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POLICY STATEMENT

This document contains information about my professional services, business policies and confidentiality policies. Please read it and discuss any questions/concerns you have with me.

Assessment and Treatment: I will provide an assessment of your difficulties and available treatment options. If I recommend and you agree, I will provide psychotherapy services. No guarantees can be made regarding the success of treatment. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. I do not provide custody evaluation, recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

Alternative Options: There are often various treatment options, such as various individual psychotherapy approaches, group, couple, family, or self-help therapies, and referrals for medication and further outside evaluation, etc. Testing and other diagnostic procedures may be helpful in some cases. In some circumstances, I may recommend that you explore treatment options or you may wish to do so as well. You are entitled to ask questions about all aspects of your treatment. I may recommend that you obtain a 2nd opinion or consultation with another professional. I will provide you with my rationale for any treatment recommendations I make for you.

Training and Experience: I am licensed by the State of California, as a clinical psychologist. I am experienced in working with individuals, families, couples and groups.

The Client's Role: You are expected to play an active role in your treatment. This includes working to outline treatment goals and may also involve completing symptom assessment questionnaires to monitor your symptoms. You will probably be asked to complete homework assignments between sessions. If at

any point you are unhappy about the progress, process, outcome of your treatment, please discuss this with me so I may attempt to resolve any difficulties and arrive at a treatment plan that better meets your needs.

Hours/Availability: I am available for psychotherapy sessions in my San Mateo office on Wednesdays. Therapy sessions will be 50 minutes long. Sessions typically occur 1-2x/week during the initial phase of treatment. Due to my work schedule, I am often not immediately available by telephone. When you call, please leave a message and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you feel that you cannot wait for a return call, or if your situation is life-threatening, in any way, do not hesitate to contact 911, your family physician, or go to the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

Minors in Therapy: The State of California provides significant confidentiality to minors seeking mental health treatment. In fact, minors over 12 years of age have many privacy rights similar to those of adults. My role as a psychologist is to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the therapy process. That said, when children are making poor and dangerous decisions, parents will be brought into the conversation as soon as possible, which in the case of many situations-such as suicidal ideation or attempts- is immediately. Before giving them any verbal or written information, she will discuss the matter with you, if possible. She will do the best she can to resolve any differences that you and she may have about what she is prepared to discuss.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: I consult regularly with other professionals regarding his clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. While data on my laptop is encrypted, e-mails and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. My laptop is equipped with a firewall, a virus protection and a password, and she backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Also, be aware that phone messages are transcribed and sent to me via unencrypted e-mails. Please notify me if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, will assume that you have made an informed decision, 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. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of my profession require that she keep treatment records for at least 7 years. Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with her. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless she assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information she submits or who has access to this information. which also puts you in a vulnerable position. Not all issues/conditions/problems which are dealt with in psychotherapy are reimbursed by

insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid), I can use legal or other means (courts, collection agencies, etc.) to obtain payment.

Fees: My fee is \$225 for the initial assessment and \$225 for subsequent 50 minute sessions. Clients are responsible for payment at the time of the session, unless other arrangements have been made. I accept personal checks, cash, and Venmo. All transactions are kept confidential and private. If you pay with Venmo and wish your transactions with me to remain private, please default your settings to “private”. If for some reason, you are unable to make it to the office for a session and need to talk by phone, these sessions will be billed directly to you and not your insurance. Telephone conversations, site visits, writing and reading of reports, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. There will be no charge for brief telephone calls. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes. There is typically a small increase in fees each year and this generally occurs around January 1.

Cancellation: I would appreciate 48 hours advanced notice of a cancellation of an appointment. **Once an appointment hour is scheduled, it is reserved especially for you, and thus you will be expected to pay for the full session fee unless you provide 48 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).** Late/ last minute cancellations or no shows will be your responsibility and CAN NOT be billed to your insurance.

TERMINATION: After the first couple of meetings, I will assess if she can be of benefit to you. I do not work with clients who, in my opinion, I cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy either assesses that I am not effective in helping you reach the therapeutic goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, I will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS: Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, military bases, university campuses etc., multiple relationships are either unavoidable or expected. I will never acknowledge working with anyone without his/her written permission. Many clients have chosen me as their therapist because they knew me before they entered therapy with me, and/or are personally aware of my professional work and achievements. Nevertheless, I will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise me if the dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

Social Media Policy: The content on my Facebook and Instagram sites are for marketing and informational purposes only. I invite you to follow me on these business pages and welcome your comments, but please understand that for your privacy and protection, I do not interact with clients on these platforms. Please do not take it personally when I do not reply nor “follow”, or “like” your posts. Such communication can be a breach of confidentiality and protected health information-”friendships” between clients and therapists on social media are unethical.

Engaging with clients on social media can be interpreted as, or lead to a “dual relationship”, regardless of how superficial or benign the connection. My priority is always to preserve your confidentiality. If you have questions, concerns, or comments regarding my internet presence, please talk to me directly, and I will be happy to address your concerns in the best way befitting your therapy.

I do not search for clients on search engines, nor do I attempt to access you on social media. You have the right to choose what, when, and how much you reveal to me. You own your personal information and it is a part of your therapeutic process for you to self-disclose in the manner most comfortable to you.

COMPLAINTS :If you have a concern or complaint about your treatment, please talk with Dr. Jordan about it. She will take your criticism seriously and respond with care and respect. If you believe that she has been unwilling to listen or that she has behaved unethically, you can contact the Board of Psychology, and they will review the services provided. The address is:

BOARD OF PSYCHOLOGY
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1-866-503-3221
bopmail@dca.ca.gov

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I acknowledge that I have received, have read (or have had read to me), and understand the Policy Statement about the therapy I am considering. I have had all my questions answered fully. I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 48 hours before the time of the appointment. If I do not cancel and do not attend my reserved appointment, I will be charged \$225 for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive.

My signature below shows that I understand and agree with all of these statements.

_____	_____
Signature of client (or person acting for client)	Date
_____	_____
Printed name	Relationship to client (if necessary)