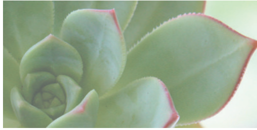

Anne Norfleet

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(805) 716-6306

Agreement for Services
Informed Consent for Treatment

This document is intended to provide information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding it's content.

At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

FEES AND INSURANCE:

The fee for service is $120.00 per individual therapy session.
The fee for service is $140.00 per conjoint therapy session.
Sessions are approximately 50 minutes in length.
Sliding Scale may be available.
Fees are payable at the time that service is rendered.

If your therapist does not accept your insurance, she can provide a Super bill for you to submit to your insurance company for reimbursement.

If for some reason you find that you are unable to continue paying for your therapy, please inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

CONFIDENTIALITY:

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment.

If you participate in conjoint therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. (In addition, you're your therapist will not disclose information communicated privately to her by one family member, to any other family member with out written permission.)

EXCEPTIONS TO CONFIDENTIALITY

Therapists are legally required to report instances of suspected child, dependent adult or elder abuse to the appropriate governmental agencies, usually county welfare department.

Therapists may also be required to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client presents a danger to her or himself.

In the case where a multidisciplinary team approach would provide the best treatment for the client, the therapist may ask to have permission and written authorization to discuss information relevant to client's care (treatment approach, treatment progress, interventions, and recommendations with other providers, as appropriate).

Disclosure of limited information required by health insurers or to collect overdue fees.

If the client is involved in court proceedings and a request for information regarding therapeutic care, such information is legally considered privileged information. The therapist cannot release this information without you/client or parents/guardians of client provide written consent authorizing the release of information, a court order, or subpoena.

If the client files a complaint or lawsuit against the therapist, the therapist may disclose relevant information regarding client care in order to defend self.

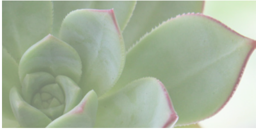
If the client has filed a worker's compensation claim or leave of absence involving their mental health, the therapist must, upon request, disclose information relevant to claimant's condition to the employer.

Please feel free to ask your therapist about her "no secrets" policy and how it may apply to you.

MINORS AND CONFIDENTIALITY:

Communications between therapists and clients who are minors (under the age of 18 years) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist may use her professional judgment when discussing treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are encouraged to discuss any questions or concerns that they have on this topic with their therapist.

If such a situation should arise, your therapist will make every reasonable effort to fully discuss information with you prior to taking any action. Your therapist will limit disclosure to a minimum as necessary and appropriate.



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APPOINTMENT SCHEDULING AND CANCELLATION POLICIES:

Sessions are typically scheduled to occur one time a week at the same time and day as much as possible. You and your therapist can discuss if more or less frequent sessions are appropriate. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your appointment. If you do not provide your therapist with cancelation 24 hours in advance, you are responsible for payment for the missed session. *Please note: your insurance company will not pay for missed or cancelled sessions*.

THERAPIST AVAILABILITY/EMERGENCIES:

You are welcome to contact your therapist in between sessions. However, as a general rule, it is our belief that important issues are better addressed within regularly scheduled sessions.

Please reserve texting and email information to non-therapeutic issues such as scheduling, cancellations, and informing therapist if you are going to be late for your session. Limit personal information to protect your confidentiality and health information.

You may leave a message for your therapist at any time on her confidential voicemail. If you would like your therapist tor return your call please be sure and leave your name and phone number (s), along with a brief message regarding the nature of your call. Non-urgent calls will be returned during the therapist's normal workday schedule, as soon as possible. If you feel it is urgent that you speak with your therapist, please indicate this information when leaving your message and follow any instructions that are provided by your therapist's voicemail. *You may be charged for the time the therapist spends communicating over the phone if the time exceeds 15 minutes.*

In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911, or go to your nearest emergency room and ask for assistance.

Please be sure to leave your name and phone number(s), and a brief message regarding the nature of your call.

