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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR  
PSYCHOTHERAPY SERVICES

**THE PROCESS OF THERAPY/EVALUATION:** 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 active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Dr. Manotas 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 you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc.. Dr. Manotas may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which 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 may result in changes that were not originally intended, including: decisions about changing behaviors, employment, substance use, schooling, living arrangements, or relationships. Sometimes a decision that is positive for one family member may be viewed 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, Dr. Manotas is likely to draw on various psychological approaches according to the problem that is being treated and his assessment of what will best benefit you. These approaches include cognitive-behavioral, mindfulness-based Somatic, psychodynamic, existential, system/family, developmental (adult, child, family), and psycho-educational.



**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Dr. Manotas will discuss with you (the client) his working understanding of the problem and treatment plans.

**Termination:** As set forth above, after the first couple of meetings, Dr. Manotas will assess if he can be of benefit to you. Dr. Manotas does not accept clients who, in his opinion, he cannot help. In such a case, he will give you a number of referrals that you can contact. If at any point during psychotherapy Dr. Manotas assesses that he is not effective in helping you reach the therapeutic goals he is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, he would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Dr. Manotas 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, Dr. Manotas will assist you in finding someone qualified, and if he has your written consent, he 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, Dr. Manotas will offer to provide you with names of other qualified professionals whose services you might prefer.

**Dual Relationships:** Therapy never involves dual relationships that may impair objectivity, clinical judgment, or therapeutic effectiveness. In accordance with the highest ethical standards for psychologists, Dr. Manotas will not engage in any relationships that are exploitative in nature.

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the



defendant may have the right to obtain the psychotherapy records and/or testimony by Dr. Manotas. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Dr. Manotas will use his clinical judgment when revealing such information. Dr. Manotas will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where Dr. Manotas becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others, and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet. In the event of psychiatric emergency please contact 911.

**Health Insurance & confidentiality of records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct Dr. Manotas to contact your carrier only the minimum necessary information will be communicated to them.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc...), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on Dr. Manotas to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Dr. Manotas consults regularly with other professionals regarding his clients; however, client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.



**Your Right to Review Records:** Both law and professional standards require that appropriate treatment records be kept. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances. or when Dr. Manotas assesses that releasing such information might be harmful in any way. In such a case, Dr. Manotas will provide the records to an appropriate and legitimate mental health professional of your choice.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Dr. Manotas between sessions, please leave a message on the voicemail (415-754-0451) and your call will be returned as soon as possible. Dr. Manotas checks his messages on a daily basis, unless he is out of town; he generally returns messages during normal work hours. If an emergency situation arises, please indicate it clearly in your message. In case of a mental health crisis, please refer to one of the 24/7 crisis call centers, 1-800-273-8255 or 415-781-0500. In case of other of emergencies needing immediate attention please contact 911 for assistance.

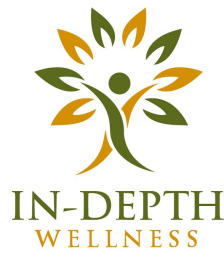
**PSYCHOTHERAPY CHARGES:**

Clients are expected to pay the agreed upon fee for each 50 minute therapy session. For clients using insurance, you are responsible for copayment and updating any changes to your insurance plan.

The client will be charged the full fee without a 48-hour-notice of cancellation, with the exception of emergencies. If you are a student or sliding fee agreement you will be charged that rate. If you are a client covered by insurance, you will be charged the standard rate.

Sliding Fee rate: \_\_\_\_\_ Standard Rate: \_\_\_\_\_ Intial: \_\_\_\_\_

**MEDIATION & ARBITRATION:** All disputes arising out of or in relation to their agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Dr. Manotas and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that



mediation is unsuccessful, any unresolved controversy related to the agreement should be submitted to and settled by binding arbitration in Sacramento County, California in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Manotas can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as well as attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

**CANCELLATION:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Client Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Provider Name and Member ID Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have read the above Agreement, Office Policies, and General Information carefully, I understand them and agree to comply with them. I give permission for Dr. Manotas to contact my insurance company and provide necessary information for billing purposes (if applicable). I have also reviewed a copy of the HIPAA/Privacy Policy form:

\_\_\_\_\_  
Client name (print) Date Signature

\_\_\_\_\_  
Client name (print) Date Signature



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Dr. Manuel Manotas Date Signature  
Licensed Clinical Psychologist  
In Depth Wellness