payment for your treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
For health care operations. I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
    a. For my use in treating you.
    b. For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
    c. For my use in defending myself in legal proceedings instituted by you.
    d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
    e. Required by law, and the use or disclosure is limited to the requirements of such law.
    f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
    g. Required by a coroner who is performing duties authorized by law
    h. Required to help avert a serious threat to the health and safety of others.

2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

3. **Sale of PHI**. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also us and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others**. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS YOUR REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have "the right to ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I

have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

5. **The Right to Get a List of the Disclosures I Have Made**. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than "treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI**. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES
If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice, at the phone number or address listed above.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.
EFFECTIVE DATE OF THIS NOTICE This notice went into effect on September 20, 2013.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

AGREEMENT FOR SERVICE / INFORMED CONSENT FOR MINORS

Introduction
This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by Patrick B. Dickey (LMFT 99493*)*, for the minor child _____ (herein "Patient") and is intended to provide [name of parent(s)/legal guardian(s)] _____ (herein "Representative(s)") with important information regarding the practices, polices and procedures of Patrick B. Dickey, (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Policy Regarding Consent for the Treatment of a Minor Child Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Risks and Benefits of Therapy
A minor patient will benefit most from psychotherapy when his/her parents, guardians or other caregivers are supportive of the therapeutic process.

Psychotherapy is a process in which Therapist and Patient, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing.
Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self- confidence. Such benefits may also require substantial effort on the part of Patient, as well as his/her caregivers and/or family members, including an active participation in
the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Patient or other family members, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation
Professional consultation is an important component of a healthy psychotherapy practice.
As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient or Patient's family members or caregivers.

Records and Record Keeping
Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient or representative. Should Patient or Representative request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient, or Representative, with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Representative will generally have the right to access the records regarding Patient. However, this right is subject to certain exceptions set forth in California law.

Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law. Therapist will maintain Patient's records for ten years following termination of therapy, or when Patient is 21 years of age, whichever is longer. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law.
Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

Representative should be aware that Therapist is not a conduit of information from Patient. Psychotherapy can only be effective if there is a trusting a confidential relationship between Therapist and Patient. Although Representative can expect to be kept up to date as to Patient's progress in therapy, he/she will typically not be privy to detailed discussions between Therapist and Patient.
However, Representative can expect to be informed in the event of any serious concerns Therapist might have regarding the safety or well-being of Patient, including suicidality.

Patient Litigation
Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient, or Representative, and another individual, or entity, are parties. Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's, or Representative's, legal matter. Therapist will

generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Representative agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of $125.00. In addition, Therapist will not make any recommendation as to custody or visitation regarding Patient. Therapist will make efforts to be uninvolved in any custody dispute between Patient's parents.

Psychotherapist-Patient Privilege
The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor- patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by a person with the authority to waive the privilege on Patient's behalf.
When a patient is a minor child, the holder of the psychotherapist-patient privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the psychotherapist-patient privilege for their minor children, unless given such authority by a court of law. Representative is encouraged to discuss any concerns regarding the psychotherapist-patient privilege with his/her attorney.

Patient, or Representative, should be aware that he/she might be waiving the psychotherapist- patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient, or Representative, should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Fee and Fee Arrangements
The usual and customary fee for service is $150.00 per 50- minute session. Sessions longer than 50- minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Representative will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by agreement between Therapist and Representative.

The agreed upon fee between Therapist and Representative is $_____. Therapist reserves the right to periodically adjust fee. Representative will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Patient or Representative for purposes other than scheduling sessions. Representative is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at the request of Patient or Representative and with the advance written authorization of Patient or Representative.

Representative is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. Representative is expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Insurance
Therapist is not a contracted provider with any insurance company, managed care organization. Should Representative choose to use his/her insurance, Therapist will provide Representative with a statement, which Representative can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

Cancellation Policy
Representative is responsible for payment of the agreed upon fee ($) for any missed session(s). Representative is also responsible for payment of the agreed upon fee for any session(s) for which Representative failed to give Therapist at least 24 hours notice of cancellation. Cancellation notice should be left on Therapist's voice mail at (323) 938-1161 If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

Therapist Availability
Therapist is often not immediately available by telephone. Therapist does not answer the telephone when meeting with clients or is otherwise unavailable. At these times, you may leave a message on the confidential voice mail and Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Patient is feeling unsafe or requires immediate medical or psychiatric assistance, Patient or Representative should call 911, or go to the nearest emergency room. I will make every attempt to inform you in advance of planned absences, and will provide you with the name and phone number of the mental health professional covering my practice.

Termination of Therapy
Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patient needs are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy. Patient or Representative has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient or Representative.

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Acknowledgement

By signing below, Representative acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Representative's satisfaction. Representative agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Representative agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

_____
Patient Name (please print)

_____ _____
Signature of Patient (if Patient is 12 or older) Date

_____ _____
Signature of Representative (and relationship to Patient) Date

_____ _____
Signature of Representative (and relationship to Patient) Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

_____
Name of Responsible Party (Please print)

_____ _____
Signature of Responsible Party (and relationship to Patient) Date

_____
Name of Responsible Party (Please print)

_____ _____
Signature of Responsible Party (and relationship to Patient) Date

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Intake Form: Child & Family Therapy

Parent's Name: _____ Birth Date: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Parent's Name: _____ Birth Date: _____

Address (or indicate if same as above): _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Child's Name: _____ Birth Date: _____

School: _____ Grade: _____

Pediatrician: _____

Medications: _____

Allergies: _____

Child's Name: _____ Birth Date: _____

School: _____ Grade: _____

Pediatrician: _____

Medications: _____

Allergies: _____

Please check:

Married _____ Separated _____ Divorced _____ Other (describe): _____

If separated or divorced:

Is there a court ordered custody plan? _____

If Yes:

Joint legal custody _____ or Sole legal custody held by: _____

Please describe physical custody/visitation arrangement:

_____

_____

Patrick B. Dickey, LMFT, Psychotherapist
LMFT 99493
1230 Rosecrans Ave., Suite 300 Manhattan Beach, CA 90266
(323) 938-1161 ~ patrick.therapist@gmail.com

Prior mental health treatment:

Type: _____ Clinician: _____ Dates: _____

Type: _____ Clinician: _____ Dates: _____

Description of the problem:

_____

_____

_____

_____

How long has the problem been occurring?

_____

_____

Your goals and desired outcomes for treatment:

_____

_____

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Who referred you/ how did you find me:

_____

Form Completed by: _____

Date: _____