

John D. McKellar Ph.D.  
Los Altos Office Plaza, Suite 119  
4966 El Camino Real  
Los Altos, CA 94022  
(650) 224-5930

---

## **Psychotherapy Services and Policies**

This document contains important information about my professional services and business policies. Please read it carefully and ask me any questions that arise. When you sign this document, it represents an agreement between us.

### **Psychological Services**

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you first impressions of what our work will include and a general treatment plan. After the evaluation, we can both decide if I am the best person to provide the services needed to meet your treatment goals. If not, I will refer you to a more appropriate therapist.

We will work together to establish specific, individualized goals for treatment. Throughout therapy, we will continue to assess whether your goals are being met and/or whether they require revision.

It is important that you take care in selecting a therapist who fits your style and goals. You should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you. If you have questions about our work together, we should discuss them whenever they arise.

### **Confidentiality**

Your discussions with a licensed psychologist are confidential, which means they are protected by law. I may not disclose information about you without your formal written consent. There are situations, however, in which I am required by law to break confidentiality. These include (1) if I suspect you are in danger of harming yourself or another person, or if you are unable to care for yourself, (2) if there is suspected child abuse or neglect, or suspected elder or dependent adult abuse, or (3) if I am court ordered to release information as part of a legal proceeding, or as otherwise required by law.

In addition, I routinely consult with another licensed clinical psychologist in order to ensure that I am providing the best care possible. In these consultations, I discuss the nature of our work together without revealing information that would personally identify you.

### **Professional Fees**

The fee for a 45-50-minute session is \$180.00. Fees for longer or shorter sessions will be prorated from this fee. There will be no charge for brief telephone calls. However, you will be charged the typical session fee (prorated according to length) for calls longer than 10 minutes.

### **Billing And Payments**

Payments are to be made at the beginning of each session. Payment schedules for other professional services will be agreed to when they are requested. There is a \$20 fee for returned checks. A \$20 late fee will be added for any charges past due by 30 days, and additional charges will accrue for any unpaid balances.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

**(See reverse side)**

