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**CONSENT FOR TREATMENT &  
NOTICE OF BUSINESS POLICIES AND PRIVACY PRACTICES**

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This *consent form* contains important information related to my professional services and business policies; please read it carefully. Please talk with me about any questions you have related to this form. When you sign this document it will represent an agreement between us.

**Psychological Services**

The psychological treatment I provide varies depending on your characteristics and the particular concerns you bring forward. Psychotherapy is not like some other forms of treatment in that it calls for an active effort on your part. In order for psychotherapy to be successful, you will need to reflect on the things we talk about, and you will need to consider making changes in some of your habits and in the way you think about certain things.

Psychotherapy has benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and frustration. On the other hand, extensive research indicates that psychotherapy often offers benefits, including improved mood, reduced anxiety and distress, deeper relationships, and solutions to specific problems. In short, while psychotherapy is often helpful, there are no guarantees about what you will experience in psychotherapy, and sometimes the process of psychotherapy can be challenging.

Psychotherapy involves an initial evaluation, which typically takes one or two sessions to complete. By the end of the evaluation period, I will offer you some initial impressions of how our work together might be helpful should you decide to continue with treatment. You should consider this information along with your own impressions of whether you feel comfortable working with me. Psychotherapy involves a significant investment of time, money, and energy, so you should think carefully about making this commitment. If you have questions or concerns about our work together, we can discuss them when they arise. During the initial evaluation, we can both decide if I am well positioned to provide the services that you need. If we decide to work together in psychotherapy, I will typically plan to meet with you for one 60-minute weekly session at a time we agree upon; depending on your response to treatment we can taper off the frequency of sessions and then bring treatment to a close.

**Professional Fees and Missed Appointments**

My hourly fee is \$200, and payment is due at the time services are provided. I accept checks, cash, and credit cards as forms of payment. Once an appointment is scheduled you will be expected to pay for it unless you provide at least 24-hours advance notice of cancellation. Because missed appointments cannot be billed to insurance carriers, you will be solely responsible for paying my \$200 fee for missed appointments canceled with less than 24-hours notice. At my discretion, exceptions to this cancellation policy will be considered in the event of an acute illness or personal emergency. I also charge \$200 per hour for other professional services you may need, such as report writing, extended telephone consultations, attendance at meetings you have authorized with other professionals, and preparation of records or treatment summaries.

**Health Insurance**

You can choose to use your health insurance to help pay for services, but note that your insurance company will require me to provide them with a clinical diagnosis for you, and sometimes may require additional

information such as treatment plans or summaries. If you want to use your health insurance to help pay for services I will only provide your insurance company with the information required to meet their administrative needs. By signing this consent form, you authorize me to provide information to your insurance company as needed for payment for services. I am paneled with Evernorth (Cigna) Behavioral Health and Lyra Health.

**Evernorth/Cigna.** If you use Evernorth/Cigna insurance I will help clarify your insurance benefits, but you should also carefully determine whether your insurance plan includes a yearly deductible, the amount of your copay or coinsurance per psychotherapy session, the number of sessions covered, etc. I will bill Evernorth/Cigna for the services you receive, and whenever we meet you will be responsible for paying me whatever your insurance plan doesn't cover.

**Lyra Health.** Depending on your sponsoring company's contract with Lyra, you may be required to contribute a copay or pay some other fee to Lyra each time we meet, and there may be a deductible to meet or other factors that determine your contributions to Lyra. Lyra supports brief treatment, and there may be a limit to the number of times you can meet with me. As a rule, the duration and frequency of our meetings will be limited to one hour per week. Lyra will assist you in completing baseline assessments to help determine your treatment needs, and then will require you to complete monthly assessments to gauge your response to treatment. Lyra will share the results of the assessments with me. Should you require treatment that is beyond my scope of practice, Lyra will help provide direction and referrals for additional treatment. I am required to keep Lyra informed of when your work with me ends, and also inform them if you ever have a suicide attempt or engage in self-injurious behavior that requires medical attention, and whether you are ever hospitalized for mental health reasons or engage in intensive outpatient mental health treatment. Lyra may provide de-identified, group data to your sponsoring company about treatment provided to their employees through Lyra, including information relating to utilization of services and response to treatment.

