

# Welcome Pak



*Dr. Debra Dupree*  
*PsyD, LMFT #23250*  
*Forensic Mental Health Professional*  
*Family-Business Mediator*  
*Conflict Coach*

*...Discover how to recover from the drama and traumas in your past and uncover happiness within...*



TOLL FREE: 1-800-743-1973 • CELL: 1-619-417-9690 • FAX: 1-619-923-3611

EMAIL: [dr.dupree@debradupree.com](mailto:dr.dupree@debradupree.com)

WEBSITE: [www.relationshipsthatmatter.com](http://www.relationshipsthatmatter.com)

*Serving Coronado and the greater San Diego area*



*Thank you for choosing Dr. Debra Dupree for your family matters and forensic needs!*  
*I know that you have many choices AND I appreciate it!*  
*To prepare you for your first session, here are a few things to smooth the way:*

- 1) **Client Questionnaire** for your completion prior to arrival
- 2) **Consent / HIPPA Forms** for your review and signature
- 3) **Directions** to the office of Dr. Debra Dupree, Coronado
- 4) **Payment Information & Fee Schedule** for your review and signature

All documents are available for download from <http://relationshipsthatmatter.com/client-resources>.  
Should you have any questions about these items, feel free to contact the office prior to your first visit  
by writing to [dr.dupree@debradupree.com](mailto:dr.dupree@debradupree.com)

**NOTE:** Psychotherapy and Coaching Sessions **not canceled at least 24 hours** in advance or are scheduled and missed result in a **\$50 fee due prior to scheduling subsequent sessions** – no exceptions (not covered by insurance); credit card required to be on file.  
Scheduled Mediation Sessions require a **48-hour notice of cancellation** or one hour of service is charged (\$295).

*Dr. Debra Dupree is an approved provider on select health insurance plans and employee assistance programs (EAP).*  
*Please note that insurance must be pre-verified prior to your initial session or you are responsible for the full hourly fee at the time of service.*  
*Once approved, you may submit your claim for reimbursement directly from your insurance carrier. No refunds available.*

*Putting the Children First: Strengthening relationship by reducing conflict and improving communication*

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## CLIENT CONSENT FORM

**OVERVIEW OF SERVICES PROVIDED:** Dr. Debra Dupree's practice is designed to provide the following services:

- **\*Psychotherapy** (cognitive behavioral and emotion-focused therapeutic modalities)
- **\*\*Coaching** (how to negotiate at work, at home and in business, preparing for mediation, getting through a divorce, preparing for mediation, parenting strategies, and dealing with difficult conversations and difficult people)
- **\*\*Mediation** (divorce and parenting plans, family issues, keeping the marriage together, family-owned businesses, business partner disputes, and workplace issues)
- **\*\*Reunification counseling/coaching/child custody evaluations**
- **Parent Coordination** (for families who remain in high conflict following divorce when help is needed in making important child-related decisions)
- **\*\*Forensic Mental Health Professional & Vocational Consultant** (psychological testing, child custody, and spousal support assessments)

\*covered by major health insurances plans and employee assistance programs

\*\*not covered by health insurance plans; out-of-pockets expenses will be incurred

Services are available to individuals, couples, families, family-owned businesses, family estates and trusts, executive leaders, and work teams. An initial assessment is necessary to evaluate the situation and outline a course of action. Where appropriate and as needed, referral for additional information and adjunct services may be provided. When children are part of the family unit, confidential interviews may also be conducted.

Forensic services include psychological testing, child custody evaluations, vocational evaluation for wage earning potential and fitness for duty. If you have any questions regarding any of the services provided, feel free to discuss them with me.

### **OFFICE HOURS AND APPOINTMENTS** (by appointment only)

Mondays - Friday: 9am to 6pm - by appointment only  
Weekends & Holidays: Closed

What to expect :

- Complimentary 15-minute phone or SKYPE consultations are available to make sure we are a good fit!
- Individual psychotherapy appointments are 50 minutes in length per evidence-based practices.
- Coaching sessions range from 30- to 60-minutes in duration as scheduled per client via SKYPE, TELEPHONIC, or IN-PERSON.
- Vocational assessment sessions may range from 1.5-2 hours in length for several sessions.
- Family sessions may range from 1-2 hours in duration
- Mediation sessions are a minimum of 2 hours up to 6 hours maximum in one setting.

