



## Evaluation and Treatment Agreement

This document contains important information about the professional services and business policies of Janie J. Hong, Ph.D. and the Cognitive Behavior Therapy (CBT) and Science Center. Please read it carefully and discuss any questions you have with Dr. Hong.

**ASSESSMENT AND TREATMENT:** Dr. Hong will provide an assessment of your difficulties and available treatment options. If she recommends and you agree, she will provide cognitive-behavior therapy, which has been shown in controlled outcome studies to provide effective treatment for a number of problems and disorders.

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 or anxiety, and may result in changes that were not originally intended, such as divorce. For people in some professions (e.g., politics), the fact of being in treatment, if it becomes public, can 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, Dr. Hong will offer, if you would like, an estimate of the number of sessions of treatment she recommends for you. For most patients, this ranges between 5 and 40 sessions. Dr. Hong' 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:** Many options to the cognitive-behavioral treatment that Dr. Hong can provide are available, including other types of psychotherapy, and medications. If Dr. Hong recommends any of these in your 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. Hong will help you secure a consultation with another mental health professional whenever you request it or she recommends it.

**TRAINING AND EXPERIENCE:** Dr. Hong is a psychologist licensed to practice in California. She is a founding partner at the CBT and Science Center and an Assistant Clinical Professor at the University of California at Berkeley. She completed her doctorate in clinical psychology at the University of British Columbia and spent two years at Stanford University as a lecturer and research fellow. She provides cognitive-behavior therapy (CBT) and other evidence-based treatments. She has worked in multiple CBT clinics, led several CBT training sessions for psychiatry residents and other clinicians, has developed community and hospital-based CBT programs, and has published and presented her research on the assessment and treatment of anxiety. Dr. Hong specializes in the treatment of anxiety (e.g., panic attacks, social anxiety, obsessions and compulsions, specific phobias, chronic worry), perfectionism, and depression. She does not have extensive training or expertise in treating couples, families or children.



**THE PATIENT'S ROLE:** You are expected to play an active role in your treatment, including working with Dr. Hong to set treatment goals, completing questionnaires to assess treatment progress, and completing homework assignments between sessions. If at any point you are unhappy about any aspect of the therapy, please be sure to discuss this with Dr. Hong.

**THE PATIENT'S RIGHTS:** A document entitled Patient's Bill of Rights, adapted from a publication by the California Department of Consumer Affairs, is attached to the end of this document. Please read it carefully and raise with Dr. Hong any questions you have about it.

**HOURS/AVAILABILITY:** Dr. Hong is usually in the office from 9:30 a.m. until 5:00 p.m. on Tuesday, Thursdays, and Fridays, and from 10:00am until 3:00pm on Mondays. She is not in the office on Wednesdays. Her office phone number is 510-992-4040 ext. 3. The initial consultation session is typically scheduled for 80 minutes. Therapy sessions are usually scheduled as weekly 50-minute sessions, or as your treatment needs dictate and you and Dr. Hong agree. If you need to reach Dr. Hong outside of her regular office hours and it is urgent, Dr. Hong's cell phone number is 415-999-0131. If you are in crisis, you can call 911, contact your primary care or prescribing physician, go to the local emergency room, or seek crisis intervention services. When Dr. Hong is out of town, she will let you know and will give you the name and telephone number of the therapist who will be available to you.

**CONFIDENTIALITY:** The confidentiality of communications between the patient and therapist is important and, in general, is legally protected. Dr. Hong will make every effort to keep the results of all your evaluation and treatment strictly confidential, as is required by law. Information regarding your evaluation and treatment may be disclosed to personnel of the Cognitive Behavior Therapy and Science Center unless you specify to the contrary in writing. Information about you will be released by Dr. Hong only with your written permission, with the following exceptions:

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

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



**E-MAIL AND TEXT COMMUNICATION:** You and Dr. Hong may choose to communicate via e-mail or text. If you do, it is important to remember that if Dr. Hong is obtaining information only in these ways, she is making clinical judgments on the basis of limited and imperfect information. Dr. Hong may not receive e-mail in a timely fashion, so if your communication is urgent, it is best to use the telephone. If you choose to correspond with Dr. Hong through e-mail or text, she will make every effort to keep the correspondence confidential, but she and the Cognitive Behavior Therapy and Science Center cannot guarantee confidentiality of these communications. E-mail and text communications become part of the medical record and are subject to discovery in legal proceedings. Please note that voice-mail messages that you leave for Dr. Hong on her office telephone are transmitted to her via e-mail.

\_\_\_\_\_ (initial)

Dr. Hong may suggest that you use an online tool, such as Googledocs or a mobile application (app), to record information related to your treatment, such as your mood and activities. If you do use one of these tools, as with all on-line and electronic tools and third-party providers, confidentiality cannot be guaranteed, and you agree to accept the risk that a breach of confidentiality may occur.

\_\_\_\_\_ (initial)

**RECORD-KEEPING:** Dr. Hong maintains a clinical chart for each patient. Information in the chart includes a description of your condition, your diagnosis, treatment goals, treatment plan and progress in treatment, dates of and fees for sessions, notes describing each therapy session, and copies of any consent, release, assessment, and other forms related to your treatment. Clinical records are kept in a locked file cabinet in Dr. Hong' office and on a password-protected computer in her office.

