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## Office policies, Informed Consent, General Information and Agreement

**Payment:** Payment is due at the end of each session unless otherwise agreed. If you have insurance, you will be given a receipt at the end of each month which you can submit to and be directly reimbursed by your insurance company. Credit cards are not accepted.

**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 written permission, except when disclosure is required by law.

**When Disclosure is Required By Law:** Some of the circumstances when disclosure is required by law include: 1. Reasonable suspicion of child, dependent, or elder abuse or neglect. 2. When a client communicates a serious intent or plan to harm a specific victim or victims.

**When Disclosure May Be Required:** 1. When a client is a danger to self, others, or is gravely disabled. 2. When your mental status is placed as an issue in litigation initiated by you, the defendant has a right to obtain your records and/or call upon your therapist to testify.

**Telephone and Emergency Procedures:** If you need to contact me during the day, please leave a message on my voicemail. I check messages approximately 4 times during the day until 7pm. Your call will be returned as soon as possible. If it is a psychiatric emergency and it is after hours, dial 911 and ask to be connected to the nearest psychiatric emergency center.

**The Process of Therapy:** Participation in therapy can result in a number of benefits to you including improving your relationships, feeling happier about yourself, healing issues from the past, having a greater sense of purpose and direction in your life, and resolving other specific concerns that led you to seek therapy. Working towards these benefits requires effort, honesty, openness, and active involvement on your part. Sometimes deeply exploring your issues may bring up very intense, uncomfortable feelings, thoughts, experiences, and memories. Facing and resolving these difficult experiences is often part of the therapy process.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, and possible outcomes for treatment. If you have any questions about any of the procedures used in the course of therapy please feel free to ask and you will be given a full explanation.

**Cancellations: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for cancellations. The full fee will be charged for sessions missed without such notification.**

**I have read and understand the above Agreement, Informed Consent, Office Policies, and General Information.**

Client name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_