**Other insurance.** Other insurance providers may help cover some of the cost of the services I provide. To clarify coverage you should contact the administrator of your plan and ask about reimbursement for services provided by an "out of network" licensed psychologist. Whenever we meet you will pay my full fee and I will in turn provide you with a "superbill" that you can submit to your insurance company for reimbursement. The superbill will include your diagnosis and other information typically required by insurance companies. Note that the process of securing reimbursement for "out of network" treatment is often quite challenging and typically requires extensive follow-up and attention to detail. Further, many insurance plans only cover a modest portion of the cost for out of network treatment, if they help cover such treatment at all.

### **Telehealth services**

As a rule, I provide services by meeting in person with clients. Even so, if meeting in person isn't feasible, and depending on your particular concerns, I sometimes may provide treatment through online video-conference calls. Charges for Telehealth sessions are the same as for regular sessions. Also, in California insurance plans are required to cover Telehealth in the same way that they cover regular sessions. Although there is convincing empirical evidence supporting the efficacy of Telehealth, many clients prefer meeting with psychotherapists in person. Actually sitting in the same room with a psychotherapist often affords a sense of connection and security that isn't readily attained through Telehealth. If at all possible, I encourage new clients to attend at least a few sessions in person before considering Telehealth, so that they can make an informed decision about which modality works best for them. I use a secure, HIPAA compliant platform for Telehealth services. If you choose to receive treatment via Telehealth, you should know that there are potential risks involved, including the possibility that despite my efforts to use secure technology the transmission of your information could be disrupted by technical failures or accessed by unauthorized persons. There is also a risk that services could be disrupted by unforeseen technical problems. Also note that you are responsible for providing the necessary computer or other telecommunications equipment and internet access for your Telehealth sessions, and you are also responsible for the security of your equipment, and for arranging a location with sufficient privacy.

## **Clinical Records and Confidentiality**

The laws of California and the standards of my profession require that I keep clinical treatment records. I use a HIPAA compliant, Internet based, electronic record keeping system. The information in your treatment record is utilized in a number of ways, including treatment planning and, if you authorize it, coordinating treatment with other health providers. I maintain treatment records for at least ten years following the end of treatment.

You are entitled to receive a copy of your treatment record unless I believe that receiving that information would be emotionally damaging. Your request for a copy of your records should be made in writing. If I deny you access to your records, you can request to speak with an independent mental health professional about the situation. Because these are professional records, they can be misinterpreted by untrained readers, so if you wish to see your records or receive a copy of your records, I would expect to discuss your request and the content of your records with you before I provide you with a copy of the records.

If you believe that information in your treatment record is incorrect or incomplete, you may ask me to amend the record. It is my practice to accept this sort of request in writing, and any information you may wish to add to your record should also be provided to me in written form. You also have the right to request an *Accounting of Disclosures*. This is a list of the disclosures I have made of your medical record information. You also have the right to request a restriction or limitation on the health information I disclose about you for treatment, payment, or other reasons.

If you believe your privacy rights have been violated, you may file a written complaint with me, or with an independent mental health professional, or with the U.S. Department of Health and Human Services (50 United Nations Plaza, Room 322, San Francisco, CA, 94102). You will not be penalized for filing a complaint.

**Exceptions to Confidentiality.** There are some exceptions to confidentiality--I will provide information from your treatment record without your permission when required to do so by local, state or federal law.

- If you threaten to seriously harm or kill yourself, and we are not able to resolve the situation in treatment, I may seek to hospitalize you and I may contact family members, police, or others who can help keep you safe.
- Similarly, if I believe you pose a serious risk to someone else, I will take protective actions, which may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If you tell me of a child, an elderly person, or a disabled person being abused or mistreated, I will file a report with the appropriate government agency that can investigate that matter.
- I am also obligated under the law to report to appropriate authorities if you tell me that you have accessed, streamed, or downloaded child pornography.
- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if she or he determines that the issues demand it, and I will comply with such a court order.
- Professional consultation is an important component of psychological practice, and I may occasionally find it helpful to consult other professionals regarding clinical, ethical, and/or legal issues relating to the treatment I am providing to you. During such consultations I will make every effort to avoid revealing your identity.