**CONSULTATION:** Dr. Hong may wish to consult with other professionals, especially her colleagues at the Cognitive Behavior Therapy and Science Center, about your case. Your signature below gives Dr. Hong permission to do this, provided that she takes reasonable efforts to protect your identity.

\_\_\_\_\_ (initial)

**RESEARCH, WRITING, TRAINING:** Dr. Hong and others at the Cognitive Behavior Therapy and Science Center conduct research, provide training to students and professionals, and write for and make presentations to student, professional, and lay audiences.

We ask you here for permission to use de-identified information about you and your treatment at our Center for several research and training purposes. Please review each purpose below and initial if you agree. If you do not initial, we understand that we do not have your



permission. Declining to give permission will not affect your treatment with Dr. Hong in any way.

By initialing below, you give Dr. Hong permission to add information from your clinical record (e.g., diagnosis, scores on symptom measures you complete to track progress, number of therapy sessions) to the Cognitive Behavior Therapy and Science Center research database and to use that information for research purposes. The database will not include your name, address, or other clearly identifiable information.

\_\_\_\_\_ (initial)

By initialing below, you give Dr. Hong permission to invite you to participate in research studies we conduct at the Cognitive Behavior Therapy and Science Center during the time you are Dr. Hong' patient.

\_\_\_\_\_ (initial)

By initialing below, you give Dr. Hong and the Cognitive Behavior Therapy and Science Center permission to contact you after your treatment is over to collect some information about how you are doing. Information you provide us after you have ended treatment will help us improve our treatment procedures and will contribute to knowledge about long-term effects of cognitive behavior therapy.

\_\_\_\_\_ (initial) – Please initial here if you agree to contact via email

\_\_\_\_\_ (initial) – Please initial here if you agree to contact by mail

By initialing below, you give Dr. Hong and the Cognitive Behavior Therapy and Science Center permission to use what she learns from her work with you in her training activities.

\_\_\_\_\_ (initial)

**FEES:** Unless another fee schedule has been arranged, Dr. Hong's fee is **\$365** for the initial 80-minute consultation session and **\$230** per 50-minute session for all following sessions. Longer or shorter sessions are generally prorated from the quoted fee. If you meet with Dr. Hong on the telephone, you may be charged the standard fee, prorated according to the length of the call. Dr. Hong will let you know if she is charging for time spent outside of the session. Of course, there will be no charge for brief telephone calls, such as those made to schedule appointments.

**PAYMENT:** Payment is due at the time of the session unless another arrangement has been made. Dr. Hong will send you a monthly statement if you request one.



**CANCELLATIONS AND MISSED APPOINTMENTS:** If an appointment is missed or cancelled without 24 hours' notice, you may be charged for the session. Please be aware that insurance companies will not generally reimburse for a cancelled session.

**INSURANCE REIMBURSEMENT:** You are responsible for collecting reimbursement from your insurance company or other source. If you choose to seek reimbursement from an insurance company for your treatment, Dr. Hong will provide you with a monthly statement you can submit to your insurance company. Most insurance companies require information about your diagnosis, the type of service provided (e.g., 50-minute individual psychotherapy session), the date of the session, and the fee, and Dr. Hong will include this information on your statement upon your request. Please be aware that when information is sent to an insurance company, Dr. Hong has no control over who sees it.

**FOR MEDICARE BENEFICIARIES ONLY:**

If you are receiving insurance coverage through Medicare, please be aware that Dr. Hong is not a Medicare provider and is excluded from Medicare until January 15, 2016. Your signature below indicates that you accept full responsibility for payment of Dr. Hong's fees. Additionally, your signature indicates that you will not submit claims to Medicare for Dr. Hong's fees or ask Dr. Hong to do so. Please note that Medicare limits do not apply to these fees, Medigap plans will not cover them, and other insurance plans may not cover them. You have the right to obtain services from providers who are covered by Medicare. If you see a provider who is covered by Medicare, you do not have to sign a private contract (like this one) with that provider.

\_\_\_\_\_ (Client signature)

\_\_\_\_\_ (Therapist signature)

**ENDING TREATMENT:** You may withdraw from treatment at any time. Reasons you might want to end your treatment include that you have accomplished your goals, you are not making progress, or your working relationship with Dr. Hong has deteriorated. Dr. Hong recommends that you discuss your plan to terminate treatment with her before taking action, so that she has an opportunity to offer her recommendations, including about changes in the treatment plan or her way of working with you that could address your concerns, and to offer referral options if they are needed.

If you discontinue meeting with Dr. Hong 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 decided to terminate your treatment and she will close your case. Of course, should you wish to resume your treatment at any time, she will be happy to discuss that option with you.



Dr. Hong may end your treatment for any reason. She is ethically required to end the treatment if she believes she is not being helpful to you. She may also bring the treatment to an end in other circumstances, such as if you are unable to pay your bill, or if her working relationship with you has deteriorated. If Dr. Hong has concerns about any of these matters, she will discuss them with you and make every effort to work them out with you before she takes the step of ending the treatment. If Dr. Hong concludes that she needs to end your treatment, she will provide, at minimum, a termination session to discuss her decision and to offer referrals to other potential providers.

Should Dr. Hong become incapacitated or die, one of her colleagues at the Cognitive Behavior Therapy and Science Center will contact you to let you know this, and to help you make arrangements for continuing your care with another provider if needed and for handling your medical record.

\* \* \* \* \*

I have read and understood this agreement and the Patient Bill of Rights and 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: \_\_\_\_\_



## Patient 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