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## **INFORMED CONSENT CLIENT SERVICES AGREEMENT**

Welcome to my practice! This document contains important information about my professional services and business policies. Please be sure to read the following information very carefully in order to prevent any misunderstandings. Please feel free to ask any questions. After you sign this document, it represents an agreement between us.

### **Consent for Treatment**

Request for services will begin with a consultation/intake assessment, taking place for 120 minutes. During the initial intake assessment, extensive background information will be collected to inform diagnosis and treatment planning. At the end of the initial intake, I will make recommendations for various services; however, over the following 1-3 sessions I will provide feedback and suggestions for a specific course of treatment, length, and general approach. During this time, we can both decide if I am the appropriate clinician to provide services to your child and/or family. I do not accept clients that I believe I cannot be helpful too; if this is the case referrals to other professionals may be made to provide optimum treatment outcomes. Collaboration between me and you, your child (if applicable), and your family is essential to determine treatment goals. Any changes in the type of treatment service or goals targeted will be discussed with you in advance. If you have any questions or concerns regarding a therapeutic procedure, methodology, treatment objectives, possible treatment outcomes, potential risks (e.g., strong feelings, discomfort or distress, unpleasant events, feelings, or thoughts, disappointment, disruptive behavior), potential benefits (e.g., changing behavior, changing thoughts and feelings), treatment plan, or my expertise in employing the therapeutic strategies, please feel free to bring them to my attention.

### **Confidentiality**

Information that is discussed with me is *confidential* and is protected by state law and my profession's ethical principles. In connection with these consultations, you hold the legal right of *privileged communication*, which means that your child's psychologist can not reveal any information you have revealed in a Court of Law unless compelled by a Court Order or a valid subpoena.

In general, a mental health professional may not reveal any information about your child and/or family that would be personally identifiable unless you first provide written authorization by signing a consent form, or as required by law. The provided copy of the *Notice of Privacy Practice* (HIPAA Privacy Form) explains when the law requires disclosure.

There are circumstances when a psychologist *may* break confidentiality or is *required* to break confidentiality, such as when the welfare and safety of another are at risk (e.g., the threat of suicide, the threat of harm to another, or when child abuse has been revealed or strongly suspected). Such exceptions to confidentiality include 1) threat of harm or danger to self, property, or to another person; 2) physical/sexual abuse or neglect of minors, persons with disabilities, and the elderly - current or past; 3) legal activity resulting in a court order, or in accordance with the law; 4) if I consult with another mental health professional regarding your case. The American Psychological Association (APA) encourages psychologists to seek consultation when it is needed to ensure objectivity and quality of the therapy and in these cases, no personal identifying information will be used. Otherwise, I will not disclose anything about your child's or family's treatment, diagnosis, history, or even that you are a client, without your full knowledge and consent.

You should be aware that I employ administrative staff, and utilize independent contract labor as a business practice. It may be necessary to share limited identifying information (e.g., names, address, diagnostic code) with them related to scheduling, billing, bookkeeping, and quality assurance. All of my staff or contract laborers are bound by the same rules of confidentiality and have been given training about protecting your privacy.

Communication such as email, text message, and voicemail can be easily accessed by unauthorized people, which compromises its privacy and confidentiality. I use services for the phone (Spruce) and email (Google Apps for Work and Virtru) which promise secure communication. Although I use secure ways to send outgoing communications, ingoing communication messages to me from you are not secure and can compromise your child or family's privacy or confidentiality. In order to read encrypted messages you will need to verify your email address, but it will not require installation or use of a portal. Please notify me at the beginning of services if you would like to avoid or limit in any way the use of any or all of these communications, or to consent to non-secure means of communication.

### **Minors and Parents**

In California, in most instances, minors under 18 years of age cannot independently consent to or receive mental health treatment without parental consent. Exceptions to this rule include the following: 1) emancipated minors; 2) psychologist determines parent involvement would be inappropriate; 3) a minor over 12 that is mature enough to participate intelligently in services *and* would present a danger of serious physical or mental harm to him or herself and others, *or* is the alleged victim of incest or child abuse, and 4) minors over 12 can consent to alcohol or drug treatment in some circumstances.

While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. Minors and parents should be aware that the law may allow parents to examine their child's treatment records unless the psychologist determines that access would have a detrimental effect on the professional relationship with the client or on

his/her physical safety or psychological well-being. For children over the age of 12 who can understand a written or verbal explanation of services and privacy, an agreement will be made with the minor and their parents about access to information.

