

## Anne Caulley, LMFT

Psychologist (License # LMFT112051)

155 Birch St, Redwood City, CA 94062

(650) 455-7078

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website: <http://annecaulley.com>

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### OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where it is required by law.

**When Disclosure is Required by Law:** Some of the circumstances where disclosure by law are required: where there is reasonable suspicion of child, dependent or elder abuse or neglect; or where a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Anne Caulley. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family among members. Anne Caulley will use her clinical judgment when revealing such information. Anne Caulley will not release records to any outside party unless she is authorized to do so by **all** adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination, where Anne Caulley becomes concerned about your personal safety, the possibility of your injuring someone else, or about you receiving proper psychiatric care, she will do whatever he can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may contact your designated significant other(s).

**Health Insurance & Confidentiality Records:** Anne Caulley **does not** accept insurance or **complete** insurance forms. You have the right to see a therapist who will use your insurance. I will honor your decision to work with a therapist that uses insurance. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, and to future eligibility to obtain health or life insurance. If I provide you an invoice for my

services I will not correspond in any manner with your insurance company or provide them with any additional information.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Unencrypted email or text provides as much privacy as a postcard. You should not communicate any information with Anne Caulley that you would not want to be included on a postcard that is sent through the Post Office.

Please notify Anne Caulley if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, Anne Caulley will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

**Litigation Limitation:** Due to the confidential nature of the therapeutic process, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf will call on Anne Caulley to testify in court or any other proceeding, nor will a disclosure or psychotherapy record be requested.

**Consultation:** Anne Caulley consults regularly with other professionals regarding her clients. Neither of their names or other identifying information is ever mentioned. Confidentiality is fully preserved.

**Telephone and Emergency Procedures:** If you need to contact Anne Caulley between sessions, please leave a message (650) 455-7078 and your call will be returned as soon as possible. Anne Caulley checks her messages several times a day unless out of town. In the event of a **life-threatening emergency**, please call the Police (911), and/or take yourself to the nearest Hospital Emergency Room.

**Payment & Insurance Reimbursement:** For the **initial consultation**, clients are expected to pay the standard fee of **\$125.00** per 45-50 minute session at the **beginning** of the session unless other arrangements have been made. For the **following 4 weeks of consultation**, clients are expected to pay the standard fee of **\$150.00** per 45-50-minute session at the **beginning** of the session unless other arrangements have been made. For the **consultation after the first month and after the initial consultation**, clients are expected to pay the standard fee of **\$200.00** per

45-50-minute session at the **beginning** of the session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, travel time, longer sessions, etc. will be charged at the same rate unless otherwise indicated and agreed upon. Please notify Anne Caulley if any problem arises during the course of therapy regarding your ability to make timely payments. If you carry insurance, please note that Anne Caulley is not on any insurance or preferred provider panels. Anne Caulley will not complete any insurance form.

**Mediation & Arbitration:** All disputes arising out of or in relation to this agreement to provide psychotherapy services, shall be referred for mediation, before, and as a precondition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between Anne Caulley and her client(s). The cost, if any, shall be divided equally unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy shall be submitted to and settled by binding arbitration in San Mateo County, CA in accordance with the rules of the American Arbitration Association. In the event that your account is unpaid and there is no agreement on a payment plan, Anne Caulley can use legal means to obtain payment. The prevailing party in arbitration or collection proceedings, shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator shall determine that sum.

**The Process of Evaluation and Therapy:** Participation in therapy can result in a number of benefits to you including improving interpersonal relationships and resolution of specific concerns. Attaining these benefits requires effort from you. Psychotherapy requires your active involvement, honesty and openness in order to change. Anne Caulley will ask for feedback on your therapy. Sometimes more than one approach may be helpful in dealing with a certain situation. Remembering or talking about unpleasant events, feelings, or thoughts may result in strong, and uncomfortable, reactions from you. Anne Caulley may challenge some of your assumptions and perceptions and suggest different ways of thinking or behaving. Attempting to resolve the issues which trouble you may result in changes that were not initially intended by you. Psychotherapy may result in decisions about changing behaviors, employment, schooling, substance use, or relationships. Sometimes a decision which is positive for one family member may be viewed by another negatively. Sometimes change will be easy and rapid. Often it is a gradual learning process. There is no guarantee that psychotherapy will yield positive or intended results.

**Discussion of Treatment Plan:** Shortly after beginning treatment, Anne Caulley will discuss with you her working understanding of your problem and her treatment plan, therapeutic objectives, and her view of the possible treatment outcomes. If you have any questions, please ask. If you could benefit from any treatment not offered by Anne Caulley, she has an ethical obligation to assist you in obtaining them.

**Termination:** Anne Caulley does not accept clients who she believes she cannot help. In such situations, she will give you referrals. If at any time during therapy Anne Caulley assesses that she is not being effective in helping you reach your therapeutic goals, she will discuss the situation and, if appropriate, end treatment as well as giving you a number of referrals. If you request, and authorize it in writing, Anne Caulley will talk to the therapist of your choice. If at any point you would like another professional opinion, Anne Caulley will assist you, if desired. She will communicate with the other therapist if requested by you and authorized in writing. You may terminate therapy at any time for any reason.

**Cancellation:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling. Unless a different agreement is made, the full fee will be charged. Most insurance companies do not reimburse for missed appointments.

**Incapacitation:** In the unlikely event that Anne Caulley is suddenly and unexpectedly rendered physically and/or mentally incapacitated, I agree to allow her husband, Jaeson Caulley, to enter Anne Caulley's confidential files for the sole purpose of notifying me.

**I have read the above Agreement and Office Policies and General Information carefully. I understand them and agree to comply.**

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Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Anne Caulley, LMFT.	Date	Signature
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