If you find that you cannot keep your appointment, call, email or text in advance as much as possible. This may make it possible for another client to be seen (and that client might be YOU someday).

**NOTE: A \$50 charge will apply for any missed appointments or appointments canceled less than 24 hours; a credit card must be retained on file for payment of missed and/or canceled appointments.**

### **TELEPHONE AND EMAIL**

I welcome and encourage you to call me if you have a problem or a question or may need to speak with me for any reason. You may reach me during regular office hours by phoning 1-800-743-1973 or text to 619-417-9690. You may reach the voice mail message system; please leave a message regarding the nature of your call. Urgent calls will always receive priority response. Routine calls are



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## PAYMENT INFORMATION

My fees are within the customary range for the San Diego area and reflect the level of care you will receive. I have standardized charges for individual and group therapy. Please feel free to discuss any questions about fees directly with me. NOTE: Your payment is accepted via Cash, Check or Credit Card. Completion of the form below is required for all clients in the event of a late cancellation and/or missed appointment. Payment is due at the conclusion of each session unless otherwise arranged.

### PAYMENTS ACCEPTED BY CREDIT CARD:

Printed Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

VISA  MasterCard CC# \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ CVS #: \_\_\_\_\_

Signature Authorizing Charge: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A receipt will be provided upon completion of processing, or at next session.

### PAYMENTS ACCEPTED BY CHECK:

Make all checks payable to Debra Dupree.

NOTE: A returned check charge of \$25 applies for any non-sufficient payments.

### Cancellation Policy

24-hour notice of cancellation is required for any scheduled meeting,  
or a \$50 charge shall be applied to the credit card on file (no exceptions).

Less than 48-hour notice of cancellation for mediation and/or family sessions will result in a \$300.

A rescheduling fee of \$35 per party for mediation sessions is applicable and payable prior to any rescheduled session.

Calling the voice messaging system and leaving a recorded message is sufficient notification for  
cancellation. Time of call is noted on the voice mail recording.

NOTE: Health insurance plans do not pay for late cancellations; you are personally responsible for any missed appointments.

I have read and understand the Payment & Cancellation Policy of Dr. Dupree.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Fee Schedule effective January 1, 2017

### PSYCHOTHERAPY:

- **\$185** Per Hour (selected insurance plan rates may apply)
  - Individual Counseling & Therapy
  - Sliding Fee Scale available based on documented income (see next page)
- **\$250** Per Hour
  - Couples / Parenting / Family Therapy

### COACHING

- **\$300** Per Hour\*
  - Conflict Coaching: Creating Psychological Safety
  - High Conflict Diversion Coaching & Training
  - Pre-Mediation Preparation for Family Court Services (FCS)
- Managing Up and Down Bad Bossing / Bullying – Leadership RedirectionNOTE: 2- and 4-session pre-paid packages available at a reduced hourly rate of \$210 per hour).

### MEDIATION / EXPERT WITNESS:

- **\$350** Per Hour (**\$175 PER PARTY; ONE MEDIATOR**) for 2-party mediations, two-hour minimum. Document review for pre-mediation is \$200 Per Hour.
- **\$3000-\$5000** Initial Retainer for Psychological Assessments, Vocational Assessments for Wage Earning Capacity, Reunification, Parental Alienation Syndrome, Parenting Plans & Family Mediation (ten hours of service, including all sessions, third-party interviews, and report preparation). Additional hours incurred are billed at a rate of \$350 per hour.
- **\$70** Rescheduling Fee (\$35 Per Party).
- **\$395** Per Hour Expert Witness Testimony; minimum is three hours: Deposition and Court Hearing

### Payment, Cancellation & Travel Policy

- Fees are **payable at conclusion** of each session. Retainer Agreements require payment at **onset of services**.
- **Cash, credit cards** (MC & VISA), **PayPal** and **checks** accepted. Statements are available upon request.
- Additional fees may apply for individual and 360-degree assessment tools; pricing vary per instrument.
- **\*Sliding Fee Scale** available based request and substantiated by documentation (e.g. pay stubs, income tax returns).
- Additional **discounts** available through **pre-payment** for individualized Coaching/Counseling packages.
- Psychotherapy/Coaching Sessions **not canceled at least 24 hours** in advance are due and payable at **\$50**.
- Mediation Sessions **not canceled at least 48 hours in advance**, excluding weekends and holidays, will be billed for the first hour, or \$300.
- For **sessions greater than 20 miles from San Diego City**, reimbursement of documented **travel and per diem** expenses as incurred are payable within five (5) days of submittal.

