

**This represents an agreement between the two of us. Please read this entire document.  
Please initial at the bottom of each page and sign and date on the last page.**

### **About Psychotherapy**

Psychotherapy can be helpful in relieving distress, understanding motivations, and improving the quality of life. It is a collaborative process and requires a significant commitment of effort, time, and money. It varies depending on the personalities of the psychologist and patient, and the particular issues you bring to treatment. Progress depends on many factors, including motivation, effort, and other life circumstances. Treatment length varies depending on the nature and severity of the issues being addressed, as well as the previously mentioned factors. While therapy is designed to be helpful, it may at times be difficult or uncomfortable. It is not possible to know at the start of therapy what you personally will experience.

### **Confidentiality**

Anyone who seeks psychotherapy has a basic right to privacy. All information disclosed within sessions is confidential and may not be revealed to anyone without written consent. Under some circumstances, however, the law requires or permits me to disclose information without your consent. These include:

1. When there is reason to suspect child abuse (past or present) or neglect or evidence of elder abuse.
2. If you are in danger of seriously hurting yourself or someone else.
3. In the event of some court orders or government requests to subpoena information or records.
4. If there is a breach or refusal to pay your balance, the necessary information can be given to a collection agency or to a small claims court.

You should know that if you file a lawsuit that references your mental health, you waive confidentiality. In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family members. I will use clinical judgment in revealing information in these situations.

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO in order to process claims. Only the minimum necessary information will be communicated to the carrier if you submit insurance claims for treatment.

### **Meetings**

Our first sessions will involve an evaluation of your needs. During this time, we can both decide if I may be able to provide the services you need. If either you or I decide for any reason that you would be better helped by another professional or method of intervention, I will try to offer referrals for alternative services or providers.

If we decide to continue with ongoing psychotherapy, we will typically meet for one 50-minute session per week (55-minute for couples), although we may agree to make them more frequent. Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. On rare occasions I may have to reschedule our regular session time. If this occurs I will attempt to find a satisfactory alternative time to meet with you, however this is not always possible.

Romi Mann, Psy.D.  
Clinical Psychologist (PSY 25226)  
415.508.7664

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**Cancellation Policy**

Once we agree on a regular time or times to meet during the week, I will reserve those hours for you. I will not charge you for sessions that you cancel with at least **48-hours notice**. Should you need to cancel with less than 48-hours notice, we can try to find a time to reschedule prior to your next scheduled appointment. If we are unable to reschedule your missed session, you are responsible for payment of the session(s).

**Payment for Services**

During our initial consultation, we will agree to a fee for the services I am providing. I may raise this fee over time, with reasonable advance notice, or we may reevaluate it together. Payment is due by check, cash, or credit card at the beginning of the session unless other arrangements have been made. *Checks should be written to **Romi Mann, Psy.D.***

**Fees for Administrative Tasks**

I charge my hourly fee (pro-rated to the quarter hour) for administrative tasks lasting longer than 15 minutes. This can include things such as meetings with other professionals you have authorized, phone consultations, providing documentation regarding your treatment (writing letters, reports, preparation of records or treatment summaries, etc.), and placing calls to your insurance carrier.

I prefer not to be involved in legal proceedings because it can compromise confidentiality. However, if you become involved in legal proceedings that require my participation, you will be expected to pay for my time, including fees for my travel time to/from legal proceedings and incidental costs related to such travel (hotel, airfare, etc.), if applicable. Because of the complexity of legal involvement, I charge \$300 per hour for preparation, attendance and/or testimony for any legal proceeding.

**Insurance**

Out-Of-Network Services

If I am not in-network with your insurance company, I am able to provide you with a monthly statement with the appropriate diagnosis and procedure codes for you to seek reimbursement. I collect my fee up front at the time of your session; professional services are charged to and payable by you, not the insurance company. Be aware that if you seek reimbursement with insurance, they will require a psychiatric diagnosis which you and I can discuss before I create your statement. Also, you cannot be reimbursed through insurance for any session that you cancelled or missed.

In-Network Services

If I am in-network with your insurance company, I will bill you for whatever co-pay your plan requires and I will submit necessary information to your insurance company for them to cover their portion of the payment. If your insurance carrier decides that my services are not covered under your plan, you are ultimately responsible for payment for our meetings.

Insurance carriers do not reimburse for missed sessions or late cancelations. Therefore, if you miss a session or cancel with less than **48-hours notice**, I will bill you for the full reimbursement amount that has been negotiated with your insurance company.

For various reasons, some people choose not to seek reimbursement from their health insurance even though I may be an in-network provider. For example, some individuals prefer that I not provide a

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mental health diagnosis code to the insurance company or some have a high deductible. If I am in-network with your insurance company and you prefer to work together privately without billing your insurance, I need you to also sign a Private Pay Agreement that you and I will each sign and receive a copy.

**Contacting Me**

The best way to contact me is by phone at (415) 508-7664. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night. I check my voicemail frequently during business hours. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. I return most calls during my regular working hours.

**Use of Email and Text (SMS)**

While I do check my email and phone during business hours, this is not an appropriate means for report a psychiatric crisis (please refer to the section on Emergencies below).

Due to security concerns, please do not use email or texting to discuss clinical diagnoses, assessments, or interventions or confidential information. Anything you send via email or text can become part of your clinical chart and may become legally discoverable.

It is acceptable to call, email, or text to inform me that you are running late for a session. I am also willing to use email for the purpose of scheduling and changing appointments; however, the same 48-hour change/cancellation policy applies.

**Social Media**

Because my primary concern is your privacy, I do not accept friend or contact requests from current or former patients on any social networking platform, including but not restricted to Facebook, LinkedIn, and Twitter. Adding patients as friends or contacts, liking their pages, blogs, etc. can compromise your privacy and the confidentiality of our professional relationship. If you have questions or concerns about this, please bring them up in session so we can discuss in person.

**Emergencies**

Although you can leave me a voicemail message at any time, I am often not available to call you back quickly. If you have an emergency requiring immediate attention and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In San Francisco, Psychiatric Emergency Services may be reached 24 hours a day by calling (415) 206-8125. In the East Bay, Contra Costa County Crisis Center may be reached 24 hours a day at (800) 273-8255 (TALK). You may also call 911. If I will be unavailable for an extended time, my voice mail will provide you with the name of a colleague to contact, if necessary.

**DBA Name**

My private practice is owned and operated by Romi McIntire-Mann, Doing Business As (DBA) Dr. Romi Mann.

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**Ending Treatment**

Your participation in therapy is voluntary and you may discontinue at any time. However, because difficult feelings often arise in therapy and sometimes contribute to the consideration to end treatment, I encourage you to talk with me about the reason for your decision and to allow us to bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychologists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

**Unexpected Interruptions**

In case I am unexpectedly unable to continue to provide professional services or to maintain patient records due to incapacitation or death, I have designated a colleague who is a licensed psychologist as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my patient records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

**Board of Psychology Complaints**

Because I work in multiple offices and because the Board of Psychology requires me to give you notice of where to file a complaint, I am adding that language here:

NOTICE TO CONSUMERS: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at [www.psychology.ca.gov](http://www.psychology.ca.gov), by e-mailing [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov), calling 1-866-503-3221 or writing to the following address:

Board of Psychology  
1625 North Market Blvd, Suite N-215  
Sacramento, CA 95834

By signing below, you agree, or you agree on behalf of your minor child, to the office policies in this document and consent to treatment.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date