

OFFICE POLICIES, GENERAL INFORMATION, & CONSENT FOR TREATMENT

Please read the following carefully. If you have any questions, feel free to discuss them with me before signing. As a client entering into a therapeutic relationship with me, you need to be familiar with our respective rights and responsibilities:

BENEFITS & RISKS OF THERAPY & EVALUATION: Participation in therapy can result in a number of benefits to you, including the resolution of the specific concerns that led you to seek therapy. Successful therapy can result in more satisfying interpersonal relationships, more maturity in judgment and action, and a greater sense of fulfillment in life. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior.

During evaluation or therapy, remembering unpleasant events and discussing difficult parts of your life may arouse intense, uncomfortable emotions such as anger, sadness, worry, fear, etc. You may also experience anxiety, depression, and/or insomnia. I 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, frustrated, depressed, challenged, attacked, or disappointed.

Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing and/or relationships. Sometimes a decision that is viewed positively by one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating.

Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, I am likely to draw on various psychological approaches depending upon, in part, the problem that is being treated and my assessment of what will best help you to achieve the therapeutic goals. These approaches include behavioral, cognitive-behavioral, psychodynamic, family systems, developmental, or psycho-educational.

I will periodically ask for feedback regarding your therapy, its progress, etc. and will expect you to respond openly and honestly. *There is no guarantee that this psychotherapy will lead to the desired or intended result.*

PROCESS OF THERAPY: Clients often enter therapy with some uncertainties or questions about what to expect. The process of therapy is similar to a book in that it has a beginning, middle, and end. In the *beginning* stage of therapy, I will gather information about your current life circumstances and relevant historical information. I may inquire about situations or behaviors that seem unimportant or irrelevant to the concerns that brought you into therapy, but please remember that a thorough initial

evaluation is more likely to yield a successful treatment plan. After the first few sessions, I will discuss my understanding of the problem, propose a treatment plan, and share my view of the possible outcomes of therapy. You always have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. During the *middle* stage of therapy, progress toward the agreed upon goals will be attempted and hopefully achieved. This can sometimes be the most challenging part of the therapeutic journey. Ideally, the *end* stage is reached when the specific concerns that led you to seek therapy are resolved. However, sometimes therapy may end for other reasons, such as when one member of a couple refuses to continue or a non-custodial parent withdraws their consent for a minor child's treatment.

Termination: A good match between therapist and client is essential to a positive therapeutic outcome. As a result, I will assess, during the first few sessions, if I am a good fit, relationally and clinically, to be of help to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals whom you may contact. If at any point during psychotherapy, I assess that I am not effectively helping you reach the therapeutic goals, I am obligated to discuss it with you and, if appropriate, terminate treatment. Again, you will be provided with a number of referrals whom you may contact. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with such a transition.

Participation in therapy is always voluntary and you have the right to terminate treatment at any time. If at any time you would like to consult with another therapist, I can provide you with a list of qualified professionals and, if I have your written consent, I can provide him or her with the essential information needed. If you are ever dissatisfied with the services you are receiving from me, please talk with me about your concerns. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask. I will attempt to overcome any obstacles to helping you achieve the agreed upon treatment goals and can always provide you with names of other qualified professionals if you prefer to switch to another therapist. Again, if you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with such a transition.

Dual relationships: Therapy never involves sexual or business relationships or any other dual relationship that impairs my objectivity, clinical judgment, or therapeutic effectiveness.

CONFIDENTIALITY

Our conversations and the written records pertaining to our sessions will always be held in confidence unless you give me written permission to share them with someone else or I am required by law to release information about them. Except for the times when I am legally required to disclose information and break confidentiality, I will always obtain your written permission before sharing information with another party.

When disclosure is required by law: Some of the circumstances where disclosure is required by the law include: 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 my testimony.

In couple's or family therapy, or when different adult family members are seen individually, confidentiality and privilege do not apply *between* the couple or among family members. I discourage the keeping of secrets from other adult family members and assume that those who tell secrets want help in disclosing them to the other adult members of the family. I do not collude with individual family members to keep secrets from each other and I will use my clinical judgment regarding when to reveal such information.

I will not release records to any outside party unless I am authorized to do so by *all* adult family members who are/were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I 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, I may also contact the person whose name you have provided on the Client Information Sheet.

