

**JAN L. BOWMAN, PH.D.**

Psy12631

**PRACTICE POLICIES:** The following points respond to questions and concerns that commonly arise at the beginning of therapy. Please feel free to ask me any questions you have before signing.

**HOURS:** Our time will be usually be set for either 50 or 70 minutes. Occasionally, longer sessions of 110 minutes are useful. We will discuss and agree upon in advance the duration of the sessions and any changes in session duration.

**CONFIDENTIALITY:** With the following exceptions, all of our communications are privileged and confidential and as such, may not be disclosed without your prior written authorization. Most common exceptions include situations where there is reasonable cause to believe physical, sexual, or emotional abuse of a minor, an elderly person, or a dependent adult exists or where there is reasonable cause to believe you are a danger to yourself or others. I may also be compelled to breach confidentiality when my records are subpoenaed because you are involved in a legal action where your mental status is at issue.

**FEES, PAYMENT, REIMBURSEMENT:** You are responsible to pay at the beginning of each session the fee that we agree upon in our initial phone conversation. That is the fee that I charge for a 50 minute session. Please have your check, cash, or credit card prepared at the time of the session. If you wish to be reimbursed by an insurer, I will provide a statement for you to submit so that all reimbursement is paid directly to you. I cannot guarantee reimbursement as this matter is entirely in the hands of the insurer. I am not on any insurance panels, so please note that you will be responsible for determining whether or not your carrier will provide coverage for services rendered by “out- of-network” providers.

**CANCELLATION POLICY:** If you are unable to keep an appointment, please let me know as soon as possible so that we can reschedule. Because I have set aside the time for you, all appointments cancelled less than 24 hours in advance will be billed at the usual rate. As you may know, most insurance companies do not reimburse for missed sessions.

**E-MAIL AND CELL PHONE COMMUNICATION:** Normally, I send email and/or text reminders before each session. I am also happy to make scheduling arrangements by email. Occasionally it is useful to communicate about other matters via email. However, because email and cell phone communication can sometimes be accessed by unauthorized persons, please notify me at the

beginning of treatment if you wish to avoid or limit their use.

**ELECTRONIC RECORD STORAGE:** Please note that I store my notes on a HIPAA compliant application, Simple Practice, designed for psychotherapists. I access this application on a smart phone, tablet, and/or laptop.

**THE THERAPY PROCESS:** Although there can be no guarantee of positive results, participation in therapy can help in many ways, including reduction of anxiety, improvement in mood, enhanced self-esteem, resolution of psychosomatic disorders and improvements in relationships and job performance. I will regularly ask for your feedback about the therapy so that I can best tailor my approach to meet your needs. You will gain the most benefit from psychotherapy if you are actively involved, honest, open, and willing to collaborate in the process. Please be aware that remembering or talking about unpleasant events, feelings, or thoughts can be uncomfortable and cause strong feelings of anger, sadness, and/or anxiety. Change will sometimes be easy and swift, and at other times, slow and challenging. Sometimes more than one approach is helpful in dealing with a certain situation and during the course of therapy, I use a variety of psychological approaches.

**DISCUSSION OF TREATMENT PLAN:** At any time during the course of treatment, we may discuss our working understanding of the problem(s), the treatment plan, your therapeutic goals and my view of the possible outcomes. If you have any questions about any of the methods used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please feel free to ask me. You also have the right to ask about other treatments that may be helpful in attaining your goals as well as the risks and benefits to those approaches of which I am aware. If you can benefit from any treatment that I do not provide, I will assist you in obtaining those treatments.

**EMERGENCY PROCEDURES:** If you have an urgent need to contact me between sessions, please leave a message at 415.218.2881 and indicate that your message is urgent. I check my messages often during office hours. If you call during an evening or weekend, I may not be able to pick up your message or respond immediately. If you do not hear back from me in a time frame that seems appropriate, please feel free to call again. If we still do not make contact and you need to speak with someone right away, please call either the 24-hour Alameda County crisis hotline at 1.800.309.2131, or the National Certified Crisis Hotline at 1-800-784-2433, or the Police at 911.

**DUAL RELATIONSHIPS:** Therapy never involves sexual or any other dual relationship that

impairs a therapist's objectivity or that might result in any relationship or connection that is in any manner exploitive. Nonetheless, not all dual or multiple relationships are unethical or avoidable. For instance, you may encounter someone you know in the waiting room or see me in the community. In the latter case, I will never acknowledge working with anyone therapeutically without his or her express permission. I may wait for you to acknowledge me before greeting you out of respect for your privacy.

TERMINATION: Because I do not accept patients who, in my experience and opinion, I cannot help, if, at any point in the treatment, I determine that I am not effective in helping you reach the therapeutic goals we defined, we will talk this over and if appropriate, end the therapy. In the event this happens, I will give you referrals that may be of help to you. If you request it and authorize it in writing, I will also talk to the psychotherapist of your choice in order to help with the transition. If at any time you would like another therapist's opinion or wish to consult with another therapist, I will assist you with referrals, and with your written consent, provide the psychotherapist of your choice with relevant requested information. Of course, you have the right to terminate therapy at any time. If you choose to terminate, I will offer to provide you with names of other qualified professionals (where appropriate) whose services you might prefer.

AGREEMENT: I have carefully read these pages, fully understand their contents, and by my signature, agree to all of the foregoing.

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Patient name (signature)

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Patient name (print)

Date: \_\_\_\_\_

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Jan Bowman, Ph.D. (Signature)

Date: \_\_\_\_\_