Your therapist is typically available to return your call soon as possible during normal working days.

Your therapist is not available to return calls after ____________________.

Your therapist is not available to return calls on ____________________.

In the even of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911, or go to your nearest emergency room and ask for assistance.

Crisis Hotline: 1(800) 783-0607

Domestic Violence (Stand Strong) 24 Hour Crisis Hotline 1(805) 781-6400

R.I.S.E. (Rape Crisis) 24 Hour Crisis Hotline: 1(855) 886-RISE (7473)

Other:

Your therapist may need to communicate with you by telephone or other means. Please indicate your preferences by marking the boxes below. Please indicate any days/times you *do not wish to be contacted.*

___ My therapist may call me on my home phone. Home phone #:____________

___ My therapist may call me on my cell phone. Cell phone #:____________

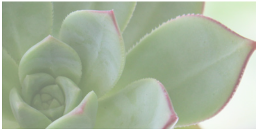
___ My therapist may send text message to my cell phone. Cell phone #: ____________

___ My therapist may call me at work. Work phone #: ____________

___ *My therapist may email me. Email address: ____________

___ My therapist may send mail to my home address. Home address: ____________

**Disclosure statement regarding text or email communication: Sensitive clinical information is to be discussed on the phone or in person. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an email or text containing confidential information to the wrong recipient, theft or loss of the electronic devise, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. Additionally, e-mail or text communication may become a part of the clinical record. You may be charged for the time the therapist spends reading and responding to e-mail or text messages.*



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THE THERAPY PROCESS:

It is the therapist's intention to provide services that will assist you in reaching your goals. Your therapist will provide treatment recommendations based on the information you provide and the specifics of your situation. The client and the therapist are partners in the therapeutic process. *You have a right to agree or disagree with your therapist' recommendations.* Periodically, your therapist will provide feedback to you regarding your progress and will encourage you to participate in this discussion.

Your therapist will work with you to develop and update an effective treatment plan. Throughout the therapy process, you and your therapist will attempt to evaluate whether, and to what degree, therapy is beneficial to you. Your ongoing feedback and input is a vital part of the therapeutic process. Due to the varying nature and severity of problems and the needs of individual clients, your therapist cannot predict the length of your therapy nor guarantee a specific outcome or result.

*Psychotherapy is a process in which the therapist and client discussing a range of issues involving past and present experiences, concerns, emotions, behaviors, and thought patterns with the goal of increasing positive and meaningful change. In response to the therapy process, the client may experience increased insight, improved self-awareness, a change in perception, meaningfulness, and relief. Please be aware that, at times, this process may feel uncomfortable, can be difficult and challenging, and may cause strong emotions related to issues being discussed.

TERMINATION OF THERAPY:

The length of your treatment and the timing of termination of treatment depend upon specifics of your treatment plan and your progress. Planning for your termination in collaboration with your therapist is highly recommended. *The client may discontinue therapy at any time.* However, it is very beneficial for the client to participate in a couple of closure/follow up appointments to allow for effective closure (review treatment progress, explore additional treatment options, discuss emotions/thoughts around closure)

Your participation in therapy is voluntary and you may discontinue therapy at any time. If you or your therapist determine that you are not benefitting from treatment, either of you may decide to initiate a discussion about your treatment alternatives. Treatment alternatives may include referral to other provider, changing your treatment plan, or terminating your therapy.

If you begin to regularly miss, cancel, or reschedule appointments; or stop responding to phone calls/texts or emails than the therapist will provide you with 2 weeks to respond. If you choose to not respond, the therapist will assume you are no longer interested in services at this time. Therapy services can begin again at a later time if appropriate.

Your signature indicates that you have read this agreement thoroughly and understand its' content. Please ask your therapist to address any questions or concerns you may have about the information in this agreement prior to signing.

Name of Client(s)

____

____

Signature(s)

____

____

Date____________________________________

Parent/Guardian ______________________________

Date____________________________________

Parent/Guardian ______________________________

Date____________________________________