Dianne Sterling, Psy.D

111 Chesterfield Drive
Suite 121
Cardiff, CA 92007
760.635.9218

OFFICE POLICIES AND CONTRACT

Welcome to my practice. This document contains information about my professional services and business policies. Please read it carefully and bring any questions you may have, so that we may discuss them at our meeting. I ask that you sign the intake document as it represents an agreement between us.

PSYCHOLOGICAL SERVICES

My services include psychotherapy, lifestyle coaching, and consultation (that can include mind/body approaches to health and stress management).

I employ many different methods in treating the problems you hope to address. I draw from many different approaches (psychodynamic, mindfulness therapy, MBCT, existential, CBT) according to the person being treated. My overall approach is holistic and mind/body/spirit oriented. The goals are to alleviate symptoms, understand underlying dynamics that create symptoms, changing behaviors, and developing new strategies for healthy coping with the challenges we face.

The first session will involve an evaluation of your needs. I am usually able to offer some first impressions of what our work would include and a treatment plan. I often will be able to assess if I can be of benefit to you. If you could benefit from any treatment that I do not provide, I will assist you in obtaining that treatment. The work that I do involves a very active and collaborative effort on your part. Therapy involves a time, energy and financial commitment, so you should carefully evaluate whether you feel comfortable with me. If I am not able to help you reach your therapeutic goals, I will openly discuss this with you and collaboratively determine the next step.

I do not perform custody evaluations or prescribe medication. If those services are needed, I will make the appropriate referral.

Unless there are scheduling constraints, I usually allot 1 hour and a half to the initial evaluation visit. If we agree to work together, I usually schedule one 55- minute session per week, unless other needs are identified. Once an appointment time is scheduled, I need at least 24 hours notice of cancellation or you will be charged for that visit. If sometimes you are unavailable to meet in my office (which can be due to business travel, illness or different residences), I can arrange for sessions by phone or Skype. Sometimes, a blend of office visits, email and phone check-ins are recommended for specific situations and conditions.

FEES AND BILLING

Please discuss fees with me. There are times and circumstances when I can adjust my fee. Other professional services are prorated and may include report writing, telephone conversations lasting over 5 minutes, meetings with other professionals and chart reviews. Payment is due at the time of each session. If you wish to use a credit card, Visa, Amex and MasterCard can be charged at the time of the appointment.

I do not bill health insurance, nor am I on any health insurance panels. I can provide a statement or superbill if needed. Please be aware that if you make a claim for services, you must fit the criteria for a diagnosis and use a diagnosis code. Making a claim involves a certain amount of risk to privacy and confidentiality and information is likely to be reported to the National Medical Data Bank. Medical data can be legally accessed by government agencies, so please carefully consider this.

CANCELLATION POLICY

If you do not show up for your scheduled appointment and have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session unless we both agree that you were unable to attend due to circumstances beyond your control

CONFIDENTIALITY INFORMATION

(In addition to the Notice of Privacy Practices and HIPAA) 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 consent, except where law requires the disclosure. Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse and neglect, when a patient presents danger to self, others, or property. Disclosure may be required pursuant to a legal proceeding by or against you. If you put your mental status at issue in litigation initiated by you, the other party may have the right to obtain your records or information by me. If different members of a family or couple are seen individually, confidentiality does not apply unless agreed upon. I will use my clinical judgment when revealing information. No records will ever be released to an outside party unless authorized by all adult family members who were part of the treatment.

LITIGATION LIMITATION

It is agreed that should there be legal proceedings of any type (divorce and custody disputes, lawsuits, etc.), neither you or an attorney or any one else acting in your behalf will call on me to testify in court or any other proceeding, nor will a disclosure of my records be requested unless otherwise agreed upon.

If you become involved in a litigation that requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. I charge 300.00 per hour for preparation and attendance at any legal proceeding.

TELEPHONE & EMERGENCY PROCEDURES

If you need to contact me between appointments, please leave a message in my confidential email or voicemail and I will respond as soon as I can. I check my messages throughout the day, unless I am out of town. If there is a crisis, please leave me a message and do not fax or email. If there is an emergency involving you, I will do whatever I can within the limits of the law to ensure that you receive the proper medical care. This allows me to contact the person whose name you have provided on my information sheet, if needed.

Dianne Sterling, Psy.D

INTAKE FORM

Please provide the following information and bring this to your first session. Please note that the information you provide here is protected as confidential information.

Name(s) _____
(first) (middle) (last)

_____

Parent or Guardian (if under 18 years of age)_____

Home Address _____
(Street)

City/State/Zip _____
(City/State/Zip)

Home Phone _____ May I leave a message? ❑Yes ❑No

Cell _____ May I leave a message? ❑Yes ❑No

Email _____
(please note that email correspondence is not considered a confidential medium but confidentiality rules still apply)

What is the best way to reach you email ❑ home phone ❑ cell ❑

Date of Birth _____ Employed ❑Yes ❑No ❑ Student

Occupation (if applicable)_____

Relationship Status Single ❑ Married❑ Divorced ❑ Widowed ❑

Name of Spouse/Partner_____

Name and age(s) of Children (if applicable) _____

_____

Have you received any mental health services in the past? ❑Yes ❑No

If Yes, with whom and when? _____

Please give name and number of primary care physician or psychiatrist if pertinent:

_____

Please list any current medications _____

_____

Who were you referred by?_____

Who should be called in case of emergency?_____

SIGNATURE

When signing this form, you are indicating understanding and consent to my policies. As per current law, you also acknowledge that you have been given the HIPAA agreement with regards to the use and disclosure of personal information.

I HAVE READ THE OFFICE POLICES, CONFIDENTIALITY LAWS AND INFORMATION PROVIDED BY DR. DIANNE STERLING. I UNDERSTAND IT AND AGREE TO COMPLY WITH HER POLICIES.

SIGNATURE_____

DATE_____