



**David Shoup Ph.D.**  
Practical Psychology, Inc.  
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## **PSYCHOLOGICAL SERVICES AGREEMENT**

This document contains important information about the professional services and business policies of David Shoup, Ph.D., Licensed Clinical Psychologist. I am an independent practitioner and am not associated with or in business with any other practitioner in this location. Please read the information below carefully and feel free to discuss any questions you have.

### **CONFIDENTIALITY**

The confidentiality of communications between you and myself (psychologist) is important and in general is legally protected. Normally, information can only be released to another individual with your written permission. There are, however, some important exceptions. For example, in suspected cases of child/adolescent abuse, reports are required to be made to Children's Protective Services. In cases of elder abuse or abuse of the disabled, reports to Adult Protective Services are required. In addition, when a person may be a danger to him/herself or another person and or their property, steps must be taken to prevent the danger. If you are suicidal, I will do whatever I can, including contacting spouses and/or family members, or local government agencies, to ensure your safety. In most legal proceedings, you have the psychotherapist-patient privilege to protect information about your treatment. However, in certain court proceedings, or other legal activity, may limit your ability to maintain confidentiality. In the event that any of these situations arise, we will discuss how your confidentiality will be affected.

### **ELECTRONIC COMMUNICATION POLICY**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession.

Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

#### **Email and Text Message Communications**

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with me should be limited to things like setting and changing



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appointments, billing matters and other related issues. Please do not email or text me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call during my normal business hours so we can discuss it on the phone or wait so we can discuss it during your meeting. The telephone or face-to-face via my secure video conferencing system is simply much more secure as a mode of communication.

Email and text messaging should not be used to communicate with me in an emergency situation. I make every effort to respond to emails, texts and phone calls within one business day, except on holidays. In case of an emergency, please call contact your local health providers such as 911 or proceed to a local hospital. If you are interested in support between sessions this is something we can discuss.

## **Social Media**

I do not communicate with, or contact, any of my clients through social media platforms like Twitter, Instagram, and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant privacy risks for you.

## **BENEFITS AND RISKS OF TREATMENT**

The majority of individuals who obtain therapy benefit from the process. Success may vary depending on the particular problems being addressed. Therapy requires a very active effort on your part. I like to think of therapy as a journey of self- exploration. My role is to guide you, help you understand the problems you are facing and help facilitate change in your life. Your role is to put these changes into effect. Some reasons why people seek therapy are because they think they can benefit from self-exploration, gaining insight into their problems and learning new skills. While there are many benefits from therapy, there are also some risks.

These risks may include experiencing feelings of anger, guilt or frustration. These feelings are a natural part of the therapy process and often provide the basis for change. Important personal decisions are often a result of therapy. These decisions are likely to produce new opportunities as well as unique challenges. For example, sometimes a decision that is positive for one family member may be viewed quite negatively by another family member. During your therapy with me, we will discuss your feelings, both positive and negative, and we will attempt to work through them.



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I work collaboratively with my patients on their treatment goals. I want you to be included on any decisions made so that treatment goals are met, and therapy is a rewarding experience. If you have questions about any services being provided at any time during treatment, feel free to ask me for clarification.

## **APPOINTMENTS**

Appointments are available by my secure video conference system or phone after an initial visit. If for some reason video conference will not work for you or I feel it is not the right way to provide services, we can talk about other possibilities including seeing a different person.

A therapy appointment is 50-minutes of session time and at least 10 minutes of preparation, review, and session documentation. Most people are seen once per week in the beginning of our visits. Nearing the end of our time together visits may be spread out to longer and longer intervals. Length of treatment and , frequency will depend on treatment goals and your needs.

## **Scheduling**

I provide services at a time that we mutually arrange. To schedule an appointment, please connect to my client portal which can be location on the internet: [www.practicalpsy.com](http://www.practicalpsy.com). There you can choose between my available dates and times. If you email or text message me, please limit your communication to scheduling information. If you wish to provide me with additional information at the time of scheduling, please call and leave me a voice mail. I can be reached at (650) 278-5217 or [david@practicalpsy.com](mailto:david@practicalpsy.com). If appointment is canceled with less than 48-hours' notice the full appointment fee will likely be billed

I strive to respond to messages within one business day. In a crisis situation, I encourage you to call 911 or go to your nearest emergency room.

## **RELEASE OF INFORMATION**

In order to maintain patient confidentiality, I require a written Release of Information to be filled out before any information is to be released from my office in either written or verbally unless required to do so by law.

## **PAYMENT AND FEES**

I accept or credit card as my main form of payment. If you would rather pay via another electronic means, please let me know so we can work out an agreeable service. Payments are



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due on the day the service is scheduled or provided. For credit cards the charge will run first thing in the morning and appear on your statement as "David Shoup" or "Health Care Provider". I do not deal direct insurance billing, but I can provide you with a receipt of your therapy session that you can submit to your insurance company.

The standard charge for a 50-minute session:	\$250.00
The standard charge for a 90-minute session:	\$375.00
Phone Consultations over 10-minutes*:	\$3.75 per minute
Report writing:	\$250.00 per hour
Involvement in Legal proceedings:	\$500.00 per hour
Meetings with professionals regarding your care:	\$250.00 per hour (at my office)
Travel time:	\$200.00 per hour
Review of Records:	\$250.00 per hour

### Couples Rates: Gottman Method

Initial assessment (both partners; 75-90 min.)	\$375
· Individual assessment (partner #1; 50-60 min.)	\$275
· Individual assessment (partner #2; 50-60 min.)	\$275
Ongoing customized interventions, skills training, and practice (both partners)	\$375

\*Please note there is a charge for calls 10 minutes or longer.

It is very important that you keep your account current. If there is a financial hardship, we will work out a payment plan. I require every patient maintain a credit card on my client portal for any payment due. These must be submitted by the time of your first appointment and kept up to date until we terminate service. Unless otherwise agreed upon, after 30 days, a charge of 10% interest per month will be added to any balance that you owe and delinquent accounts over 90 days will be turned over to collections. You will be notified by mail that your account will be turned over to collections if you do not pay the remaining balance.

Please inform me as soon as possible if there is a problem paying your account.



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## **INSURANCE REIMBURSEMENT**

If you have a health insurance plan, it may provide some coverage for therapy. You can call your insurance company to determine benefits. The category of services is “outpatient” mental health. You need to be aware that insurance companies require me to provide them with a clinical diagnosis (if you have one) in order to process the claim. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company file and will probably be stored in the company’s data bases. In some cases, they may share the information with a national medical information databank. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will inform you if your insurance contacts me directly and requests additional information and if appropriate I will have you sign a release of information.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that you review them in my presence or in the presence of another qualified mental health professional.

## **COMPLAINTS OR CONCERNS**

I hope that you will discuss any concerns with me. You may also report any concerns you have to the Board of Psychology at 800-633- 2322 and/or the U. S. Department of Health and Human Services at 877-696-6775.

## **CANCELLATION POLICY**

I have a 48-hour cancellation policy. Any appointments cancelled with less than 48-hour notice will be charged to your credit card on file. I require that every patient maintain a credit card on file for any outstanding payment due. I do understand that emergencies occasionally arise that prohibit you from giving me 48-hour notice. Except in emergencies, the above charges will apply to any appointment missed or cancelled without 48-hour notice.

I have reviewed the information in this agreement and have had my questions answered to my satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in treatment and/or psychological testing.