

1151 DOVE STREET #245 | NEWPORT BEACH, CA 92660 | Office: 949.300.8004 | TRACY.KUHAR@GMAIL.COM

POLICIES

Please take time to read this carefully. Should you have any questions regarding these policies, please do not hesitate to raise any related questions.

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CONTACT INFORMATION

PSYCHOTHERAPY SERVICES & CONSULTATION

Psychotherapy varies considerably with respect to theoretical orientation, choice of intervention/technique, and duration of treatment. People enter psychotherapy for many reasons – some related to a specific issue or difficulty, some to learn more about what motivates their choices and behaviors.

BEGINNING TREATMENT

At the start of treatment, I conduct an initial assessment, which typically lasts 2-4 sessions. During these initial sessions, I gather information regarding your current and past difficulties, answer your questions and concerns, and inquire about family history, and past psychiatric and/or medical treatments. Upon completing this evaluation, I will discuss with you my clinical impressions and outline an initial treatment plan. When psychotherapy begins, I typically schedule one 50-minute session per week. When clinically indicated or when cultivating a more intensive exploration, more frequent sessions may be necessary or suggested.

ORIENTATION

I am trained in psychodynamic/psychoanalytic psychotherapy. Additionally, I have received post-graduate training in widely practiced behavioral therapies (Dialectical Behavior and Cognitive Behavior therapies). Depending on what an individual is hoping to achieve in therapy, the duration for which they are able to commit to therapy, and the nature of their identified concerns, I will apply those interventions that are best suited for that individual's circumstances.

ENDING TREATMENT

Just as every individual is complex and unique, so is every course of psychotherapy. The exact duration of treatment is difficult to predict. However, the progress and process of therapy is very important to discuss. Typically, therapy ends when initial "objectives" or goals have been met, and both patient and therapist feel that significant progress has been made. If at any time during the treatment relationship, you wish to consult with or transfer to another therapist, I encourage you to raise this in one of our sessions. I will do my best to help you find a qualified clinician with whom I will be able to consult with your written consent. If at any time you wish to end treatment, you have the right to do so. Because psychotherapy is a different kind of relationship, it is important to discuss your plans to end therapy prior to doing so. This will enable a review of the progress made and engage in a process of termination. Though endings in therapy can be difficult or sometimes reminiscent of past experiences of loss, they are important to discuss. On some occasions, it is the therapist who may choose to end a therapeutic relationship. Some reasons for this are: a patient is unable or unwilling to attend therapy regularly, a patient's use of behaviors make therapy ineffectual, a patient's need for services I am unable to provide (such as treatment for an area outside of my expertise and training), minimal progress despite appropriate treatment, and/or reasons related to my own circumstances or limitations.

DUAL RELATIONSHIPS

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment, therapeutic effectiveness, or be exploitative in nature.

BENEFITS & RISKS OF PSYCHOTHERAPY

Participation in therapy can result in a number of benefits to you, including improved relationships and resolution of specific concerns. Psychotherapy requires your active involvement, honesty, and openness. Oftentimes, this process is gradual and sometimes frustrating. I will often ask for your feedback on your treatment and its progress. During treatment, discussing unpleasant events, feelings, or thoughts may result in you experiencing strong feelings, or a change in mood. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. There is no guarantee that psychotherapy will yield positive or intended results.

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FEE RELATED
POLICIES

FEES, PAYMENT & FINANCIAL ARRANGEMENTS

We will agree to a fee at, or before, the first session. Fee corresponds to a 50-minute session. During the initial consultation session(s), payment in full is due at the time of service. If we work together, you will be billed at the end of each month and payment in full is due at that time. In general, your fee will be assessed annually, though conditions may warrant more frequent assessment. Over time, the session fee may increase. Payment can be made by cash or personal check. If finances are a concern and may impede your ability to attend treatment as recommended and agreed upon, please bring this to my attention.