### **Parent Involvement**

Children are part of a family system and parents are the most stable part of a child's life. Your child's treatment is most likely to be optimized when you are informed and involved. Decisions about psychological, medical, and/or educational care must be made by the child's legal guardian(s), who must be physically present to provide consent, have an opportunity to be fully informed of the treatment process, be provided with an opportunity to ask questions, and in order for identity to be verified in writing. In the unfortunate event of *parental separation* or *divorce*, **both** parents **MUST** consent, in writing, to treatment. If one parent retains sole custody, this parent **MUST** provide legal documentation of this in order for treatment to proceed. Both parents are invited and encouraged (as they are able) to participate in the process of treatment.

Parents or stable caregivers (e.g., grandparents, aunts and uncles, step-parents, foster parents) must accompany a minor to **all sessions** regardless of the type of treatment. A primary parent or stable caregiver should be identified to ensure continuity of care for family or multi-family group therapy; however, all caretakers are welcomed and encouraged to participate in treatment. If a non-legal guardian (i.e., stable caregiver) attends **any** session, legal parents or guardians must notify me in advance and provide written consent permitting another adult to bring the child to his or her appointment. Nannies, therapists, family members, and school personnel can attend family therapy sessions, as long as a legal guardian provides written authorization and is present during the session.

Your involvement will vary depending on your child's treatment plan, age, family situation, comprehension skills, and nature or severity of your child's challenges. There may be times where your child will be seen individually or you will be seen individually without your child. We will discuss your child's progress and goals throughout the course of treatment.

### **Videotaping/Audiotaping**

Video or audio recordings by parents or attendees of sessions are **strictly prohibited**. I may request to video or audiotape sessions to improve programming and treatment; however, your consent will be required (see consent form for video and audio taping). Parents who record videos or audio at home or in the community may retain copies of their videos or recordings.

### **Relationships**

Clients may know each other and me from the community. Consequently, you may come into contact with someone you know in the waiting room or me in the community. I will never acknowledge working with anyone without his/her permission nor will I introduce you to others I may be with. Therapy never involves business, romantic, or any other dual relationships as it could impair my objectivity, clinical judgment, therapeutic effectiveness, or could be exploitative in nature. As I live in the area, it is possible that during or after your child's or family's course of

treatment, I may become aware of relationships that may affect your child or family's treatment. I will do my best to resolve these relationships ethically, but this may entail our needing to stop working together, depending on the type of conflict. Please discuss with me if you have any questions or concerns regarding the topic of relationships or dual relationships.

### **Social Media Policy**

I will **not** engage in any social activities with my clients either in day-to-day life, virtual reality, or social networking sites. I will not accept contact requests or invitations to connect with former or current clients or their family members on sites such as Facebook, LinkedIn, Instagram, or other similar sites. Unfortunately, therapists are unable to accept requests of this kind. I feel your privacy and confidentiality are better protected if I am not part of your or your child's online social network.

You may find my psychology practice on various business review sites such as Yelp, Healthgrades, Vitals, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is 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 due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like.

Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your child or family's therapist or how you feel about the treatment I provided to your child or family, in any forum of your choosing. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided.

## **Insurance Reimbursement**

I am considered an “**out of network**” provider regardless of my employment/previous employment or affiliation elsewhere. Certain health insurance policies will provide some coverage for “out of network” mental health treatment. In addition, flexible spending accounts will provide some coverage for medical-related services. Payment through health insurance policies and flexible spending accounts usually occurs as reimbursement for fees you have already paid for clinical services. I will complete forms and provide you with any information you may need to receive these benefits; however, **please be aware that it is the client’s responsibility to complete all necessary insurance forms for obtaining reimbursement and to provide payment before submitting this information to their insurance company.** Because not all clinical services are covered by every insurance provider, it is important that you find out exactly what mental health services your insurance policy covers at the outset of therapy.

Please be aware that most insurance companies require psychologists to provide them with certain information regarding their client’s treatment (e.g., diagnosis, treatment plan, treatment summary, fees). If I am required to provide information about treatment to the insurance company for purposes of fee reimbursement, I will first request authorization and written consent from you for the release of information.

## **Good Faith Estimate Notice**

You have the right to receive a “Good Faith Estimate” explaining how much your mental health care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

## **Billing Statements**

You will receive an insurance-ready billing statement at the end of each month of service. If you are seeking reimbursement from a healthcare plan, you may use the statement to verify services and fees. Payments for services are due at the time of service. If you do not pay your bill, within 30 days of service for any reason a **\$55** late fee will be added to your bill. By signing this document, you are agreeing to pay for services rendered and any additional expenses that may accrue. Please refer to the fee schedule below for a full list of fees. Clients will be charged **\$45** for any check that does not clear.

