

## INFORMATION FOR CLIENTS

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do and many people at the start of counseling have questions about psychotherapy, what it is, and how I do what I do as your psychologist. If you are having any questions like that, I've put this packet together to offer my thoughts to questions people often ask. Here you'll find answers to the following questions:

- What are the goals of psychotherapy and what are your methods of treatment?
- What boundaries should I expect within our relationship?
- How long might psychotherapy take, when does it end, and how?
- What are the risks and benefits of psychotherapy?
- How do you protect my privacy?
- How are appointments handled?
- How much do your services cost, and how are payments to be made?
- What are other important areas of our relationship?

After you read this packet, we can talk in person about how these issues apply to you.

This packet is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this packet, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

### Goals of Psychotherapy and My Methods

I strongly believe you should feel comfortable with the psychologist you choose, and hopeful about the psychotherapy. When you feel this way, psychotherapy is more likely to be very helpful to you.

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Early Feedback. By the end of our second session, I will tell you how I see your case at this point and how I think we should proceed.

Joint Planning. I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

New Skills. An important part of your psychotherapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we might work together to set up homework assignments for you if you would like. I might ask you to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes seem easy and quick, and sometimes slow or frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Notetaking. Just so that you are aware, I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. You are also welcome to make audio recordings our meetings to review at your leisure at home.

Other Treatments. If you could benefit from a treatment I cannot provide, I might refer you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about you, I will recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

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As a responsible person and ethical psychologist, I cannot continue to treat you if my treatment is not working for you. If for some reason our efforts are not going well, I might suggest you see another clinician for an evaluation. Or, if you wish for another professional's opinion at any time, or wish to talk with another psychologist, I will help you find a qualified person and will provide him or her with the information needed.

### **Boundaries in Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a psychologist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you. (Also, please also see my social media policy document.)

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this packet. Here I want to explain that I try not to reveal my clients' identities. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your psychologist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. I cannot be a psychologist to someone who is already a friend. I can never

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have a sexual or romantic relationship with any client during, or after, the course of psychotherapy. I cannot have a business relationship with any of my clients, other than in the psychotherapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a psychotherapy relationship; and (2) the testimony might affect our psychotherapy relationship, and I must put this relationship first.

As your psychologist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and may not receive any of your gifts eagerly.

### **The Length of Psychotherapy, Determining When to End, and What Ending Psychotherapy Looks Like**

The process of ending psychotherapy, called “termination,” can be a very valuable part of our work. Stopping psychotherapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop psychotherapy at any time, I ask that you agree now to meet for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from psychotherapy to try it on your own, we should discuss how to make such a “time out” more helpful.

I might send you a brief set of questions about 6 months after our last session. These questions will ask you to look back at our work together, and sending them to you is part of my duty as a psychologist. I ask that you agree, as part of entering psychotherapy with me, to return this follow-up form and to be very honest about what you tell me then.

### **The Risks and Benefits of Psychotherapy**

As with any powerful treatment, there are some risks as well as many benefits with psychotherapy. You should think about both the risks and benefits when making any treatment decisions. The risks: There is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some other people in your community might mistakenly view anyone in psychotherapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in psychotherapy may have problems with people important to them: Family secrets might be told. Psychotherapy might disrupt a marital relationship and sometimes may even lead to a divorce, possibly because one person wants to change and the other does not want change. Sometimes, too, a client's problems might temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that psychotherapy might not work out well for you.

While you consider these risks, you should know also that the benefits of psychotherapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In psychotherapy, people have an opportunity to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I enter our relationship with optimism that you will experience benefits.

### **Protecting Your Privacy and Limits on That Protection**

Beyond what I have already stated above about confidentiality and protecting your privacy, I

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will treat with great care all the information you share with me. You have a right protected by law that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues. And if I am compelled to testify, I will charge you for my time, including preparation, transportation, testifying, and other expenses. I charge \$250 per hour for my time spent forensically.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities. The issue of abuse has been expanded by AB1775 to include obscene acts with/toward a minor, including pornographic depictions of a minor/underage (as opposed to adult).
5. If I believe you might be abusing or neglecting a dependent or elderly adult, emotionally,

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physically, or financially, I am legally required to report my concern.

There are two situations in which I might talk about part of your case with another psychologist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow psychologist “cover” for me. This psychologist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this psychologist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other clinicians or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made.

**If you receive Medicare benefits, then please check only ONE of the following:**

- You are authorized to contact my primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.
- I do not authorize you to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical diagnosis and treatment. I am providing you with the name and address of my primary care physician only for your records.

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Please write below the name, address, and phone number of your primary physician:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

For the purpose of research/training, or to consult to assist with your treatment, I might want to make audio or video recordings of our sessions. I will ask your permission before making any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You may decline to allow this recording, or request that the recording be edited.