**\*SLIDING FEE SCALE for PSYCHOTHERAPY SERVICES**

<u>Annual Income</u>	<u>Individual Counselor per hour</u>	<u>Couples/Parent-Child Counselor per hour</u>
0 - \$20,000	\$ 50	\$100
\$20,001-\$30,000	\$ 75	\$125
\$30,001-\$50,000	\$100	\$150
\$50,000-\$75,000	\$125	\$175
\$75,000-\$100,000	\$175	\$225
Over \$100,000	\$185	\$250

## DIRECTIONS

### CORONADO:

#### From Interstate 5, traveling North or South:

- 1) Take "75" across the Coronado Bridge
- 2) Continue to Orange Avenue and turn left.
- 3) Travel down Orange Avenue from 3<sup>rd</sup> Street to 7<sup>th</sup> Street and turn right.
- 4) Street parking is available on 7<sup>th</sup> Street. Walk down alley to Dr. Debra Dupree, 755 F Avenue, enter through gate.
- 5) Wait on chair outside until time of appointment.

A Downtown or Mission Valley meeting location can be made available upon request for a minimum of a 2-hour session.

#### NOTE:

- If you are **running late**, please call or text 619-417-9690 as soon as possible to notify of late arrival.
- Arrivals within the first 15 minutes will result in shorter meeting time at the regular hourly rate.
- Delays in arrival greater than 15 minutes must reschedule unless mutually agreed upon to continue; session is not extended to accommodate late arrival.
- \$50 is due and payable for same day cancellations or less than 24hour notification, or missed appointments (credit card must be retained on file for all client services).

***DRIVE SAFELY!***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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#### **How I may use and disclose your PHI (protected health information).**

Uses and disclosures related to Treatment, Payment or Health Care Operations do not need your written consent.

TREATMENT: I can use your PHI to provide you with mental health treatment, including discussing or sharing your PHI with my interns (when applicable). I can disclose your PHI to other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care.

PAYMENT: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. When billing is made to an insurance company, information is exchanged regarding your diagnosis.

EMERGENCY: I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists.

SPECIAL CIRCUMSTANCES: I will disclose information when required to do so by international, federal, state or local law, to ensure your safety and health: For example, if you are suicidal or I determine that you are a serious danger to yourself or others. I am required by law to report child abuse, abuse or the neglect of the elderly, and abuse of persons with physical or mental handicaps. Limited information may also be given if requests are made by law enforcement officers in response to a court order, subpoena, warrant, summons, or similar processes.

#### **What rights you have regarding your PHI.**

You have these rights with respect to your PHI.

TO REQUEST LIMITS ON MY DISCLOSURES: You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

TO CHOOSE HOW I SEND PHI TO YOU: You have the right to ask that I send information to you an alternative address or by alternate means. I must agree to your request so long as I can easily provide the PHI to you in the format you requested.

TO INSPECT AND COPY YOUR PHI: You have the right to inspect and copy the PHI that I have on you but this request must be submitted in writing. In certain situations, I may decline your request. If I do, I will tell you, in writing, my reasons for denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you no more than \$.25 per page. I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

TO AMEND YOUR PHI: If you believe there is a mistake in your PHI or that some important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide your request and the reason in writing. I may deny your request in writing and my denial will state the reason for denial and explain your right to file a written statement of disagreement with the denial.

#### **How to complain about our privacy practices.**

If you think I may have violated your privacy rights, or if you disagree with a decision I made about access to your PHI, you may file a complaint with Debra Dupree at 1417 Second Street, G211, Coronado, CA 92118, or by phone at 619-417-9690. You also may send a written complaint to the Secretary of the Dept. of Health and Human Services at 200 Independence Avenue SW., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint.

**Effective date of this notice.**

This notice went into effect nation-wide on April 14, 2003.

I acknowledge receipt of this notice of HIPPA Privacy Practices:

Client Name \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Meeting Location: 755 F Avenue, Coronado, CA 92118**

**Contact Us: Phone (619-417-9690) - Email: [dr.dupree@debradupree.com](mailto:dr.dupree@debradupree.com)**