

CONSENT TO PRACTICE MANAGEMENT POLICIES

Welcome! My purpose here is to provide information about my policies and procedures relating to the practice of therapy.

Emergency Procedures

My services are designed for those who are able to function between weekly sessions without therapeutic assistance. If you find that you are in danger of harming yourself or others or destroying property, you will be safer and able to obtain assistance sooner if you call 911 or go to the nearest hospital emergency room. If you need to speak with a trained listener immediately, contact a local crisis line at 916-732-36367. Other crisis line numbers are 800-273-8255 or 800-833-2900. The crisis line for Vets is 800-273-8255. If you are not in crisis, but believe that additional sessions would help to prevent a crisis, I will be happy to work you in as soon as possible. Please add the crisis line numbers to your emergency list.

Additional Services and Services Not Covered by Insurance Companies

I am contracted with several insurance companies and follow these companies' policies regarding pay rate. Please inform me immediately should your insurance eligibility change. **CLIENTS ARE RESPONSIBLE FOR FEES FOR THE SESSIONS NOT PAID FOR BY THEIR INSURANCE COMPANY.** If you are told that you no longer have coverage, tell your therapist immediately to avoid being charged for unpaid sessions.

Clients are charged for telephone conversations lasting longer than 10 minutes, 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. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Legal work is charged at \$120 per hour. Clients will also be responsible for Therapist's legal fees for testimony on their behalf(s). Travel/transportation costs are billed at the current hourly rate. If it is necessary for me to hire an attorney if called to depose or testify on your behalf, you will be expected to reimburse the attorney's fees.

Please note that your therapist has no training in forensic psychology. Clients seeking testimony for legal issues are advised to hire a forensic psychologist.

Breaks in Therapy

Whether for vacations or other reasons, a client's scheduled hour is no longer reserved after the second consecutive cancellation. Client(s) will need to re-schedule by contacting the Therapist and bring cash to compensate for any No-Shows or Late Cancellations. If a client No-Shows on the second session of the therapy, he/she will need to contact the Therapist and send a bank or cashier's check for the missed session to the Therapist's post office box which will be provided on request.

Therapist Availability

Telephone requests may not be able to be answered immediately. Please leave requests for sessions or contact on my voicemail at 916-910-9412 or cellphone (925) 323-5182. Telephone calls will be returned as soon as possible between 8:00 am and 8:00 pm weekdays. If possible, weekend calls will be returned on Sunday evenings.

Termination of Therapy

Termination may occur for non-attendance at sessions or for failing to pay for sessions; Late Cancellations, No-Shows, or for failing to reimburse therapist for claims denied by the insurance company provided. Termination

may also occur if clients appear not to be benefitting from sessions or who engage in behavior that places themselves or others at risk. If non-insurance, efforts will be made to provide referrals to other therapists.

Marital Therapy for Couples with Insurance Coverage

Confidentiality issues are matters of concern for couples seeking to use their insurance benefits. With true couples therapy, as opposed to individual therapy with the patient's partner as collateral, equality of treatment and mutual protection of confidentiality are crucial for success. No information about or records of the treatment will be released without the written permission of both parties. An exception to this policy is when the identified patient's insurance company requests information to process the claim.

Couples should be aware that some insurance companies deny use of benefits for marital therapy, although they make an exception if the marital therapy is for the benefit of addressing the mental health diagnosis of the covered party. Both parties need to be aware that signing the consent and medical release forms means that both parties in the couple are giving permission to share their information with the insurance company providing therapeutic benefits.

Professional Records

The laws and standards of the MFT profession require that therapists keep treatment records. Upon written request, clients are entitled to receive a copy of your records. Therapists also can prepare a summary for you instead if, in my professional opinion, a summary serves your best interests. Because these are professional records, they can be misinterpreted and/or be upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss any questions you may have about the contents.

Patient Litigation

At times, patients seek to include therapy records as supporting material in a lawsuit. Please be aware that once a therapist is on the witness stand, all information in the case is legally available for discussion.

Psychotherapist-Patient Privilege

At times, therapists are subpoenaed by attorneys for information about patients involved in civil or criminal cases. I will make every effort to hold psychotherapist-patient privilege; however, in the past, judges have ruled that psychotherapists must answer questions posed by the attorneys. Again, once a psychotherapist is on the witness stand, all aspects of a case are subject to attorneys' questions.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will attempt to discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

PLEASE INDICATE YOUR AGREEMENT WITH THE PRACTICE MANAGEMENT POLICIES BY PROVIDING YOUR SIGNATURE(S) BELOW:

**CONSENT TO PRACTICE MANAGEMENT POLICIES
AND EXCEPTIONS TO CONFIDENTIALITY**

Your signature below indicates that you have read and agree to the policies described in the document CONSENT TO PRACTICE MANAGEMENT POLICIES.

_____ (Print Name) _____ (Signature)

_____ (Date)

_____ (Print Name) _____ (Signature)

_____ (Date)