

# Keely Kolmes, Psy.D.

220 Montgomery St., Ste. 400 • San Francisco, CA 94104 • 415-501-9098 • [drkkolmes@hushmail.com](mailto:drkkolmes@hushmail.com) • CA License PSY 21284

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## Office Policies & Agreement for Psychotherapy Services

Welcome to my practice. Your first visit to a new therapist is very important, and you may have many questions. This letter is to introduce myself and give you information to help you decide whether we can work together. Please take time to read it carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us.

### QUALIFICATIONS

I received my doctorate in 2003 from California School of Professional Psychology at Alliant International University. I continued my training as a post-doctoral fellow at Stanford University's Counseling and Psychological Services Center. I work from an integrative perspective and rely on a broad range of techniques, including psychodynamic, narrative, cognitive-behavioral, and family systems interventions. As a psychologist, I bring certain expertise to our collaboration while you bring self-knowledge, the ability to learn from your life experiences, and a vision of what your want your life to be. I enjoy working with a diverse range of individuals, couples and multiple partners in relationships.

### THE PROCESS OF THERAPY/EVALUATION

During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients who I believe I cannot help, and if this is the case, I will refer you to others who work well with your particular issues. Within a reasonable period of time after starting treatment, we will discuss my working understanding of your issues, my proposed treatment plan, and therapeutic objectives and possible outcomes of the therapy. If you have questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan in general, please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

### TERMINATION AND FOLLOW-UP

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass me, the office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

## **DUAL RELATIONSHIPS**

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. Please discuss this with me if you have questions or concerns.

## **BENEFITS & RISKS OF PSYCHOTHERAPY**

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

## PHONE CALLS & EMERGENCIES

If you need to contact me between sessions, please leave a message for me at 415-501-9098. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know who I have covering for me if I plan not to take or respond to phone messages during my absence. Emergency phone consultations of 5 minutes or less are normally free. However, if we spend more than 5 minutes in a week on the phone, if you leave more than five minutes worth of phone messages in a week, if I spend more than five minutes reading and responding to emails from you during a given week, or if I spend more than five minutes involved in case management or coordination of care, I will bill you on a prorated basis for that time. If you feel the need for many phone calls and cannot wait for your next appointment, we may need to schedule more sessions to address your needs. If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service:

*Dial 911 or*

*Go to your nearest Emergency Room:*

*San Francisco Suicide Prevention 415-781-0500*

*San Francisco General Hospital ER, 1001 Potrero Ave., SF, CA 415-206-8111*

## CANCELLATIONS

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is required for re-scheduling or canceling your appointment. Your full fee will be charged for sessions missed without such notification. If you are requesting a bill from me to send to your insurance company, be aware that most insurance companies do not reimburse for missed sessions. Please let me know as soon as you know that you will not be able to keep your scheduled appointment.

## PAYMENT & FINANCIAL ARRANGEMENTS

My standard fee is \$135 for 45 minute individual sessions, and \$170 for 45 minute sessions with couples or multiple partners. The fee is to be paid at the start of each session unless other arrangements have been made. If you are late, we will end on time and not run over into the next person's session. An annual fee increase will occur every January and I will remind you of this well in advance. I have several reduced fee slots, and I can sometimes negotiate a lower fee based upon need. I will be happy to let you know if I have openings for lower fee appointments. I will provide you with a statement at the beginning of each month containing a record of therapy appointments from the previous month, fees we agreed upon, and the payments you made during the month. This monthly statement is your receipt for tax or insurance purposes. Please let me know if any problem arises during the course of therapy regarding your ability to make timely payments.

Some or all your fees may be covered by your health insurance, if you have outpatient mental health coverage. However, insurance companies do not reimburse all conditions

that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to *you*, not your insurance company, so *you* are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. As described below in the section *Health Insurance and Confidentiality of records*, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

## **CONFIDENTIALITY**

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed *Notice of Privacy Practices*.

### **When Disclosure Is Required by Law:**

Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

### **When Disclosure May Be Required:**

Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

### **Emergencies:**

If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose I may contact the person whose name you have provided on your General Information form.

### **Health Insurance and Confidentiality of Records:**

Your health insurance 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.

### **Confidentiality of E-mail, Voice mail and Fax Communication:**

E-mail, voice mail, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. I do use hushmail, a service which promises secure, encrypted email. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. *Please do not contact me via e-mail or faxes for emergencies.*

### **Consultation**

I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained.

### **Release of Information**

Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

### **COMPLAINTS**

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners which oversees licensing, and they will review the services I have provided.

**Board of Psychology  
1422 Howe Avenue, Suite 22  
Sacramento, CA 95825  
1-866-503-3221  
bopmail@dca.ca.gov**

You are also free to discuss your complaints about me with anyone you wish and you do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want kept confidential.

I hope this answers some of your questions. Please let me know if you have concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy.