



GRATEFUL HEART
HOLISTIC THERAPY CENTER

Office Policies & General Information Agreement
for Psychotherapy Services

CLIENT: _____

THERAPIST: _____

Status as Intern or Trainee: _____

Registration Number: _____

Supervised by: _____

License Number: _____

EXPECTATIONS: Psychotherapy can be helpful in a variety of ways, including to assist you with the psychological adjustments that can be associated with childhood traumas, the transition to adulthood (*including in the areas of education, employment and relationships with others*), intimate relationships, child-rearing, parenting, divorce, co-parenting, aging, care-giving, illness, disability, addiction and loss. It can be helpful in alleviating the symptoms of depression and anxiety, and help you develop additional coping and problem solving skills or strategies. It can be used on a short-term basis to address specific needs and concerns, or on an on-going basis, to pursue more comprehensive self-awareness, personal development, change and well-being.

SESSIONS: Sessions are generally 50 minutes in length and occur either once or twice a week, unless we have agreed in advance to an alternative duration or schedule. I may recommend sessions of 1.5 hours for couples and families or in other special circumstances.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

FEE: You have agreed to pay the following amount of: _____.

Your payment will be due at the beginning of each session unless other arrangements are made. Payment can be made by cash or check made out to Grateful Heart Holistic Therapy Center. A fee of \$30 will be charged for any bounced checks. Fees will be reviewed and possibly increased once a year in January. A month's notice will be provided before any increase is implemented. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. If your account is overdue with an unpaid balance, and we have not formally agreed to a payment plan, I will pursue collection of your debt. Telephone conversations, consultation with other professionals, the preparation of clinical documents for your use and longer sessions will be charged at the same rate, unless indicated and agreed upon otherwise.

HEALTH INSURANCE: If you are enrolled in an insurance program that provides reimbursement for psychotherapy, I can provide you with a monthly service and fee statement if requested.

HEALTH INSURANCE and CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/ PPO/ MCO/ EAP in order to process any claims you submit for reimbursement. If you instruct me, I will provide the basic information needed for claims submission. Once submitted, I cannot control, monitor or predict how your health information will be used.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: The information that you share in psychotherapy is confidential and will not be discussed or released to a third party without your written permission and consent, *unless disclosure is required by law*. Disclosure is required by law (1) if you are a danger to yourself or others, or (2) if you, or someone you have discussed, have been involved in an incident of child, dependent adult or elder abuse or neglect. As a psychotherapist, I am legally obligated to intervene in these circumstances, including reporting the possibility of abuse to our local child or adult welfare agency, and contacting other persons or agencies that may assist in protecting you or others if I believe you may harm yourself or others. In certain legal proceedings, I may be required to disclose information about your treatment.

CONFIDENTIALITY IN COUPLES AND FAMILY THERAPY: In psychotherapy with couples and families, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. As your therapist, I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

EMERGENCY: If you experience an emergency during therapy, or after termination, and I become concerned about your personal safety, the possibility that you will injure someone else, or about you receiving proper psychiatric care, I will do whatever s/he 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, s/he may also contact the person whose name you have provided on the biographical sheet.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me

(therapist) to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

SUPERVISION/CONSULTATION: I consult regularly with other professionals regarding my clients, however, each client's identity remains completely anonymous and confidentiality is fully maintained.

E-MAILS, CELL PHONES, COMPUTERS AND FAXES: It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that they process. While data on laptop is encrypted, emails, texts and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. My laptop is equipped with a firewall, a virus protection and a password, and he backs up all confidential information from his computer on a regular basis onto an encrypted hard-drive. Also, be aware that phone messages sent to Grateful Heart's general voicemail are transcribed and sent to me via unencrypted emails. Please notify me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of my profession require that s/he keep treatment records for at least 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Grateful Heart will retain its clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with me. 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 assesses that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message for me at the number I will provide and your call will be returned as soon as possible. I check my messages three times daily during daytime hours only, except when I am on vacation or absent. If an emergency situation arises, indicate it clearly in your message. If you need to talk to someone immediately,

please call 911, or go to your nearest emergency room or your local Psychiatric Emergency Services department. Please do not use email or faxes for emergencies. I do not check email or faxes daily.

MEDIATION and 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 between both you and me. The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in your 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 proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Psychotherapy can have many benefits, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. You will play an important role in your success. I will ask for your feedback and views on your therapy and its progress, and request that you respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain condition or circumstance. 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, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for 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. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, somatic, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. I do not provide custody, medication or prescription recommendations or evaluations, nor legal advice, as these activities do not fall within my scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of your presenting problem, as well as a treatment plan and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, and my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: If at any point during the psychotherapy process, I assess that I am not helping you or perceive you are not responding to our work, I will discuss my concerns or observations with you. If appropriate, I will give you referrals to alternative providers that may be better able to help you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will give you a couple of referrals that you may want to contact, and if I have your written consent, I will provide them with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

DUAL RELATIONSHIPS: Therapy must never involve sexual or any other dual relationship that impairs the objectivity or clinical judgment of a therapist or which can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. I will never acknowledge working with anyone without their written permission. It is your responsibility to advise me if a dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if s/he finds it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES: I do not accept "friend" requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully (a total of 6 pages); I understand them and agree to comply with them:

Client's Name (print)

Client's Name (signature)

Date

Psychotherapist's Name (print)

Psychotherapist's Name (signature)

Date