If a situation occurs that requires that I share information without your written permission, I will make every effort to fully discuss it with you before taking any action. In most situations, in order to release any information to another party, I will ask that you sign an *Authorization to Release Information*. You may revoke such authorizations at any time. In the event of my incapacitation, disability or death, I have authorized my psychologist colleague, Dr. Daphne Lurie, to have access to my client files and my appointment calendar so

that she can contact my clients, provide referrals, etc. As a psychologist she is bound by confidentiality.

### **Litigation**

I will not voluntarily participate in any litigation involving a client, including legal matters such as child custody determination, personal injury, worker's compensation, criminal proceedings, etc. I also have a policy of no communication with a client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in legal matters. I will also generally not provide records or testimony unless compelled to do so. Should I be subpoenaed or ordered by a court of law to appear as a witness in a legal matter involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at an hourly rate of \$400.

### **Complaints**

If you ever have a concern or complaint about the treatment I provide for you, I encourage you to talk with me about your concern so that we can resolve it. But if we are unable to resolve it, or if you are uncomfortable bringing up your concern, you should know that the California Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. You may contact them through their website ([www.psychology.ca.gov](http://www.psychology.ca.gov)); or by calling 866-503-3221; or by writing to them at Board of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95825.

### **Ending Treatment**

Either of us can choose to end treatment at any time. You may end treatment, for example, when you feel you've made sufficient progress or if you decide my approach isn't a good fit for you. I may end treatment for any number of reasons--for example, if you no longer need treatment, if treatment isn't progressing well, if you need treatment beyond my expertise or the scope of my practice, if a conflict of interest comes to light, or if you fail to pay for services in a timely fashion. Should either of us decide to end treatment, I will generally recommend that you participate in a final session so that we can reflect on the work that was completed and discuss any ongoing treatment needs. When indicated, I will offer referrals and attempt to ensure a smooth transition for any recommended ongoing treatment.

### **Contacting Each Other**

You have the right to request that I only contact you in certain ways. For example, you can ask that I not leave a telephone message for you. Note that although it can be convenient to communicate with each other about routine matters via text messaging, voice mail, and email, these methods of communication are not considered reliably confidential. Also note that by default the online "Therapy Portal" scheduling system I use automatically sends you an email reminder for your appointments, but I can change the settings so that you receive a text reminder instead or no reminder at all. Please let me know if you have any preferences about how I or the scheduling system contacts you.

When you contact me you should bear in mind that I am often not immediately available by telephone. When I am unavailable, my telephone will roll over to a voicemail system that I check frequently. I will make every effort to return your call in a timely fashion, and typically within a business day or two after you leave me a message. That said, I am unable to provide 24-hour crisis service. In emergencies, you can attempt to reach me at my number and leave a message or text me. If I will be unavailable for an extended time, the voicemail greeting will provide you with the name of a colleague to contact, if necessary. If you feel that you can't wait for a return call, you can contact the San Diego Access and Crisis Line (888-724-7240) or go to the nearest hospital emergency room and ask for help. If you are experiencing a medical emergency, call 911. My website includes a webpage with additional information about securing urgent services (see the "Urgent and Emergency Services" webpage at <https://drstevesprinkle.com/urgent-emergency-services/>).

**Acknowledgement**

By signing this form, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement and agree to abide by it. You also agree to hold me free and harmless for any claims, demands, or suits for damages from any injury or complications whatsoever, except negligence, that may result from treatment. You also understand that you are financially responsible for all charges for the services I provide, including unpaid charges by your insurance company or other 3rd party payor. You allow me to file on your behalf for payment of services with your insurance company or payor and receive payment for these services directly. You agree that I may release any and all records to your insurance company or payor as requested for the process of claims for services. You have the right to a paper copy of this document. You can also access an electronic version of this document through my website. I reserve the right to change the policies as outlined in this document-- if they change you will be informed of that change and will be offered a copy of the updated form.