

Edward M. Meshberg, Ph.D.

Clinical Psychologist

License: PSY 18030

Office: 4713 First Street, Suite 242, Pleasanton, CA 94566; (925) 321-6451

Mailing: 1452 N. Vasco, # 367, Livermore, CA 94551

Email: phd@drmeshberg.com

Please read and sign.

Keep the second copy for your records.

CONSENT TO TREATMENT

A “doctor-patient” or treatment relationship does not exist until after initial assessment has been completed and we both decide to move ahead. It is important that we both agree that we are a good match in working together toward your goals. We will discuss this during the first visit. At this time, we will also decide whether or not to continue, or whether to continue the assessment.

It is important for you to be aware of the benefits and limitations of psychotherapy or other services you will be receiving. While it is generally expected that you will benefit from therapy, there may be periods during which you feel worse before you feel better and there is no guarantee of success in therapy. There may be alternative treatments or modes of therapy for you to consider. I encourage you to become aware of these factors and to ask any questions you may have at any time during our work together.

ABOUT CONFIDENTIALITY

State law protects the confidential nature of the psychologist-patient relationship. I will not release clinical information to anyone unless given written permission to do so by the patient. However, there are a few exceptions that allow or require the release of confidential information...

- 1) The psychologist must act appropriately when there is danger to the patient or to another at the patient’s hands. This generally means that the psychologist may involve others when necessary to protect the patient if he or she is suicidal, intends to harm another person, or is unable to provide self-care at a level necessary for basic survival. State law also requires the report of abuse or neglect of a child, elder, or disabled person when there is reasonable belief that it has occurred.
- 2) In response to a court order, the psychologist must testify or release records. A psychologist does not release records or testify in response to a subpoena unless the patient or patient’s guardian has given written authorization to do so.

(Continued on page 2)

- 3) As professionals, we do consult with one another from time to time. Any clinical material is conveyed without identification whenever possible. At other times, it is necessary (for example, if another therapist is covering calls during a vacation). Finally, case material is sometimes used in training, research, writing, etc. This is always without identifying information and with great care and respect for your privacy.

ABOUT OFFICE AND FINANCIAL POLICIES

Emergencies: I do not provide formal emergency services: however, I wish to be available as much as reasonably possible. You may call the office number at any time and leave a message if I do not answer. I will return telephone calls by the end of the day, or by the next day, if a message is left after hours. If you find yourself in an urgent situation, make a judgement about the prudence of waiting for my call versus calling 911, calling the Alameda County Crisis Hotline at (800) 309-2131. If I am away for more than a day, my voice mail message will indicate that and state when I will return.

Fees: My fee is \$ 175 per therapeutic hour, which is 50 minutes long. Payment must be received at the beginning of each session, unless other arrangements are made. If report preparation (other than a brief letter) is requested or required, the standard hourly rate of \$ 175 will be billed. Extended or frequent telephone contact will also be billed. Missed appointments (“no shows”) or cancellation are billed unless cancelled at least 48 hours in advance of the appointment time. This policy allows use of the time by another patient; you will not be billed if that time is filled. Please note that the fee for late cancellations is \$80 and for missed appointments it is the full fee of \$ 175. If your account becomes unreasonably delinquent, I retain the option of using a collection agency, but will first make every effort to resolve the situation with the patient. Any charges caused by a returned check, or the use of a collection agency, will be paid for by the patient. I will not agree to court appearances unless we have discussed the matter thoroughly and both agree that such appearances will not interfere with the treatment relationship. Professional fees for forensic assessments, court appearances, depositions, and attorney consultations are \$ 325 per hour and payable in advance only.

Please sign below indicating that you have read, understand, and agree to information on these two pages.

Patient signature

Date

Print name

*Financially responsible person if other
than the patient
(For minors: Parent or guardian)*

Date

Print name