

Stephen Sprinkle, PhD

Licensed Psychologist CA PSY-21849

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**CONSENT FOR TREATMENT &
NOTICE OF BUSINESS POLICIES AND PRIVACY PRACTICES**

This document contains important information related to my professional services and business policies--please read it carefully. Please talk with me about any questions you have related to this "consent form." When you sign this document it will represent an agreement between us.

Psychological Services

The psychotherapy I provide varies depending on your characteristics and the particular concerns you bring forward. Psychotherapy is not like other forms of treatment in that it calls for an active effort on your part. In order for psychotherapy to be as successful as possible, you will need to reflect on the things we talk about both during and between our sessions, and consider making changes in some of your habits and in the way you think about certain things.

Psychotherapy has benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, and frustration. On the other hand, extensive research indicates that psychotherapy often offers benefits, including improved mood, better relationships, solutions to specific problems, and significant reductions in feelings of distress and anxiety. In short, while psychotherapy is often helpful, there are no guarantees of what you will experience in psychotherapy.

Psychotherapy involves an initial evaluation, which typically takes one or two sessions to complete. By the end of the evaluation period, I will offer you some initial impressions of how our work together might be helpful should you decide to continue with treatment. You should consider this information along with your own impressions of whether you feel comfortable working with me. Psychotherapy involves a significant investment of time, money, and energy, so you should think carefully about making this commitment. If you have questions or concerns about our work together, we can discuss them when they arise. During the initial evaluation, we can both decide if I am well positioned to provide the services that you need. If we decide to work together in psychotherapy, I will typically schedule one 60-minute session per week at a time we agree upon.

Professional Fees

Once an appointment hour is scheduled you will be expected to pay for it unless you provide at least 24-hours advance notice of cancellation. Because missed appointments cannot be billed to insurance carriers, you will be solely responsible for paying for those appointments. My hourly fee is \$190 per one-hour appointment. In addition to regular appointments, I charge this amount for other professional services you may need, but I will break down the hourly cost if I work for periods of less than one hour. Other services may include report writing, extended telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

Billing and Payment of Services

Payment is due at the time services are provided. I accept checks, cash, and credit cards as forms of payment. You can choose to use your health insurance to help pay for services but note that your insurance

company will require me to provide them with a clinical diagnosis for you, and sometimes may require additional information such as treatment plans or summaries. If you want to use your health insurance to help pay for services I will only provide your insurance company with the information required in order to meet their administrative needs. By signing this consent form, you authorize me to provide information to your insurance company as needed for payment for services. I am paneled with Cigna Behavioral Health, Anthem Blue Cross, and the UC Student Health Insurance (UC SHIP) used by UCSD and other University of California students.

Cigna. If you use Cigna insurance I will help clarify your insurance benefits, but you should also carefully determine whether your insurance plan has a yearly deductible, the amount of your co-pay per psychotherapy session, the number of sessions covered, etc. I will bill Cigna for the services you receive, and whenever we meet you will be responsible for paying me whatever Cigna doesn't cover.

Anthem Blue Cross and UC SHIP. I am part of a group of mental health professionals called Hillcrest Psychological Associates, located at 106 Thorn Street, San Diego CA 92103 (see hillcrestpsych.com). HPA shares certain administrative processes but all of us work independently and are solely responsible for the treatment we provide. HPA has a group contract with Anthem Blue Cross, and Anthem administers the UC SHIP insurance. If you use either of these to pay for my services the director of HPA, Dr. Erinn Tozer, will help clarify your insurance benefits, but you should also carefully determine whether your insurance plan has a yearly deductible, the amount of your co-pay per psychotherapy session, the number of sessions covered, etc. Dr. Tozer will manage the billing process and will have access to limited information about you and my work with you—for example, she will know your name, address, date of birth, diagnosis, and the dates services are provided, but she will not have access to the clinical notes I write. She is a licensed psychologist and is bound by the same confidentiality standards that I am. Whenever we meet you will be responsible for paying me whatever your insurance doesn't cover.

Other insurance. Other insurance providers may help cover some of the cost of the services I provide. To clarify coverage you should contact the administrator of your plan and ask about reimbursement for services provided by an "out of network" licensed psychologist. Whenever we meet you will pay me my full fee and I will in turn provide you with a "superbill" that you can submit to your insurance company for reimbursement. The superbill will include your clinical diagnosis and other information typically required by insurance companies for reimbursement.

Clinical Records and Confidentiality

The laws of California and the standards of my profession require that I keep clinical treatment records. The information in your treatment record is utilized in a number of ways: I use it to plan your treatment and keep a record of the significant issues that we address in treatment, and if you give me permission I use it to coordinate your treatment with other professionals or to provide information to significant others or family members. I maintain treatment records for ten years following the end of treatment.

You are entitled to receive a copy of your treatment record unless I believe that receiving that information would be emotionally damaging. If I deny you access to your records, you can request to speak with an independent mental health professional about the situation. Your request for an independent review of your original request for records should also be made in writing. Because these are professional records, they can be misinterpreted or upsetting to untrained readers, so if you wish to see your records or receive a copy of your records, I require written notice to that effect, and I would expect to discuss your request and the content of your records with you before I provide you with a copy of the records.