If your account has not been paid for more than **60 days** and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through a small claims court. If legal action is necessary to obtain payment, incurred costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of service provided, and the amount due.

### Forms of Payment

The following forms of payment are accepted: **Cash, Personal Check, and Electronic Payment (Cash App, Zelle Pay, Venmo, Paypal.me).**

### Fee Schedule

Take note that the fee schedule may change through the course of your participation in treatment, due to inflation or other external factors. If you are in therapy when an increase is to occur, you will be notified 30 days prior, and given an opportunity to discuss the fee increase.

<b>Service</b>	<b>CPT Code</b>	<b>Fee</b>
Intake or Behavioral Consultation (120 min)	<b>90791</b>	\$580
Intake or Behavioral Consultation with report (120 min)	<b>90791, 90889</b>	\$900
Diagnostic Assessment with report (120 min)	<b>90791, 90889</b>	\$900
Family Therapy with or without Patient (45-50 min)	<b>90847,90846</b>	\$240
Individual Therapy (20-30 min)	<b>90832</b>	\$190
Individual Therapy (45-50 min)	<b>90834</b>	\$240
Individual Therapy (75-80 min)	<b>90837</b>	\$320
Multi-Group Family Therapy (75-90 min)	<b>90849/97157</b>	\$150
School Consultation (including drive time)		\$290/hr
In-home/Community Consultation(including drive time)		\$290/hr
Telephone Consultation (11-20 min)	<b>98967</b>	\$125
Telephone Consultation (21-30 min)	<b>98968</b>	\$150
Telephone Consultation (31-50 min)		\$200
Telephone Consultation (51+ min)		\$225
Review Records	<b>90885</b>	\$200/hr
Letter/Documentation (Brief/Extended)		\$75/\$200
Diagnostic Report	<b>90889</b>	\$320
Reports	<b>90889</b>	\$320
Legal Proceedings (including drive time)	<b>99075</b>	\$550/hr
Missed Appointment/Late Cancellation	<b>99199</b>	Fee of service
Extended time for any appointment		Prorated
Late Payment (30 days or more)		\$55

**Missing Appointments and Cancellation Policy**

Payment is expected for any missed sessions unless the appointment is canceled **at least 24 hours** in advance. Exceptions to this are illness or any unanticipated circumstance that could be reasonably deemed an “emergency”. Insurance companies will not reimburse you for fees as a result of missed appointments. Sessions typically last 50 minutes. They are expected to begin promptly and end at the scheduled time. If you arrive late for your session you will be charged the full amount and I will not extend the scheduled ending time for the session.

**Missing or repetitively canceling** appointments jeopardizes the implementation of the treatment plans and the therapeutic relationship. After the first missed appointment, a discussion will take place with me. After the **second missed appointment**, a discussion of **transferring care** to another community provider will be initiated. Similarly, if **25%** of your sessions are canceled within two months, a discussion will take place. If **recurrent cancellations** occur, a discussion of **transferring care** to another community provider will be initiated.

**Termination Policy**

Deciding when to terminate treatment with your child or your family is meant to be a mutual process with me. Before we stop, we will discuss how you will know if and when to come back or whether a regularly scheduled “booster” or “check-in” session(s) might work best for your child or family. If it is not possible for your child or family to phase out of treatment, I recommend we have a termination session(s) so that your child or your family has closure on the therapy process. Planned termination sessions allow for consolidation of gains, review of recommendations, and closure.

Your child or family may discontinue therapy with me at any time for any reason. Some of the reasons you may choose to terminate therapy include, but are not limited to the following: medical, financial, or legal problems, geographic relocation, lack of parental consent, other financial demands, scheduling conflicts, or significant progress toward meeting treatment goals. If you or I determine that your child or family is not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referrals to other qualified professionals, changing your treatment plan, or terminating therapy.

I reserve the right to terminate therapy at my discretion. Termination may occur, due to, but is not limited to the following reasons: your child or your family have successfully completed the treatment program to which I initially agreed to providing, implying that significant progress toward meeting treatment goals as been made; lack of attendance (excessive cancellation or no-shows); if your child or family have not appeared for face-to-face contact for ninety (90) days, services will be automatically terminated; motivation prevents further progress toward goal

achievement; you or your family demonstrate inappropriate behavior (e.g., violence, verbal or physical threatening, harassment) toward me, my family, staff, or other clients which is disruptive to the therapeutic process (i.e., threatening and/or intimidating behavior); refusal or untimely payment for therapeutic services; noncompliance with treatment recommendations; conflicts of interest; your child and/or your family's needs are outside my scope of competence or practice; and failure to comply with the provision of this treatment agreement.

