

K. Benjamin Knipe, Psy.D.

Licensed Psychologist 25758

(510) 460-8571

3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705

dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

Consent and Information for Clients

Your signature on the last page of this packet gives your consent for voluntary mental health services with K. Benjamin Knipe, Psy.D. If you are the legal representative of a beneficiary or a minor, your signature provides that consent.

Your consent for services also means that K. Benjamin Knipe, Psy.D. has a duty to inform you about recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse to use any recommendations, psychological interventions, or treatment procedures.

The next few pages contain a lot of information, so take your time and feel free to ask any questions! Knowing and understanding your rights and responsibilities helps you get the care you deserve.

A Welcoming and Safe Place

It is very important to me that you feel welcomed for care exactly as you are. One of my most important jobs is to help you feel that you are in the right place, and that I want to get to know you and help you to have a happy and productive life. Please let me know if I am doing anything that you find is not welcoming or that makes you feel unsafe or disrespected.

It is also very important that my service setting is a safe and welcoming place. I want you to let me know if anything happens at my office that make you feel unsafe so I can try to address it. One way I help create safety is by having rules that I ask everyone (providers, clients, and guests) to follow in my office. These rules are:

- Behave in safe ways towards yourself & others.
- Be free of weapons.
- Speak with courtesy towards others.
- Respect people's privacy.
- Respect the property of this office and of others using this office.

In order to have a welcoming place for all, anyone who is intentionally unsafe may be asked to leave, services may be stopped temporarily or completely, and legal action could be taken, if necessary. So if you think you might have trouble following these rules, please let me know. I will work hard to help you to feel welcome in a way that feels safe to you and those around you.

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Your Rights:

While receiving services from K. Benjamin Knipe, Psy.D., you have the following rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation or marital status, or the source of payment for care. You have the right to:

- Have services provided that supports your positive self-image and dignity.
- Considerate and respectful care.
- To have your property treated with respect.
- Receive information about your mental health, the plan of care and prospects for recovery in terms that you can understand.
- Participate actively in decisions regarding the plan of care. This includes the right to refuse treatment.
- Full consideration of privacy concerning your treatment plan. Case discussion, consultation, assessment, and treatment are confidential and will be conducted discreetly.
- Confidential treatment of all communications and records pertaining to your care. Written permission shall be obtained when required by law before your records are made available to anyone not directly concerned with your care.
- Reasonable continuity of care and to know in advance the time and location of appointments.
- Have these rights apply to the person who may have legal responsibility to make decisions regarding your medical or mental health care.
- Respect and consideration of your values and belief systems in the provision of care to the extent they are not in conflict with K. Benjamin Knipe, Psy.D.'s mission and philosophy and concerns for safety.
- To participate in consideration of ethical issues that arise in your care.
- Information about the agency's mechanism for initiation, review and resolution of any complaints you may have.
- To make a complaint regarding treatment or care that is (or fails to be) provided or regarding the lack of respect for property. You will not be subjected to retaliation for complaining.

Telephone Accessibility

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick, or need additional support, phone sessions are available. If an immediate emergency situation arises, please call 911 or go to an emergency room.

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Confidentiality & Privacy

Services provided by K. Benjamin Knipe, Psy.D. are confidential, to the extent determined by national and state laws and the ethical standards of the American Psychological Association (APA). The confidentiality and privacy of what you discuss here is an important personal right of yours. This packet contains your copy of the “Notice of Privacy Practices” document explaining how your records and personal information are kept confidential.

In certain situations involving your safety or the safety of others, psychologists are required by law to disclose information to others. Those situations include:

1. If you threaten to harm another person(s), then that person(s) and/or the police must be informed.
2. If you pose a serious threat to your own health and safety, we must take action to prevent you harming yourself.
3. All instances of suspected child abuse must be reported.
4. All instances of suspected abuse of an elder/dependent adult must be reported.
5. If a court orders us to release your records, we must do so.

If you have any questions about these limits of confidentiality, please speak with K. Benjamin Knipe, Psy.D. More information about the limits of confidentiality are in the “Notice of Privacy Practices” section of this packet.

Confidential Communication

In-person conversations, phone calls, paper mail, and facsimile transmissions (faxes) are the only methods of communication considered to be confidential. Electronic forms of communication such as text messaging, email, instant messaging, and online correspondence (such as through blogs, chat rooms, review sites, etc.) are not secure forms of communication. Therefore, you agree to utilize only in-person conversations, phone calls, paper mail, and facsimile transmissions (faxes) to communicate about your treatment and services with K. Benjamin Knipe, Psy.D. If you would like more information about utilizing electronic forms of communication, please ask for a “Client Email and Text Message Informed Consent.”

Outside the Office

If we accidentally see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be happy to speak briefly with you, but I feel it appropriate not to engage in any lengthy discussions in public or outside the therapy office.

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Notice of Privacy Practices

This notice describes how mental health/medical information about you (also known as Protected Health Information and referred to below as PHI) may be used and disclosed and how you can get access to this information. Please review it carefully. Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you may need to read them several times to understand them. If you have any questions, I am happy to help you understand my procedures and your rights.

My commitment to your privacy

I am dedicated to maintaining the privacy of your personal health information as part of providing professional services. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information. Please talk to me about any questions or problems.

What I mean by medical information or PHI

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from me or from others, or about payment for health care. The information I collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in my office. I am legally and ethically obligated to keep records of the services I provide to you.