If you believe that information in your treatment record is incorrect or incomplete, you may ask me to amend that information. It is my practice to accept this sort of request in writing, and any information you may wish to add to your record also be provided to me in written form. You also have the right to request an *Accounting of Disclosures*. This is a list of the disclosures I have made of your medical record information. You also have

the right to request a restriction or limitation on the health information I disclose about you for treatment, payment, or other reasons. As noted above, I will not release your confidential information without your permission.

Complaints Regarding Privacy Rights. If you believe your privacy rights have been violated, you may file a written complaint with me, or with an independent mental health professional, or with the U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA, 94102. You will not be penalized for filing a complaint.

Exceptions to Confidentiality. There are some exceptions to confidentiality--I will provide information from your treatment record without your permission when required to do so by local, state or federal law.

- If you threaten to harm yourself or die by suicide, and I am not able to resolve the situation in treatment, I may seek to hospitalize you or I may contact family members, police, or others who can help keep you safe.
- Similarly, if I believe you pose a serious risk to someone else, I will take protective actions, which may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If you tell me of a child, an elderly person, or a disabled person being abused or mistreated, I will file a report with the appropriate state agency that can investigate that matter.
- I am also obligated under the law to report to the appropriate authorities if you tell me that you have accessed, streamed, or downloaded child pornography (i.e., material or images where a child is engaged in an obscene sexual act or conduct).
- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, however, a judge may order my testimony if she or he determines that the issues demand it, and I will comply with such a court order.
- Professional consultation is an important component of psychological practice, and I may occasionally find it helpful to consult other professionals regarding clinical, ethical, and/or legal issues relating to the treatment I am providing to you. During such consultations I will make every effort to avoid revealing your identity.

If a situation occurs that requires that I share information without your written permission, I will make every effort to fully discuss it with you before taking any action. In most situations, in order to release any information to another party, I will ask that you sign an *Authorization to Release Information*. You may revoke such an authorization at any time.

In the event of my incapacitation, disability or death, I have authorized my psychologist colleague, Dr. Daphne Lurie, to have access to my client files and my appointment calendar so that she can contact my clients, provide referrals, etc. As a psychologist she is bound by confidentiality.

Litigation

I will not voluntarily participate in any litigation or custody dispute involving a client. I have a policy of no communication with a client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed or ordered by a court of law to appear as a witness in a legal matter involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at an hourly rate of \$380.

Complaints

The California Department of Consumer Affairs' Board of Psychology receives and responds to questions and

complaints regarding the practice of psychology. You may contact them by calling 1-866-503-3221, at www.psychboard.ca.gov, or by writing to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825.

Ending Treatment

Either of us can choose to end treatment at any time. I may end treatment for any number of reasons--for example, if you no longer need treatment, or if treatment isn't progressing well, or if you need treatment beyond my expertise or the scope of my practice, or if a conflict of interest comes to light, or if you fail to pay for services in a timely fashion, and so forth. Should either of us decide to end treatment, I will generally recommend that you participate in a final session so that we can reflect on the work that was completed and discuss any ongoing treatment needs. When indicated, I will offer referrals and attempt to ensure a smooth transition for any recommended ongoing treatment.

Contacting Each Other

You have the right to request that I communicate with you only in certain ways. For example, you can ask that I not leave a telephone message for you, or that I only contact you by secure email or regular mail.

When you contact me you should bear in mind that I am often not immediately available by telephone. When I am unavailable, my telephone will roll over to a voicemail system that I check frequently. I will make every effort to return your call in a timely fashion, and typically within a business day or two after you leave me a message. That said, I am unable to provide 24-hour crisis service. In emergencies, you can attempt to reach me at my number and leave a message or text me. If I will be unavailable for an extended time, the voicemail greeting will provide you with the name of a colleague to contact, if necessary. If you feel that you can't wait for a return call, you can contact the San Diego Access and Crisis Line (1-888-724-7240) or go to the nearest hospital emergency room and ask for help. If you are experiencing a medical emergency, call 911. If you simply want someone to talk to for support, the County of San Diego operates the WARM Line, available everyday during afternoons and evenings, at 1-800-930-9276.

Acknowledgement

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this agreement and consent. Moreover, you agree to hold me free and harmless for any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from treatment. You also understand that you are financially responsible for all charges for services provided, including unpaid charges by your insurance company or other 3rd party payor. You allow me or Hillcrest Psychological Associates to file on your behalf for payment of services with your insurance company and receive payment for these services directly. You agree that I or Hillcrest Psychological Associates may release any and all records to your insurance company or payor as requested for the process of my claim for services. You have the right to a paper copy of this document, and you will be offered one when you sign the original for your treatment record. I reserve the right to change the policies as outlined in this document-- if they change you will be informed of that change and will be provided with a copy of the updated form.

