BOYS' INSTITUTE FOR GROWTH (BIG)
A PSYCHOLOGICAL CORPORATION
Christopher A. Miller, Ph.D., Director (PSY17217)
12625 High Bluff Drive Suite #302 San Diego, CA 92130
drcmiller@sbcglobal.net or boysinstitute@sbcglobal.net

INFORMATION FOR NEW CLIENTS

Thank you for seeking my services. As we are meeting for the first time, I would like you to have some information about how I conduct therapy and some details about the business arrangements for treatment. This information is provided for you below. Please read this information carefully and feel free to discuss any questions you may have in session. I will be happy to explain any of the information in more detail.

NATURE OF THE TREATMENT

When we meet we will discuss the reason(s) you are seeking therapy and determine the appropriate type of treatment for your child. In general, therapy sessions will be scheduled weekly and last 50 minutes. The length of treatment and types of interventions will vary depending on the reason(s) for which you are seeking services. We can discuss the expected course of your child's treatment in our initial session(s).

Throughout therapy I encourage you to bring up any questions or concerns you may have directly with me in session. It is important that you understand your child's treatment and that I am aware of any issues you are concerned about.

CONFIDENTIALITY

Psychotherapy is a very private and personal treatment. I feel strongly that the concerns you and your child talk about with me should be kept confidential. There are times, however, when I may not be able to ensure confidentiality. Specifically, there are some legally mandated instances during which I cannot ensure confidentiality. They are: instances of suspected child abuse, instances of suspected elder or dependent abuse, instances when a client is a physical danger to him/herself or others, and court mandates. In addition, if a minor is or was in therapy with me, and the minor's parents are divorced, the non-custodial parent typically has the legal right to information about the minor's therapy.

In addition to the confidentiality exceptions listed above, there are times when I may believe it is important to gather information from other people or professionals in your child's life. For example, when I am seeing a child who has school difficulties, it is often helpful to speak with his/her teacher. If a child I am treating has a medical issue, it is helpful to speak with his/her physician. It will be your decision if you would like me to speak to such individuals, and I will request such permission directly from you in writing.

The use of insurance coverage provides a unique challenge to confidentiality. If you use insurance, then the insurer will request a diagnosis at the very least. The type of insurance will dictate how much information needs to be provided. It is your decision whether or not to use insurance to cover your child's treatment. If you choose to use insurance, I will not send information to or talk with an insurer without your knowledge and approval. It is important, however, that you are aware that, when using insurance, your child's therapy may not be completely confidential.

PAYMENT OF FEES AND USE OF INSURANCE

I ask that you either pay my fee directly to me at the beginning or end of each session or pay me at the end of each month, depending upon what is most convenient for you. This can be determined between us during our first visit together. You are responsible for payment regardless of whether you choose to use insurance coverage. I have chosen to remain independent of insurance plans as they limit client confidentiality and choices in treatment decisions. Thus, I am not covered by any managed health care plan, health management organization, or preferred provider plan, with the exception of Cigna Behavioral Health. I may be covered as an out of network provider by some plans. It is important that you talk to your insurer to determine whether or not my services are covered. At your request, I will provide a statement with all necessary billing and payment information that you can submit to your insurance carrier directly. If you wish to submit claims to your insurance carrier, they will reimburse you directly as long as your payments to me are up-to-date.

CANCELLATION OF AND LATE ARRIVAL TO APPOINTMENTS

In the event that you must cancel or reschedule a session, it is important that I be informed as soon as possible. You will be charged for the session if it is not canceled or rescheduled at least 24 hours prior to the appointment time. Unexpected emergencies (sick kids, car trouble, etc.) will not result in you being charged for a missed appointment.

If you are late to a session, you will be required to pay the full fee and your child's session time will not be extended. If, however, the session begins late due to a delay on my part, we will go past the designated time in order to have a full session.

CONTACTING ME

I can be reached at my office voice mail (858) 761-2256 or at drcmiller@sbcglobal.net or boysinstitute@sbcglobal.net . I check these messages regularly throughout the day and on weekends. If I do not return your call in a timely manner, please leave another message; as you know, electronic messaging sometimes fails. If I am unable to return your call, due to vacation or travel, I will indicate this fact in my message, and I may have another professional available to return urgent calls. In general, if you have an emergency, I expect that you contact the appropriate emergency agency, your physician, or a hospital emergency room. I am available by phone for psychiatric emergencies. Such calls should be limited to 15 minutes after which we may decide to schedule an appointment as soon as possible. All phone calls (emergency or otherwise) longer than 15 minutes will be billed as an extended phone session.

TERMINATION OF TREATMENT

Most likely the decision to end psychotherapy will occur naturally as your child accomplishes his/her goals. The decision to enter therapy is your choice. The decision to end psychotherapy must also be your choice. While I hope that it will be a decision that we can consider together, you may of course end your child's therapy at any time.

CONSENT TO TREATMENT

I, _____, have read the above information and discussed my questions with Dr. Miller. I consent to psychotherapy for my child, _____, with Dr. Miller as described above.

_____	_____	_____
Name (print)	Signature	Date
_____	_____	_____
Name (print)	Signature	Date
_____	_____	_____
Witness (print)	Signature	Date