I will mail you a letter explaining the termination if you do not show up to scheduled sessions or respond to communication attempts. If you do not respond to me within 30 days of the date of the letter, your child or family's file will be closed at that time and your child's or family's case will be considered "closed/inactive." Your child or family may request to be "re-established" at a later date as a client and make appointments if approved by me. There may be a delay in when the client can be seen, as the client has to be worked back into the schedule and there is no guarantee that the time slot that was previously utilized could be accommodated again. Further, I have no clinical responsibility for you when you are a 'closed/inactive' client.

### **Legal Proceedings**

In legal disputes, particularly with parents, psychologists are sometimes asked to release information such as detailed treatment records or to testify in court. Releasing information can be detrimental to a child's well-being, especially if used against the child's other parent; as such, this breaches a psychologist's ethical mandate to do no harm. I ask that you do not seek records with the goal of utilizing the information in a legal or domestic dispute.

### **Availability of Treatment Provider**

Currently, I am only available on a limited schedule. Due to this limited availability, there may or may not be a delay from the time intake occurs to the onset of regularly scheduled treatment appointments, if the agreed-upon treatment plan includes regularly scheduled appointments. If my practice is full, a client may be given referrals to other community providers to provide optimum treatment outcomes.

In addition, conduction of FBAs, school visits, and attendance at IEPs or other treatment sessions is very limited due to limited availability. In those cases, travel time from my office will be calculated into the cost of the service.

### **Duration of therapy**

Depending on the type of treatment approach, it may be difficult to specify the exact duration of services. However, some issues are more predictable, such as parent training modules to promote communication, social skills, compliance, and flexibility. Please inquire about the anticipated length of therapy, even if the answer may not be precise.

### **Electronic and Digital Privacy Concerns and Confidentiality**

In the course of treatment, there are a variety of technologies we may use to communicate with one another. These include email and voicemail, among others. While I make every attempt to

preserve your privacy, it is important to note that your privacy cannot be absolutely guaranteed when using digital media. It is very important to be aware that unauthorized people can access email and cell phone communication and, hence, the privacy and confidentiality of such communication can be easily compromised. Please notify me at the beginning of treatment if you wish to limit or refrain from the use of any of these communications.

### **Contacting Me**

You may contact me at **(650) 701-3022** during normal business hours 9 am-5 pm Monday-Friday. Although I am often not immediately available by phone, I check my voicemail on a regular basis. I will make every effort to return your call on the same day, or by the next business day at the very latest, with the exception of weekends, holidays, and periods that I have pre-arranged to be out of the office. If you are unable to reach me in the event of an emergency and feel that you cannot wait for me to return your call, dial 911 or proceed to your nearest emergency room immediately.

Please do not use SMS (text messaging), messaging on social networking sites, or engaging me in a public forum as a way to contact me. These means of communication are not secure and I may not receive your messages in a timely fashion. Exchanges of any kind (e.g., phone, email, social media) may possibly become part of your child's legal medical record and will need to be documented and archived.

For small administrative matters, you can email me at [info@kariberquist.com](mailto:info@kariberquist.com). Please do not send me content related to your child or family's therapy sessions through email in order to protect your child's or your family's privacy. Email should **ONLY** be used for scheduling or modifying appointments; all other questions will be discussed over the phone or during your regularly scheduled sessions. Although I check my email on a regular basis, I may not get to it for several hours or by the latest the next day, with the exception of weekends, holidays, and periods that I have pre-arranged to be out of the office. Please note that with technological communication, such as email or telephone, malfunctions may occur; therefore don't hesitate to call or email again if you have not been responded to within 48 hours (excluding the exceptions mentioned above). If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. 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.

If we spend more than ten minutes on the phone to discuss clinical matters not related to scheduling or I spend more than ten minutes reading and responding to emails regarding the coordination of care, I will bill the services on a prorated basis for that time. If you feel that you or your family need more time and can not wait for your next appointment, we may need to schedule more sessions to address your child's or family's needs.

**Professional Records**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your child's clinical record unless doing so would likely cause you or your child substantial harm, endanger your or your child's life or physical safety, or pose a significant risk of harm to another individual. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that I can discuss the content with you. You will need to give requests for records in writing.

**Complaints**

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Psychology that oversees licensing, and they will review the services I have provided.

Board of Psychology

1625 North Market Street, Suite N-125

Sacramento, CA 95834

1-866-503-3221

bopmail@dca.ca.gov

You are also free to discuss your complaints about me with anyone you wish and you do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want to be kept confidential.

I hope you've found this information about my services informative. Please let me know if you have concerns or questions about any of these policies and procedures or this agreement for working together in therapy.