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Clinical Psychology
License # PSY 5387
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Office Policies

1. Payment: Payment is normally due at the end of each session. Please notify me if any problem arises during the course of your therapy regarding your ability to make timely payment.

2. Insurance: Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. If you have insurance coverage for outpatient psychotherapy, I can provide you with a bill that includes the diagnosis. You can send this bill to your insurance company to get reimbursement for your payments to me.

3. Cancellation: The scheduling of an appointment involves the reservation of time specifically for us. To avoid charges for a missed session, please inform me of your cancellation at least 24 hours in advance.

4. Confidentiality: All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Confidentiality also applies when I see one partner of a couple alone, and he or she reveals information to me and explicitly lets me know that he or she does not want the other to know. I will keep that information confidential. However, if the confidential information is central to couple therapy, I will work with the partner revealing that information to me in order to resolve the situation so that couple therapy can proceed. If one partner wants information about couple therapy disclosed, normally both partners will be required to provide written permission. Disclosure may be required in the following circumstances:

- a) When there is reasonable suspicion of physical or sexual abuse or neglect of a child or a dependent or elder adult. Child sexual abuse includes accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.
- b) When the client communicates a threat of bodily injury to others.
- c) When the client is suicidal.
- d) When the client has been physically injured due to violence.
- e) When disclosure is required pursuant to a legal proceeding.

Because of my concerns about your confidentiality, please do not send me any material you view as confidential through e-mail or via text message. I prefer to use e-mail only for scheduling and cancellation.

I receive occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed. Please see the HIPAA disclosure form, which is on my website (www.drandrewchristensen.com), for further information about confidentiality and disclosure of health care information.

5. Contact between sessions: If you need to contact me between sessions, please leave a message with my answering service by dialing 310-837-1548. Normally, I will call you back that same day or the next day. When I am out of town or otherwise unavailable, a qualified professional will cover for me by checking with my answering service.

I have read and understand these office policies.

Date: _____ Client Signature _____