

**Kari Wolman Killianey, Psy.D.**  
617 Veterans Blvd., Ste. 107, Redwood City, CA 94063  
510-798-5513 • kari.killianey@gmail.com  
www.drkarikillianey.com

## **Office Policies and Informed Consent**

### **Psychotherapy**

Welcome to my practice. I am a clinical psychologist, in individual practice, licensed by the Board of Psychology (No. PSY22479). The standard meeting time for psychotherapy is 50 minutes. Please arrive on time, as sessions cannot be extended if you arrive late.

Psychotherapy can be a healing and rewarding journey. It can also be difficult - at times, painful - and may require you to face unpleasant and usually avoided thoughts and emotions. I look forward to supporting you through these challenging experiences, as well as to celebrating your progress with you.

### **Confidentiality**

Unless you give explicit written authorization for release of information, your treatment is strictly confidential, with exceptions which are mandated by law, including, but not limited to: cases of suspected child abuse or neglect; suspected elder (65+) abuse or dependent adult abuse; if you pose an imminent danger to yourself or others; if you are unable to take care of yourself due to mental illness; or under certain court-ordered circumstances.

### **Communication**

If you need to contact me between sessions, please feel free to text or leave me a voice mail. I will get back to you as soon as possible, usually within 24 hours during the week and less frequently on weekends. There is no charge for brief telephone calls, but for calls lasting longer than 10 minutes, you may be billed proportionally to the hourly rate.

### **Emails, Cell Phones, Computers, Faxes**

I cannot ensure the confidentiality of any form of electronic communication, including texts. When I send or receive an email, the email is not encrypted, and there is a possibility that information in the email could be intercepted and read by other parties besides the person to whom it is addressed, thereby compromising the privacy and confidentiality of such communications. Please notify me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, or phone messages. If you communicate confidential or private information via unencrypted emails, texts, or phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters. Please do not use texts, emails, voice mails, or faxes for emergencies.

**Emergencies**

I am not available for emergencies. If you think that you are having a psychiatric emergency, or need to speak to a mental health professional immediately, call the San Mateo County Crisis Hotline at 650-579-0350, dial 911, and/or go to your nearest emergency room.

**Fees/Insurance**

The fee is \$\_\_\_\_\_ for \_\_\_\_\_ minutes. Payment can be made by check or credit card. Payment is required at the beginning of each session, or at the end of each month. Please see *Payment Agreement* for further details.

Because I do not contract with any insurance carriers nor bill insurance directly, clients are personally responsible for payment of all fees at the time of service. As a courtesy for you to obtain reimbursement, I will provide you with an itemized statement of your sessions at the end of each month to be used as your receipt in submitting to your insurance carrier. **It is your responsibility to verify the specifics of your coverage and benefits before treatment begins.**

**Delinquent Accounts**

If your account becomes 60 days past due, and there is no agreed-upon payment plan, your account may be sent to a collection agency. As a courtesy, I will send you a warning letter to give you an opportunity to resolve the outstanding balance before sending to collections.

**Litigation**

I will not voluntarily participate in any litigation. I will not communicate with a client’s attorney and will not write or sign letters, affidavits, or reports to be used in a client’s legal matters. I will not provide legal testimony or client records unless compelled to do so. Should I be subpoenaed to appear as a witness in an action involving a client, the client agrees to reimburse me for all time spent for preparation, travel, court appearances, etc., at the hourly rate of \$350.

**Cancellations**

24-hour notice is required to change or cancel an appointment. You will be charged the full fee for the missed appointment or late cancellation. Insurance will not reimburse for missed appointments.

**I understand and consent to these office policies. I also certify that I have received a copy of Dr. Killianey’s Notice of Privacy Practices detailing the provisions of HIPAA and my privacy rights.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date