

DIANE PUCHBAUER, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST #21870

225 N.EUCLID AVE. UPLAND, CA 91786
562-547-0137 (cell)

112 W. BENNETT AVE. GLENDORA, CA 91741
diane@dianepuchbauer.com

OFFICE POLICIES AND AGREEMENT FOR PSYCHOTHERAPY SERVICES

Please read all of the following information, and if you agree, sign it. You will be given a copy for your records. Please feel free to ask any questions about these policies and any other paperwork today and throughout your therapy.

THE PROCESS OF THERAPY/EVALUATION: By participating in therapy, you may experience multiple benefits, including improved interpersonal relationships and the resolution of specific concerns that led you to seek therapy. Working hard toward your goals requires effort on your part including your very active involvement, honesty, and openness in order to change your thoughts, feelings, and behaviors. At times change will be easily and rapidly accomplished, but more often it will be slow and may even be frustrating. Therapy is a partnership and a collaborative endeavor between yourself and Dr. Puchbauer.

Attempting to resolve issues that brought you to therapist may lead to changes that were not originally intended. While in therapy, you may remember and talk about unpleasant events, thoughts, behaviors, and past situations that can result in your experiencing discomfort and/or strong feelings of anger, sadness, worry, fear, etc. There is no guarantee that psychotherapy will yield positive or intended results although research suggests that most people improve as a result of therapy and that the results last. During the course of therapy, Dr. Puchbauer is likely to draw upon various psychological approaches that are related to the problem based on her assessment of what will benefit you most. These approaches can include somatic or body-oriented, experiential, behavioral, cognitive-behavioral, gestalt, family systems, emotion-focused, and psychoeducational therapies.

CONFIDENTIALITY: All information you disclose to Dr. Puchbauer is confidential and may not be revealed to anyone without your permission, except where disclosure is required or permitted by law. The following are the primary exceptions to confidentiality:

- Suspected child, elder, or dependent adult abuse must be reported to appropriate protective agencies or law enforcement.
- Intent to kill or seriously harm oneself necessitates that appropriate measures be taken to protect the client.
- If there is a serious threat of harm to another person, there is a legal requirement to inform the intended victim and law enforcement.
- Minors and their parents or guardians should refer to *Consent to Treat a Minor*, as their confidential information may be shared with parent/guardians under certain circumstances.
- Some legal proceedings, for instance, if you place your mental status at issue in a lawsuit, waives your right to confidentiality
- Identifying information may be provided to a collection agency to collect unpaid fees
- In couples and family counseling, Dr. Puchbauer operates under the policy of “open secrets” meaning that she will keep information confidential between partners or between parents and children under certain circumstances. However, if any information is divulged in a individual

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session that she believes needs to be disclosed to other family members, she will work with the individual to figure out a way to tell the other member/s in a conjoint session.

Confidentiality cannot be guaranteed with the use of cell phones or faxes. Please notify Dr. Puchbauer if you wish to avoid their use.

TELEPHONE AND EMERGENCY PROCEDURES. If you need to contact Dr. Puchbauer between sessions, please leave a message on her voice mail (626.815.6000 x5202), and your call will be returned as soon as possible. She is available Monday through Friday 9am until 8pm. If an emergency situation arises, please indicate this clearly in your message and provide a phone number to reach you. If you need to speak to someone right away, you can call:

- Emergency Services 911
- Suicide Prevention Center (877) 727-4747
- National Certified Crisis Hotline (800) 784-2433
- California Youth Crisis Line (800) 843-5200
- Aurora Charter Oak Hospital-Covina (800) 654-2673

PAYMENT: Dr. Puchbauer has a sliding scale ranging from \$120-100, depending on clients ability to pay. You are expected to pay the fee of _____ per 50 minute session, in full, each session unless agreed upon otherwise. Please notify Dr. Puchbauer if any situation arises that might affect your ability to pay.

CANCELLATION: Scheduling an appointment involves reserving time specifically for you. A minimum of 24 hours notice is required for rescheduling or canceling an appointment. You may be charged the full fee for sessions missed without this notification.

TERMINATION: After the first few meetings, Dr. Puchbauer will assess if she can be of benefit to you. If she believes she cannot be of service to you, she will provide a number of referrals to other providers. You have the right to terminate therapy at any time.

I have carefully read the above Office Policies and Agreement for Psychotherapy Services. I understand them and agree to comply with them.

SIGNATURE-Client PRINT NAME DATE

SIGNATURE-Client PRINT NAME DATE

SIGNATURE-Parent/Guardian PRINT NAME DATE

SIGNATURE-Diane Puchbauer, PsyD DATE