PATHWAY CLINICAL GROUP

San Diego, California

Questions for Your Consultation

How to use a short call to learn whether a clinician may fit—and whether therapy is the right next step

Educational resource · not a diagnostic tool

BEFORE YOU BEGIN

Three names and fifteen minutes

You may have names from an insurance directory, a friend, or an online search. Profiles can sound alike, and it can be hard to know what to ask during a brief call. Use this guide to choose two or three questions that matter most to you and take one line of notes afterward.

> This is not a scored checklist. You may contact more than one clinician, ask for time to decide, or decide after starting that the fit is not right. A clinician should explain the service and obtain your agreement before treatment begins; exact consultation practices vary.

WHAT YOU ARE ACTUALLY DECIDING

What one call can—and cannot—tell you

A brief consultation can help you learn whether the clinician has relevant experience, how care might be organized, what it may cost, and what the next step would be. It usually cannot establish how well treatment will work. Some practices use the call only for screening; others may begin assessment. Ask what the call includes and whether it is billed.

- You do not have to give your full history in a brief call. Share enough to describe what you want help with and any urgent safety concern.
- Ask how privacy works during the call, including any limits to confidentiality.
- You may say, “I need time to think,” and you may seek another opinion or clinician.

Section 1 of 4 · Name what you are bringing

Before the call, write one sentence about why you are seeking help now. It can be a recent event, a long-standing concern, or simply that you are ready to ask for support. There is no required way to tell the story.

THREE QUESTIONS TO ASK YOURSELF FIRST

- What concern would I most like help with?
- What would I hope to notice changing over the next few months?
- What have I already tried, and what was or was not helpful?

WAYS TO OPEN THE CONVERSATION

- “I’m looking for help with ____. I decided to call now because ____.”
- “I do not have a tidy way to describe this. May I tell you what has been happening?”
- “I’m not sure whether therapy is the right service. Can you tell me what you would recommend as a next step?”

Section 2 of 4 · Ask how they work

Ask for a plain-language description of the first few sessions, how goals are set, whether sessions are structured or open-ended, whether there is work between sessions, and how progress is reviewed. Evidence-based practice combines research evidence, clinical expertise, and patient characteristics, culture, and preferences; no treatment works for everyone. [21]

QUESTIONS THAT INVITE USEFUL DETAIL

- “What would the first few sessions usually involve?”
- “What experience do you have with concerns like mine, and when would you refer someone elsewhere?”
- “How will we decide what we are working toward and whether it is helping?”
- “What would we do if I felt the approach was not helping?”
- “How do you work with people from my background, culture, faith, identity, or family situation?”

Section 3 of 4 · Ask about cost and logistics

Clear practical information helps you decide whether care is affordable and workable. Ask for fees and policies in writing.

WHAT TO ASK, AND WHY IT MATTERS

- The fee per session, whether the first consultation has a fee, the cancellation policy, and when fees may change.
- Whether the clinician is currently in-network for your exact plan. Confirm with both the practice and your insurer.
- If out-of-network, whether the clinician provides a superbill and whether your plan covers the service. Ask your insurer about the deductible, coinsurance, the plan's allowed amount, claim rules, and whether balance billing may apply. A reimbursement percentage alone may not predict what you will pay. [19] [20]
- Whether telehealth is offered and where you may be physically located during a visit. Cross-state practice rules vary; the clinician must confirm that they are permitted to treat you where you are located. [4]
- What to do if you need help between sessions and who covers when the clinician is unavailable. Do not assume the practice provides crisis response.

> **SAY IT LIKE THIS**
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> - "Before I book, please send me the fee and cancellation policy in writing."
> - "Please confirm whether you are in-network for my exact plan. What billing documents will I receive?"
> - "If I am self-pay, how do I request a Good Faith Estimate?"

Section 4 of 4 · Listen to the content and clarity

By the end of the call, try to identify the proposed next step, likely cost, and whether you felt able to ask questions. It is reasonable to request missing information before booking.

IF YOU ARE COMPARING CLINICIANS

Verify the clinician's license through the relevant state licensing board. Public records differ by state and profession; some show license status and disciplinary actions. California's Department of Consumer Affairs search covers several behavioral-health license types. [18]

Then compare relevant experience, treatment approach, availability, cost, accessibility, and how comfortable you felt asking questions. A brief call cannot establish competence or predict outcome by itself.

