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## **Introduction To Psychological Services**

Welcome to my practice. I am pleased to have the opportunity to work with you, and hope that this handout will provide helpful information in making an informed decision concerning my services. Please ask questions at any time.

**PROFESSIONAL BACKGROUND:** I was awarded a Bachelor of Arts degree in Psychology from Barnard College of Columbia University in 1982, and a Ph.D. in Clinical Psychology from the California School of Professional Psychology in 1989. I did my pre-doctoral training at Children's Hospital of San Francisco and the Mt. Zion Crisis Clinic, and completed a two-year postdoctoral fellowship at Chestnut Lodge Hospital in Maryland. I worked in private practice in Indianapolis until relocating to Berkeley in 2018. I am a member of the American Psychological Association, The International OCD Foundation, and The Association for Play Therapy.

**TREATMENT:** Psychotherapy is a collaborative process that varies according to each client's needs, and can lead to significant improvement in overall mental health and quality of life. In addition to the benefits of psychotherapy, there are risks, in that you may address issues in your life that evoke a variety of intense and sometimes unwanted emotions. Although there are no guarantees regarding psychotherapeutic outcomes, psychotherapy often leads to positive changes. Some of these changes may include improved interpersonal relationships, reduced levels of anxiety, depression, and stress, improved skills in the areas of communication, self-control, and self-understanding, and an increased sense of competency. Clients typically experience the best outcomes when they make a strong commitment to therapy, including attending psychotherapy sessions consistently and participating actively in the process. It is important that you feel free to discuss any concerns you may have about the course of treatment with me.

**CLIENT'S RIGHTS AND CONFIDENTIALITY:** You may at any time question and/or refuse therapeutic or diagnostic procedures, and obtain any information you want about the process and course of psychotherapy. You can of course seek opinions from other clinicians. You are assured of confidentiality, which is protected by both professional ethical standards and by California State law. Clinical information cannot be released to other individuals without a client, parent, and/or guardian's written consent. There are, however, several legally mandated exceptions to confidentiality. These exceptions include: 1) notifying relevant others if I believe

that you intend to seriously harm yourself or others, 2) reporting suspected child abuse, neglect, or molestation, 3) reporting suspected abuse of the elderly, or 4) in legal cases, complying with court-ordered subpoenas of my records and/or my testimony. These situations are rare, however, and should they occur I will make every effort to discuss them with you before taking action. Further, in an effort to provide my clients with the best care I can, I may consult with other professionals regarding treatment. During consultation I will not reveal any identifying information about a client.

If a client is under 18 years of age, the law may provide his/her parents access to his/her treatment records. In order to respect the confidentiality of therapeutic communications with minors and improve the efficacy of treatment, it is my policy to ask that parents respect the confidentiality of the dialogue between myself and the minor, except where I deem it necessary to disclose the content of treatment. If agreed, I generally provide parents with general information regarding the course of treatment. Before giving parents any specific information, however, I will make every effort to discuss the matter with the minor and obtain his/her consent. Minors may be assured that I will respect their need for confidentiality and that I will use my best clinical judgment to determine when it is necessary to inform parents about particular issues.

In the treatment of minors, my primary role is to form a therapeutic alliance with your child, so that I may respond to his/her emotional needs. I do not conduct custody evaluations or make determinations about such issues. Consequently, if the parents of a minor child are or should ever become involved in a divorce or custody dispute, I ask that parents understand and agree that I will not provide any psychological evaluations, court testimony, or custody recommendations, as such involvement may undermine the minor's therapy. Should any such evaluations or testimony be required, an independent mental health professional should be consulted.

**APPOINTMENTS & CHARGES:** My services are available by appointment only. Initial sessions are scheduled for 60 minutes and regularly scheduled sessions are for 45-minutes. Charges for my services are based on customary fees for this area, as well as my experience and expertise. Charges are \$220 per 45-minute clinical hour, which includes record-keeping, session preparation, and routine telephone calls for the purpose of scheduling or clarifying billing information. Telephone calls that are primarily therapeutic in nature and that extend beyond fifteen minutes will be pro-rated and charged at the usual rate. Payment is expected at time of service, and I request that your check be made out in advance so that our entire time can be spent attending to your concerns. Any balance not paid could result in collection agency fees being added to your account balance. Please give at least 24-hours notice if you are unable to keep your appointment, or I will need to charge for the session.

I welcome you to our work together.

## FEE SCHEDULE

Initial Consultation (60 minutes, including forms):	\$250
Individual Psychotherapy (45-minute clinical hour):	\$220
Parent Meeting (60-minute clinical hour):	\$250

Sessions that extend beyond the usual length will be pro-rated at \$60 per each additional 15 minutes.

I have read the above information presented in this introduction/disclosure statement. My signature indicates that I understand the above and agree with the conditions of therapy stated or implied here.

I understand that this agreement does not guarantee that we will achieve my goals; however, I agree that I will pay \$220 per 45-minute clinical hour for access to Dr. Montague's resources as a psychologist, and her willingness to apply those psychological resources in good faith.

I further stipulate that this agreement will become part of my psychological record, which is accessible to Dr. Montague and her administrative staff, but to no other person without my written consent.

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Name Printed

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Name Signed

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Date