INSURANCE

I do not accept direct payment from insurance. However, if your health insurance carrier enables you to choose an "out-of-network" provider (typically found on PPO plans), you may be able to seek reimbursement for your treatment with me. Psychotherapy is also typically covered by Medical Savings Accounts. Upon request, I am able to provide a statement for you to submit to your insurance company. This statement is your receipt for tax or insurance purposes. Be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. If you intend to use your insurance, I recommend that you contact your plan to ask about psychotherapy benefits and rates of reimbursement for out-of-network providers. It is your responsibility to verify the specifics of your coverage. Please remember: my services are provided and charged to you, not your insurance company, so you are responsible for payment.

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CONFIDENTIALITY
POLICIES

CONFIDENTIALITY

Your privacy in working with/being under the clinical care of a Licensed Marriage and Family Therapist (LMFT) is protected by law, and your disclosures are generally held to be confidential. In the case of these sessions, you hold the legal right of privileged communication, which means that in a court of law, a Licensed Marriage and Family Therapist (LMFT) may not reveal any information you have revealed in session, unless compelled by a court order or a valid subpoena. In general, a mental health professional may not reveal any personally identifiable information about you to anyone, unless you first provide authorization by signing a consent form (exceptions discussed below).

For example, in the event that it would be beneficial to discuss your treatment with a third party (e.g., referring psychiatrist, physician, etc.), when you would be personally identified, I would first discuss this with you and obtain your written consent. I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to protect your identity. The consultant is also legally bound to maintain confidentiality.

COMPUTERS, E-MAIL, VOICEMAIL & FAX COMMUNICATION

It is very important to be aware that computers, and e-mail and cell phone communications can be relatively easily accessed by unauthorized people, which can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, Tracy A. Kuhar LCSW's e-mail and data on her computer is not encrypted. It is always possible for faxes to be sent erroneously to the wrong fax numbers and that computers, including laptops, may be stolen. Tracy A. Kuhar, LCSW's computer is equipped with a firewall, virus protection and passwords, and she also backs up all confidential information, including notes, from her computer onto external devices (stored in a locked, off-site location) on a regular basis. Please notify Tracy A. Kuhar, LMFT if you decide to avoid or limit, the use of e-mails, cell phones or faxes (if applicable), or storage of confidential information on her computer. If you communicate confidential or private information via e-mail, Tracy A. Kuhar, LMFT will assume that you have made an informed decision, and will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail. Due to computer or network problems, e-mails may not be deliverable, and Tracy A. Kuhar, LMFT may not check her e-mails daily. Please do not use e-mail for emergencies.

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EXCEPTIONS TO CONFIDENTIALITY

There are circumstances when a Licensed Marriage and Family Therapist (LMFT) may break confidentiality, or is required to break confidentiality. Should such a circumstance arise, I will make every reasonable effort to discuss with you my ethical or legal obligations to disclose confidential information before doing so. Exceptions to confidentiality include, but are not limited to, the following circumstances.

Disclosure is required by law as follows:

1. If I have reasonable suspicion that a minor/child (age 18 and below), elderly person (age 65 and above), or a dependent person (age 18-64) is being abused or neglected, I must report this to the appropriate agency.
2. If I believe a client is threatening serious bodily harm to another individual, I am required to take protective actions, which may include notifying the potential victim, notifying the police, and/or seeking appropriate hospitalization for your child.
3. If I believe a client is threatening serious bodily harm to him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can provide protection.

Disclosure may be required as follows:

1. If you have not paid your bill for treatment within 30 days, your name, payment record and last known address may be sent to a collection agency or small claims court.
2. In couples or family therapy, confidentiality and privilege do not apply between the couple or family. At the start of our work together, we will discuss my "secrets policy" or how information will be shared with the couple or family.
3. Health Insurance and Confidentiality of Records:
Should you choose to submit statements for consideration for reimbursement from your insurance carrier, your carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

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CANCELLATION POLICIES

CANCELLATION

Appointment scheduling involves the reservation of a time specifically for you. During the initial consultation session(s), I ask patients to provide at least 48-hr notice (or 2 business day if session in on a Monday), by phone, to cancel or reschedule a session, otherwise, the full fee will be charged and due at the time of your next session, unless otherwise discussed. Sessions begin on time. Should you arrive late, the session will still end at the regularly scheduled time.

Should we work together, I will be happy to explain my cancellation and rescheduling policy for ongoing patients, during your initial consultation.