IF THERAPY HAS NOT HELPED BEFORE

A previous treatment may have been unhelpful for many possible reasons. Tell the next clinician what you tried, how long you tried it, what helped, what did not, and why it ended. Ask how the new plan would differ. Treatment should be reviewed and adjusted when needed; no treatment is universally effective. [21]

BEFORE YOU BOOK

Is this the right kind of help?

Different concerns may call for different services, and more than one service may be appropriate at the same time.

- Psychotherapy: conversations and structured psychological or behavioral methods delivered by a qualified mental health professional.
- Medication evaluation: often provided by a psychiatrist, psychiatric-mental-health nurse practitioner, or another authorized prescriber. Prescribing authority varies by profession and jurisdiction. California psychologists do not prescribe medication. [17]
- ADHD, autism, or learning concerns: ask what kind of diagnostic evaluation is appropriate. These evaluations may involve clinical interviews, history, rating tools, collateral information, medical or psychological assessment, and—when relevant—educational or neuropsychological testing. A single test does not diagnose ADHD, and adult ADHD assessment may include ruling out other causes. [11] [12]

ABOUT A PARTICULAR PRACTICE

Confirm how consultation works there

The original guide included practice-specific assurances that could not be independently substantiated from the document. Before booking with any practice, confirm these points directly and in writing where appropriate:

- Length and purpose of the consultation; whether it is free or billed.
- Who will conduct it and whether the person is licensed, registered, or supervised.
- Fees, insurance status, cancellation policy, and Good Faith Estimate process.
- Privacy, recordkeeping, and limits to confidentiality.
- How referrals are handled if the practice is not a fit.
- How urgent needs are handled and what to do outside business hours.

> Talk to your clinician before starting, stopping, or changing medication or substance use, and before making treatment decisions based on this guide. Seek urgent care if symptoms are severe, rapidly worsening, or you cannot keep yourself or someone else safe.

References:

Full URLs are provided so you can check the source.

[1] SAMHSA, 988 Frequently Asked Questions. https://www.samhsa.gov/mental-health/988/faqs

[2] SAMHSA, Crisis Help. https://www.samhsa.gov/find-support/in-crisis

[3] CMS, Good Faith Estimate and patient-provider dispute guidance. https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/good-faith-estimate-patient-provider-dispute-resolution-process-for-uninsured-or-self-pay-individuals.pdf

[4] HHS Telehealth, Licensing Across State Lines. https://telehealth.hhs.gov/licensure/licensing-across-state-lines

[5] CMS, Emergency Medical Treatment & Labor Act (EMTALA). https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act

[6] U.S. Senate Committee on Finance, Behavioral Health Provider Directory Secret Shopper Study. https://www.finance.senate.gov/chairmans-news/wyden-calls-for-action-to-get-rid-of-ghost-networks-releases-secret-shopper-study

[7] Flückiger et al., therapeutic alliance meta-analysis (PubMed). https://pubmed.ncbi.nlm.nih.gov/29792475/

[8] WHO, Clinical Handbook on Intimate Partner Violence and Sexual Violence. https://www.who.int/publications/i/item/WHO-RHR-14.26

[9] National Domestic Violence Hotline, Couples Therapy and Abuse. https://www.thehotline.org/resources/should-i-go-to-couples-therapy-with-my-abusive-partner/

[10] MedlinePlus, Alcohol Withdrawal. https://medlineplus.gov/ency/article/000764.htm

[11] CDC, ADHD in Adults. https://www.cdc.gov/adhd/about/adhd-in-adults.html

[12] NHS, Autism Assessments. https://www.nhs.uk/conditions/autism/assessments/

[13] MedlinePlus, Anxiety. https://medlineplus.gov/anxiety.html

[14] United Way 211, Service Data. https://www.211.org/data

[15] SAMHSA, National Helpline. https://www.samhsa.gov/find-help/helplines/national-helpline

[16] SAMHSA, Treatment Locators. https://www.samhsa.gov/find-help/locators

[17] California Board of Psychology, Prescribing. https://www.psychology.ca.gov/consumers/medicate.html

[18] California Department of Consumer Affairs, License Search. https://search.dca.ca.gov/

[19] HealthCare.gov, Allowed Amount. https://www.healthcare.gov/glossary/allowed-amount/

[20] HealthCare.gov, Coinsurance. https://www.healthcare.gov/glossary/co-insurance/

[21] American Psychological Association, Evidence-Based Psychological Practice in Health Care. https://www.apa.org/about/policy/psychological-practice-health-care.pdf

[22] National Domestic Violence Hotline, Safety Planning. https://www.thehotline.org/plan-for-safety/