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## Office Policies

**1) Confidentiality:** All information discussed during therapy sessions is confidential. The therapist may not divulge any of this material without a written release from the client. The exceptions to this confidentiality rule are any information relating to child or elder abuse, or the intention to harm one's self or others. In these instances, the therapist is required by law to take a number of steps, including breaking confidentiality, to avoid harm to the client or others.

**2) Payment:** The cost per fifty minute session is \$220; the cost of an eighty minute session is \$330. Payment is expected at the time services are rendered. If you do not pay when services are rendered, a \$20/session billing fee will be added. Clients who have insurance may submit a copy of their receipt of payment to their insurance company for reimbursement. Statements are issued once a month at the beginning of each month.

If assignment is accepted, whether it be Victim Witness, Medicare, a personal injury case, etc., the client remains responsible for the full bill if the third party refuses to pay. In addition, if accounts become 30 days overdue for whatever reason, the client will be charged interest on the balance at the rate of 1 1/2% per month.

**3) Cancellation:** Since the scheduling of an appointment involves the reservation of time set aside specifically for you, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. If for any reason a session is canceled less than 24 hours prior, the full fee will be charged.

**4) Paging and Emergencies:** Emergency consultations consist of unscheduled sessions or phone consultations which occur after hours, on the weekend, or as a result of a page. Emergency consultations will be charged at \$250 per fifty minute hour. Managed care and insurance generally will not pay for emergency phone therapy. There will be a minimum charge of \$25 for telephone consultations. These emergency rates apply even if you have negotiated a reduced fee rate for scheduled sessions due to financial hardship.

**5) Other Services:** The cost of psychological reports, court testimony and depositions, and other special services will be agreed upon before performing the services.

**6) Panel Membership, Medicare and Managed Care Paperwork:** By and large, I am not a preferred provider on any panels and I have opted out of Medicare. You are responsible for determining what rate of reimbursement you will receive from a non preferred provider. Even though I am not a panel member, some insurance companies and agencies require certain paperwork to be completed to pay on a claim. In order to empower the client and to be aware about what information is being released to managed care companies, all managed care paperwork and phone calls will be completed during the therapy session whenever possible. If they are completed outside of session, the client will be charged a modest fee for the service unless I am contracted with the insurance company as a provider.

**7) Informed Consent:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to

change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and his/her assessment of what will best benefit you. These include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental, or psycho-educational.

**8) 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, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I not provide, I have an ethical obligation to assist you in obtaining those treatments.

**9) Termination:** As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

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Client

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Date

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Client

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Date