Except for situations like those I have described above, my office staff and I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office or waiting room. My office staff makes every effort to keep the names and records of clients private. My staff and I will try never to use your name on the telephone, where clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, such as an insurance company representative, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients' records 15 years after the end of our psychotherapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another



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psychologist who will assure their confidentiality, preservation, and appropriate access.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me. So if your physician sent me her records about your care, and you wanted to see them, you would need to ask her, and not me for my copies of them.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

### **About Our Appointments**

An appointment is a commitment to our work. We agree to be on time. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. If I am ever unable to start on time, I ask for your understanding and reduce my

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fee for the session in proportion to my delay. If you are late, we will probably be unable to meet for the full time, because I likely will have another appointment after yours. A cancelled appointment delays our work, but when you must cancel, please give me at least 48 hours notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a week in advance. If you notify me less than 48 hours in advance of a session, you will still be responsible for paying the fee for that time slot. And if I fail to give you notice 48 hours before our appointment that I will cancel, I will pay you the fee.

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible.

I cannot be responsible for any personal property or valuables you bring into this office.

### **Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in psychotherapy: One treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. Regular psychotherapy services: \$250 per 60 minutes, and prorated. Thus 90 minutes will be \$375. Please pay for each session prior to, or at, its beginning. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. If you use a check, I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting. You will be given advance notice if my fees change.

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Telephone consultations. I believe that telephone consultations may be suitable or even needed at times in our psychotherapy. If so, I will charge you our regular fee, prorated over the time needed. Be mindful that a telephone call might not be as confidential as a face to face conversation, as the phone lines are not secure from government spying and other monitoring practices as well as just being overheard by other people wherever you might be. If I need to have long telephone conferences with other professionals, exceeding 20 minutes, as part of your treatment, you will be billed for these at the same rate as for regular psychotherapy services. If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business, such doing a sound check while setting up a video-conference call with me.

Extended sessions. Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. Sessions that are extended will be charged on a prorated basis.

Psychological testing services. Psychological testing fees include the time spent with you, the time needed for scoring and studying the test results, and the time needed to write a report on the findings. The amount of time involved depends on the tests used and the questions the testing is intended to answer.

My fees do involve a substantial amount of money, although they are well in line with similar professionals' fees. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

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At the end of each month, I will send you a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed.

Depending on your financial circumstances and total medical costs for any year, psychotherapy as well as the cost of transportation to and from appointments and fees paid may be deductible from your personal income taxes as medical expenses; consult your tax advisor.

I am not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; I am not part of that contract. However, I will supply you with an invoice for my services with the standard diagnostic and procedure codes, the times we met, my charges, and your payments. You can use this to apply for reimbursement.

### **If You Need to Contact Me**

I cannot promise that I will be available at all times. For example, I usually do not take phone calls when I am with a client. You can always leave a message on my voice mail, and I will return your call as soon as I can. Generally, I will return messages daily except on weekends, vacations, and holidays.

If you have an emotional crisis, and cannot reach me, you or someone you designate should call the county mental health office at 1-800-854-7771, which is open 24 hours. You may go to Exodus Psychiatric Urgent Care, on Merengo, across the street from USC Medical Center, or to an emergency room.

### **If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Other Points**

As a professional psychologist, I naturally want to know more about how psychotherapy helps people. To understand psychotherapy better, I must collect information about clients before, during, and after psychotherapy. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life-relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you write on these questionnaires and what I have in my records and use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

If, as part of our psychotherapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

### **Statement of Principles and Complaint Procedures**

Many rules of the American Psychological Association (APA) and the State of California affect how I work with you. To the fullest extent of my ability, I intend to abide by all the rules of the APA and by those of my state license, however I oppose torture and oppression, which these codes have condoned.

However, despite my efforts and commitment to you and our work together, problems may arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. If your concerns with me are not worked out, our work

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together will be slower and harder. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other psychologist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the California Board of Psychology, the organization that licenses those of us in the independent practice of psychology. In my practice as a psychologist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately. If you do not feel comfortable bringing the matter to my attention yourself, you may contact the Board of Psychology. [www.psychology.ca.gov](http://www.psychology.ca.gov) or 916 574-7720.

### **Our Agreement**

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with you about them, and you will do your best to answer them. I understand that after psychotherapy begins I have the right to withdraw my consent to psychotherapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending psychotherapy with you.

I understand that no specific promises have been made to me by this psychologist about the results of treatment, the effectiveness of the procedures used by this psychologist, or the

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number of sessions necessary for psychotherapy to be effective.

I have read, or have had read to me, the issues and points in this packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this packet. I hereby agree to enter into psychotherapy with this psychologist (or to have the client enter psychotherapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_

Signature of client (or person acting for client) Date

\_\_\_\_\_

Printed name

Relationship to client:  Self  Parent  Legal guardian

Health care custodial parent of a minor (less than 14 years of age)

Other person authorized to act on behalf of the client - specify

I, the psychologist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. Therefore, I agree to enter into psychotherapy with the client, as shown by my signature here.

\_\_\_\_\_

Signature of psychologist

\_\_\_\_\_

Date

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I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client

Copy kept by psychologist