

Neal E. Winblad, MFT

(License #: MFC 28183)

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Office Policies & General Information Agreement for Somatic/Psychotherapy Services

This form provides you (client) with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA pre-emptive analysis. (Revised 1/05)

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the 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 client's family members communicate to Mr. Winblad that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may 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 somatic/psychotherapy records and/or testimony by Mr. Winblad. 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. Mr. Winblad will use his clinical judgment when revealing such information. Mr. Winblad will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination where Mr. Winblad becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet.

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 instruct Mr. Winblad, only the minimum necessary information will be communicated to the carrier. Mr. Winblad has no control or knowledge over what insurance companies do with the information he submits 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 break-in's and unauthorized access. Medical data has been also reported to be legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

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 (client's) nor your attorney's, nor anyone else acting on your behalf will call on Mr. Winblad to testify in court or at any other proceeding, nor will a disclosure of the somatic/psychotherapy records be requested unless otherwise agreed upon.

Consultation: Mr. Winblad consults regularly with other professionals regarding his clients; however, 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 e-mail and cell phone communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, Mr. Winblad's e-mails are not encrypted. Faxes can easily be sent erroneously to the wrong address. Mr. Winblad's computers are equipped with a firewall, a virus protection and a password and he also backs up all confidential information from his computers onto encrypted CD's on a regular basis. The CD's are stored securely off-site. Please notify Mr. Winblad if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell-phone or Faxes. If you communicate confidential or highly private information via e-mail, Mr. Winblad 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 he will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or faxes for emergencies.

Records and Your Right to Review Them: Both the law and the standards of Mr. Winblad's profession require that he keeps appropriate treatment records. Unless otherwise agreed to Mr. Winblad retains clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records please discuss them with Mr. Winblad. 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 Mr. Winblad assesses that releasing such information might be harmful in any way. In such a case Mr. Winblad 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, upon your request, Mr. Winblad will release information to any agency/person you specify unless Mr. Winblad 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, Mr. Winblad will release records only with the

signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

Telephone & Emergency Procedures: If you need to contact Mr. Winblad between sessions, please leave a message on his voicemail at (925) 963-9786 and your call will be returned as soon as possible. Mr. Winblad checks his messages a few times during the daytime only, unless he is out of town. You can also send an email (nwinblad@nwinblad.com) stating that wish to receive a phone call in return.

If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call one of the following 24-hour hotlines: the Alameda County Crisis Hotline: (800) 309-2131, the Marin County Suicide & Crisis Prevention Hotline: (415) 499-1100, the National Hotline (800)-SUICIDE, or the Police: 911. Please do not use e-mail or faxes for emergencies. Mr. Winblad does not always check his e-mail or faxes daily.

Payments & Insurance Reimbursement: Clients are expected to pay the standard fee of \$120.00 per 50 minute session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, 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. Please notify Mr. Winblad if any problems arise during the course of therapy regarding your ability to make timely payments. 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, Mr. Winblad 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. As was indicated in the section Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in somatic/psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Mr. Winblad can use legal or other means (courts, collection agencies, etc.) to obtain payment.

Mediation & Arbitration: All disputes arising out of or in relation to this agreement to provide somatic/psychotherapy services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Mr. Winblad and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Alameda County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Mr. Winblad can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

The Process of Therapy/Evaluation and Scope of Practice: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Somatic/psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, behavior, and/or somatic patterns. Mr. Winblad will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc.

Mr. Winblad 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, such as personal or interpersonal relationships may result in changes that were not originally intended.

Somatic/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 can also be slow and even frustrating. There is no guarantee that somatic/psychotherapy will yield positive or intended results.

During the course of therapy, Mr. Winblad is likely to draw on various psychological, somatic, and transpersonal approaches according, in part, to the problem that is being treated and his 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, psycho-educational, Somatic Experiencing, Structural Integration, Focusing, etc. Mr. Winblad provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within his scope of practice.

No somatic intervention by Mr. Winblad should be construed to be a medical treatment or diagnosis. Somatic interventions should be seen for what they are, educational in nature.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Mr. Winblad will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Mr. Winblad's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Mr. Winblad does not provide, he has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, Mr. Winblad will assess if he can be of benefit to you. Mr. Winblad does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals who you can contact. If at any point during somatic/psychotherapy Mr. Winblad assesses that he is not effective in helping you reach the therapeutic goals, he is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, he would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Mr. Winblad will 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, Mr. Winblad will assist you in finding someone qualified, and if he has your written consent, he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Mr. Winblad will offer to provide you with names of other qualified professionals whose services you might prefer.

Confidentiality in Group Therapy: In group therapy, it is of utmost important that all members maintain confidentiality and disclose neither the content of sessions nor the identity of fellow group members. It is highly recommended that any meaningful exchange outside the group also be discussed in the group. In group therapy, the other members of the group are not therapists. They are not regulated by the same ethics and laws that bind me. The limits of confidentiality and the reporting laws have been outlined earlier in this document. While the expectation is that all group members will maintain confidentiality, you cannot be certain that they will always keep what you say in the group confidential. You are ultimately responsible for what you say and what you think, feel, or do with the feedback you receive in the group.

Dual Relationships: Not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Mr. Winblad's objectivity or clinical judgment, or can be exploitative in nature. Mr. Winblad will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Pleasanton is a small community and many clients know each other and Mr. Winblad from the community. Consequently, you may bump into someone you know in the waiting room or into Mr. Winblad out in the community. Mr. Winblad will never acknowledge working with anyone without his/her written permission.

Many clients choose Mr. Winblad as their therapist because they know him before they enter into therapy with him and/or are personally aware of his professional work and achievements. Nevertheless, Mr. Winblad will discuss with you, his client(s), 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 that ahead of time. It is your, the client's, responsibility to communicate to Mr. Winblad if the dual or multiple relationship become uncomfortable for you in any way. Mr. Winblad will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if he finds it interfering with the effectiveness of the therapy or the welfare of the client and of course you can do the same at any time.

Cancellation: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or

canceling an appointment. Unless we reach a different agreement, one half of the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Therapist Missed Sessions: Occasionally, I may be caught in an emergency for which I have to cancel or miss a session without 48 hours notice to you. As I believe that your time is no less valuable than mine, I will make it up to you by not charging for our next session together.

Session Guarantee: As a small business it is my total intention to provide my clients with as much or more value as is provided by your financial remuneration to me. As such, I offer an unconditional money back guarantee for each session. If for any reason you feel that you did not receive the full benefit of the services I contracted to provide in a given session, you have only to bring up the subject, state your reasons for believing that you did not receive this value, and you will be excused for payment for that session. This guarantee is not retroactive to previous sessions.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 6 pages) I understand them and agree to comply with them:

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____
(If more than 1 client, e.g., spouse)

Print Name: _____