Client Name (printed)

Signature

Date

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Name: _____

Date: _____

Supplemental Demographic Questions

These questions supplement the questions that appear on the Therapy Appointment “biographical information” form. If you haven’t already, be sure to complete that form online by logging onto Therapy Appointment.

1. What is your current relationship status? For example, in a committed relationship, single, married, widowed, partnered, separated, divorced, etc.

2. How would you describe your ethnicity or race? For example, multiracial, Latina, white, African-American, Chicano, Asian-American, etc.

3. How would you describe your sexuality? For example, gay, heterosexual, pansexual, Lesbian, asexual, straight, bisexual, queer, etc.

4. How would you describe your gender identity? For example, female, nonbinary, trans man or trans female, gender fluid, cis male, etc.

5. What pronouns do you use? For example, he/him, they/them, ze/zir, she/her, etc.

6. Whom should I contact for help in the event you have an emergency?

Name: _____

Relationship to you (mother, spouse, friend, brother, etc.): _____

Best way to contact: _____

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GAD-7 Anxiety Questionnaire

How often have you been bothered by the following problems? Use a *check* to mark your answer for the *past two weeks*, and an *X* to mark how things have been on average for the past year. If there is no difference, mark the same answer with a *check* and an *X*.

a. Feeling nervous, anxious or on edge

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

b. Not being able to stop or control worrying

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

c. Worrying too much about different things

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

d. Trouble relaxing

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

e. Being so restless that it is hard to sit still

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

f. Feeling bad about yourself or that you are a failure or have let yourself or your family down.

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

g. Becoming easily annoyed or irritable

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

h. Feeling afraid as if something awful might happen.

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

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PHQ-9 Depression Questionnaire

How often have you been bothered by the following problems? Use a *check* to mark your answer for the *past two weeks*, and an *X* to mark how things have been on average for the past year. If there is no difference, mark the same answer with a *check* and an *X*.

a. Little interest in or pleasure in doing things

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

b. Feeling down, depressed, or hopeless

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

c. Trouble falling/staying asleep, sleeping too much

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

d. Feeling tired or having little energy

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

e. Poor appetite or overeating.

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

f. Feeling bad about yourself or that you are a failure or have let yourself or your family down

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

g. Trouble concentrating on things, such as reading the newspaper or watching television

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

i. Thoughts that you would be better off dead or hurting yourself in some way

___ *not at all* ___ *several days* ___ *more than half the days* ___ *nearly every day*

If you checked off any problem on this questionnaire, how difficult have these problems made it for you to do work, take care of things at home, or get along with people?

___ *not difficult at all* ___ *somewhat difficult* ___ *very difficult* ___ *extremely difficult*

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Suicide Behaviors Questionnaire--Revised

Please check the statement or phrase that best applies to you.

1. Have you ever thought about or attempted to kill yourself?

- Never*
- It was just a passing thought*
- I have had a plan at least once to kill myself but did not try to do it*
- I have had a plan at least once to kill myself and really wanted to die*
- I have attempted to kill myself, but did not want to die*
- I have attempted to kill myself, and really hoped to die*

2. How often have you thought about killing yourself in the past year?

- Never*
- Rarely (1 time)*
- Sometimes (2 times)*
- Often (3-4 times)*
- Very often (5 or more times)*

3. Have you ever told someone that you were going to commit suicide, or that you might do it?

- No*
- Yes, at one time, but did not really want to die*
- Yes, at one time, and really wanted to die*
- Yes, more than once, but did not want to do it*
- Yes, more than once, and really wanted to do it*

4. How likely is it that you will attempt suicide someday?

- Never*
- No chance at all*
- Rather unlikely*
- Unlikely*
- Likely*
- Rather likely*
- Very likely*

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AUDIT-C Alcohol Questionnaire
by the World Health Organization

1. How often do you have a drink containing alcohol? (*check the most applicable response*)

never monthly or less 2-4 times a month 2-3 times a week 4+ times a week

If you drink alcohol, please answer these additional questions:

2. How many standard drinks containing alcohol do you have in a typical day?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

never less than monthly monthly weekly daily or almost daily

DAST-10 Drug Use Questionnaire

by Harvey A. Skinner, Department of Health Sciences, University of Toronto

*The following questions pertain to your use of drugs during **the past 12 months**. In responding to these questions **do not include your use of alcohol**, but **do include any prescription medications** you take that are not prescribed to you or that you use in ways do not adhere to the instructions provided by your prescriber. Circle YES or NO in responding to the following questions:*

1. Have you used drugs other than those required for medical reasons? YES NO

If YES, please answer these additional questions:

2. Do you abuse more than one drug at a time? YES NO

3. Are you always able to stop using drugs when you want to? YES NO

4. Have you had *blackouts* or *flashbacks* as a result of your drug use? YES NO

5. Do you ever feel bad or guilty about your drug use? YES NO

6. Does your partner or spouse or do your parents ever complain about your involvement with drugs? YES NO

7. Have you neglected your family because of your use of drugs? YES NO

8. Have you engaged in illegal activities in order to obtain drugs? YES NO

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? YES NO

10. Have you had medical problems because of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? YES NO