

OFFICE POLICIES AND GENERAL INFORMATION

11/01/2011

Royanne Ukestad, LMFT

Licensed Marriage Family Therapist, MFC 15695

18181 Butterfield Boulevard, Suite 105, Morgan Hill, CA 95037 (408) 776-1009 x 4

CONFIDENTIALITY and NOTICE OF PATIENT PRIVACY:

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 disclosure is required by law. Disclosure may be required in the following circumstances: 1. Where there is a reasonable suspicion of child or elder abuse or neglect; 2. Where a client presents a danger to him/herself or to others, or if gravely disabled.

Disclosure may also be required pursuant to a legal proceeding. If you place your mental status issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of Ms Ukestad.

In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Ms Ukestad will use her clinical judgment when revealing such information. If during their work together there is an emergency or Ms Ukestad becomes concerned about your (client's) personal safety or the possibility of you injuring someone else, Ms Ukestad is morally, ethically, and legally obliged to do whatever she can, within the limits of the law, to prevent you from injuring yourself or others. For this purpose Ms Ukestad may also contact the person whose name you have provided on the intake sheet.

Disclosure of confidential information may be required by your health insurance carrier of HMQ/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Ms. Ukestad has no control or knowledge over what insurance companies do with the information she submits.

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce, custody disputes, injuries, lawsuits, etc.), neither you (client/s) nor your attorney/s, nor anyone else acting on your behalf will call on Ms Ukestad to testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be requested.

As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or if Ms Ukestad assesses that releasing such information might be harmful in any way. In such a case Ms Ukestad may provide the records to an appropriate and legitimate mental health professional of your choice. Considering all the above exclusions, if it is still appropriate, upon your request, Ms Ukestad will release information to any agency/person whom you specify unless Ms. Ukestad assesses that releasing such information might be harmful in any way. You have a right to complain if you think your rights have been violated.

Ms Ukestad has available a detailed Notice of Patient Privacy (HIPAA) which full explains your rights and your and her obligation under the law. Ms Ukestad may revise her Notice from time to time. The effective date to the top right hand side of this page indicates the date of the most current Notice in effect. You have the right to receive a copy of the most current Notice in effect. If you have not yet reserved a copy of the current Notice, please ask Ms Ukestad and she will provide you with a copy.

If you have any questions, concerns, or complaints about the Notice of Patient Privacy (HIPAA) or your psychological information, please contact Ms Ukestad at her office at (408) 776-1009 x 4.

TELEPHONE and EMERGENCY PROCEDURES: If you need to contact Ms Ukestad between sessions, please leave a message on her voice mail ((408) 776-1009x4) and your call will be returned as soon as possible between the hours of 8 am and 6 pm, Monday through Friday. Weekend messages will be monitored once daily, and urgent calls will be returned as soon as possible; non-urgent calls will be returned the following Monday. If this is a life threatening emergency, please proceed to the nearest emergency room or call the Adolescent Mobile Crises Unit (408) 379-9085. You can also call the Suicide and Crises Hotline at (408) 279-3312 or (408)683-4118, or 911. Please leave me a detailed message as well so that I may respond as soon as possible.

THE PROCESS OF THERAPY/EVALUATION:

Ms Ukestad's therapeutic perspective is to accept and support people with existing values and/or faith. If a client would like to integrate a Christian focus into therapy then inform Ms Ukestad by initialing. _____

Participating in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, or behavior. Ms Ukestad wants your feedback views on your therapy, its progress, and other aspects of the therapy.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc.

Initial: _____ *See other side for signatures*