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 your claims. If you instruct me to disclose information to your insurance carrier, only the minimum necessary information will be communicated. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You should be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy and/or to future capacity to obtain health or life insurance. Having your personal and private information entered into an insurance company's large computer networks could put you in a position where your rights to privacy are violated.

Litigation limitation: Due to the confidential nature of the therapeutic process, it is agreed that should there be any legal proceeding (such as, but not limited to, divorce, custody disputes, personal injuries, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: Sometimes consultation with other therapists can be helpful. While I consult regularly with other mental health professionals regarding my clients, I do not disclose client's names or other identifying information. I maintain the confidentiality of my clients even when consulting with other professionals.

Your right to review records: Both the law and the standards of my profession require that I keep appropriate treatment records. 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 I assess that releasing such information might be harmful in some way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice.

MEDIATION & ARBITRATION:

All disputes arising out of or in relation to this 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 myself and the 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 this agreement should be submitted to and settled by binding arbitration in Los Angeles 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, I 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 and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

RESCHEDULING:

From time to time, emergencies may arise which prohibit you from showing up to your scheduled appointment. Please be considerate of my time and provide at least 24 hours advance notice if you need to cancel or reschedule an appointment. You will be charged \$225.00 for missed appointments unless you have provided 24 hours advance notice. Most insurance companies do not reimburse for missed or cancelled sessions.

PHONE CALLS:

I am available for consultation by phone as needed between sessions. While I am often not available immediately, I will make every effort to return your call within 24-48 hours. During vacation periods, I will provide you with the name of another licensed clinician whom you may contact in my place during times of urgency or emergency.

Please be advised that you will be charged a fee for every phone conversation we have with the exception of appointment cancellations and rescheduling. You will be charged according to the following fee schedule:

- 1-10 minutes: \$45.00
- 11-20 minutes: \$90.00
- 21-30 minutes: \$135.00
- 31-40 minutes: \$180.00
- 41-50 minutes: \$225.00

You will not be charged for leaving a message to cancel an appointment. Nor will you be charged if our conversation is simply to reschedule an appointment. As most insurance companies do not cover phone conversations, you will be completely responsible for payment. You will be expected to pay for phone consultations at your next session.

If an emergency situation arises, please call the Los Angeles County Crisis Line (800) 854-7771, the National Hope Line (800) 784-2433, or the Police (911).

PAYMENT:

The standard fee per 50-minute session is \$225.00. We will be able to maximize our time together if you have your check completed and signed prior to each session. Please make your check out to Debbie Reed, LMFT.

Fees will be reviewed annually and may be increased moderately. You will be given 30 days notice if your fee will be increasing. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. If you fall behind in 2 payments, we will need to suspend therapy until you are able to bring your account up to date.

Site visits, report writing and reading, consultation with other professionals, release of information, reading records, extended sessions, travel time, etc., will be charged at the same rate of \$225.00/hour, unless indicated and agreed otherwise.

Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance company. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section "Health insurance & confidentiality of records," you should be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Insurance companies do not reimburse clients for all issues, conditions, or problems which are the focus of psychotherapy. *It is your responsibility to verify the specifics of your coverage.*

CONSENT TO TREATMENT:

I have read, understood, and agree to comply with the above office policies and general information. I voluntarily consent to enter into treatment at this time with Debbie Reed, LMFT. I authorize Debbie Reed, LMFT to carry out psychological assessments, diagnostic procedures, and treatment interventions during the course of therapy as advisable. I understand the purpose of these procedures will be explained to me upon my request and they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my therapist cannot guarantee the outcome of treatment. Further, I acknowledge the therapeutic process may bring up uncomfortable feelings and/or reactions such as anxiety, sadness, and anger. I know that these are normal responses to working through certain life experiences and that my therapist will do what she can to help me resolve these uncomfortable feelings and/or reactions. Finally, I understand that my participation is voluntary and I may discontinue this therapeutic relationship at any time. I have received a copy of this form.

Client Name: _____ Date: _____ Signature: _____
(printed)

Client Name: _____ Date: _____ Signature: _____
(printed)

Therapist: Debbie Reed, LMFT Date: _____ Signature: _____