In my office, your PHI is likely to include these kinds of information:

- Your history: things that happened to you as a child and throughout your life; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: your problems, complaints, symptoms, or needs.
- Diagnoses: if applicable, these are the medical terms for your problems or symptoms.
- A treatment plan: this is a list of the treatments and other services that I think will best help you (we will create this together).
- Progress notes: each time you come in, I write down some things about how you are doing, what I notice about you, what you tell me, and what we did together.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here. If you are unclear about what is PHI, or about any of this information, please ask me for an explanation.

I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well the treatments are working for you.

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- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which may be billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

Health Care Records

As stated above, I will keep a record of the services you receive from me. When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information. Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that.

How I use and disclose your protected health information with your consent

I will use the information I collect about you only to provide you with treatment or to arrange payment for my services. If I want to use, send, share, or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this. Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So I will tell you more about what I do with your information. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

When I disclose your PHI, I may keep some records of to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

Disclosing your health information without your consent

There are some times when the laws require me to use or share your information even without your consent. For example:

- I must report suspected or known child abuse.
- To prevent a serious threat to health or safety: If I come to believe that there is a serious threat to your health or safety or that of another person or to the public, I can disclose some of your PHI. I will only share information with persons who are able to help prevent or reduce the threat.

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- I must report suspected or known abuse of an elder/dependent adult
- When I am required to do so by lawsuits and other legal or court proceedings. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I must disclose some information to the government agencies that check on psychologists to see that we are obeying the privacy laws.
- For law enforcement purposes: I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.
- For public health activities: I may disclose some of your PHI to agencies that investigate diseases or injuries.
- In an emergency: If it is an emergency—and so I cannot ask if you disagree—I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop as long as it is not against the law.

When I disclose your PHI, I may keep some records of to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

Your rights regarding your health information/PHI

- You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
- You can ask me to limit what I tell people involved in your care.
- You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you for it. Please request in writing to arrange to see your records.
- If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and sign it. You must also tell me the reasons you want to make the changes.
- You have the right to a copy of this notice. If I change this notice, I will post the new version in our waiting area, and you can always get a copy of it from me.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the State of California Department of Consumer Affairs and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not limit the care I provide to you in any way.

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Fees

Therapy Fees

Therapy sessions are fifty (50) minutes long. I acknowledge that services are charged per session. I understand that phone contact outside the therapy session is at no charge up to fifteen (15) minutes per face-to-face session. Phone contact over 15 minutes will be charged in 10-minute increments at the rate proportional to the session rate. In the event that K. Benjamin Knipe, Psy.D. spends more than 15 minutes outside of a face-to-face session to coordinate services with other professionals or important persons, that time will also be charged in 10-minute increments at the rate proportional to the session rate.

Assessment Fees

I acknowledge that face-to-face and phone services are charged at a prorated hourly rate, with the total time being rounded up to the nearest 10-minute increment. I understand that this includes time spent talking to other providers (such as doctors or psychiatrists). I understand that the face-to-face and phone hourly rate covers the cost of time spent by K. Benjamin Knipe, Psy.D. outside of those sessions, including scoring of measures and writing of reports.

Agreement to Pay for Professional Services

I agree to pay for mental health services with K. Benjamin Knipe, Psy.D. I agree that I am responsible for the charges for services provided by K. Benjamin Knipe, Psy.D. I understand that if payment for the services I receive here is not made, K. Benjamin Knipe, Psy.D. may stop my treatment.

I agree that this financial relationship with K. Benjamin Knipe, Psy.D. will continue as long as he provides services or until I inform him in person, by phone, or by mail that I wish to end it. I agree to pay for the services provided up until the time I end the relationship. I understand that if I miss two (2) or more consecutive sessions without contacting K. Benjamin Knipe, Psy.D. or making arrangements in advance that my services may be considered discontinued and I will be charged for the missed sessions.

I understand that payment is due at the time face-to-face services are rendered, or within one (1) week for phone services, unless other arrangements have been made ahead of time. I understand that acceptable forms of payment are check or cash. I understand that there is a \$30 fee for returned checks.

Collection of Past Due Fees

I understand that K. Benjamin Knipe, Psy.D. reserves the right to utilize collection services in the event that I have an unmet payment obligation for services provided. I understand that if this is the case I will be responsible for the additional costs of utilizing a collection service. I understand that I will be provided written notice of the amount of my outstanding balance and be given an opportunity to pay the balance before a collection service is utilized.

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Consent and Information for Clients – Signature Page

I acknowledge that I have received, have read (or have had read to me), and understand the information in this packet about the services I am considering. I have had all my questions answered fully.

I do hereby consent to take part in services with K. Benjamin Knipe, Psy.D. I understand that developing a treatment plan with K. Benjamin Knipe, Psy.D. and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to participate actively 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 K. Benjamin Knipe, Psy.D.

I am aware that I may stop services with K. Benjamin Knipe, Psy.D. 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 72 hours (3 days) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment. I understand that if I miss two (2) or more consecutive sessions without contacting K. Benjamin Knipe, Psy.D. that my services may be considered discontinued and my scheduled time may not be held.

I understand that if payment for the services I receive here is not made, K. Benjamin Knipe, Psy.D. may stop my treatment.

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)

I, K. Benjamin Knipe, Psy.D. have discussed the matters above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature

Date