

Therapy Consent for Minors & Notice of Office Policies

Your first visit to a new therapist is very important and you may have many questions. Please take the time to read each section carefully and let me know if you have any questions or need more information. When you sign this document, it indicates that you have read and understood its content and it will represent an agreement between us.

Therapist Background and Qualifications

I earned my Master's degree in Social Work (MSW) in 1999 from Loyola University Chicago. I've been practicing as a Licensed Clinical Social Worker (LCSW) since 2001 and licensed to practice in California and Illinois. I am licensed by the California Board of Behavioral Sciences (License#LSC80708) and licensed by the Illinois Department of Professional Regulations (License#149-009911).

The Process of Therapy

Sessions are typically held for 50 minutes once per week. The first few psychotherapy sessions will involve an assessment of your child's needs to determine how I may be most helpful. You have the right at any time to ask for clarification and/or challenge the treatment goals, any of the techniques, their possible risks, and my expertise in employing them. You also have the right to ask about other possible treatments that I don't provide but you feel may benefit your child and family and I can provide you with referrals to other qualified professionals. If I believe your child's psychotherapeutic needs are outside my scope of competence or think would be better served by another professional, I am legally required to refer you to another qualified professional, terminate therapy or seek outside consultation.

Treatment of Minors

It is my general policy that minors (under the age of 18) will only be treated with both parents/guardians consent to the minor's treatment. In a situation where there is joint custody and/or other confounding variables where there is question in regards to a parent's authority to give consent for treatment, court documents of custody arrangements will be required prior to the start of services. In situations where parents share joint custody, information will be shared with both parents. There are certain exceptions in the law that allows minors to be treated without parental consent. These exceptions will be made on an individual basis.

Please note that I am not a custody evaluator and am unable to make determinations regarding custody arrangements or give opinions on parental fitness. While I work with children and families involving issues related to separation and divorce, custody determination is outside my scope of practice and I will provide you with referrals to professionals who specialize in this area. In the event a legal issue ensues, I will assert privilege on behalf of the minor and direction will only be taken from the child's appointed attorney or the court.

What to Expect From Psychotherapy – Benefits and Risks

While there are benefits from receiving therapy, it is important to understand that particular outcomes cannot be guaranteed. Psychotherapy can have benefits and risks. Therapy often leads to better interpersonal relationships, improved coping skills and solutions to specific problems. During the initial

assessment and throughout the course of therapy discussing unpleasant events, feelings or thoughts, may cause you or your child to experience discomfort, such as feelings of sadness, guilt, or anger. Growth may come easy at times and slow at other times. There are no guarantees of positive or intended results or knowing what you or your child will experience as this therapeutic process is unique to each person.

Professional Conduct and Dual Relationships

For ethical and effective psychotherapy, this therapist cannot at any time, during or after the course of therapy, be friends or engage in any business endeavors. Should I meet you or your child by chance in the community, I will not initiate communication so that I maintain confidentiality. Should you approach me, conversation will be kept to a minimum to preserve your privacy and confidentiality.

Social Media Policy

It is my policy that I do not accept contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and your respective privacy. It may also confuse the professional client-therapist relationship. If we unintentionally come across each other on any social networking site, please do not attempt to engage with me. Ethically, I am unable to respond so such postings or comments, as it compromises your confidentiality.

Confidentiality

By professional ethics and California state law, you have privileged communication and all information disclosed in our sessions, and the written records of those sessions are confidential and may not be shared with anyone without your written permission, except where the law requires the following disclosures.

Duty to Warn/Harm to Others - If there is reasonable suspicion that you or your child is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, the police, or seeking appropriate hospitalization.

Danger to Self -If I believe your child is in imminent danger of harming themselves I may legally break confidentiality and call the police, county crisis team and/or those who you have identified on the emergency contact on the Intake Form.

Child/Elder/Dependent Abuse – If there is reasonable suspicion that a child, an elderly person, dependent or a disabled person is being abused, I must file a report with the appropriate state agency.

Failure to Pay a Bill in a reasonable time, your name, payment record and address may be sent to a collection agency to collect payment or may be recorded in small claims court.

Legal Proceedings - If you place your child's mental status as an issue in litigation that you initiate, the court may order a release of your records and/or my testimony.

I regularly consult with other professionals in order to provide your child and family with the best possible treatment. Names or other identifying information are never disclosed and client identity remains completely anonymous and your confidentiality will be fully maintained.

Electronic Communication Confidentiality

Please be advised that emailing and texting are not secure forms of communication and therefore, I cannot ensure confidentiality of any information sent via email or text. Because email/text is not secure, it is best not to email/text clinical content related to your therapy. While I will read your email, I usually will not give a detailed email response as clinical issues are better discussed in person during your therapy session. Email and text are best used for brief, logistical information, such as, scheduling an appointment. Please discuss clinical matters in person or over the phone and never communicate emergencies through email or text. Please note that any emails I receive from you and any responses that I send to you become part of your legal medical record. Please notify me at the beginning of treatment if you would like to avoid or limit the use of any or all of these methods of communication.

Professional Records

I am required by California law and the NASW Code of Ethics to maintain treatment records. The information in your medical record is used for treatment planning, recording significant issues and may include time and dates of service, current state of the client, diagnoses, symptoms and other information needed for treatment or payment. Should you request to examine or receive a copy of your medical record, your request must be made in writing and I will respond within 30 days of your written request. Copies of records will be charged at a rate of .25 per page. Since your medical record is used for professional purposes, the information can easily be misinterpreted and/or upsetting by untrained readers. For this reason, it is recommended that you review them with me or receive a written treatment summary. Under California law, if I believe sharing your medical record will cause you serious emotional harm, I reserve the right to provide you with a treatment summary in lieu of actual records or provide a copy of your records to another treating health care provider. At your request and with written authorization, I can release any portion of your medical record to any person or agency you specify.

Minors (ages 12-17) - Please be aware that the law provides parents the right to examine treatment records. It is important that minor clients are able to trust the therapy process and therefore, I request an agreement from parents that they give up direct access to minor client's records. This often allows minor clients to discuss more information in session and improves treatment. As the parent or guardian, you have the right and responsibility to question and understand the nature of treatment and progress of your child. I will provide parents or guardians with general information about the treatment, unless I feel there is a high risk that the minor client is facing serious jeopardy or harm. In that case, I will notify parents of my concern. Before giving parents any information, I will discuss the matter with the minor client, if possible, and do my best to handle any objections the minor client may have with what I am prepared to discuss.

By California state law, I will retain records for a minimum of 7 years after termination of therapy. For minors, I will retain records for a minimum of 7 years from the date the minor turns 18. After 7 years, records will be destroyed in a way that preserves your confidentiality.

Contacting Your Therapist

I am available by phone but I do not answer calls during therapy sessions or I am otherwise unavailable. You may leave a message on my confidential voicemail at (760) 456-9252 and I will do my best to return your call within 24-48 hours. I do not return calls on Saturdays, Sundays, and holidays unless you clearly indicate it is an emergency. I generally only use text messaging and email to communicate scheduling

information. Please do not text or email me if you are having an emergency, as you may not receive a timely response. Please see **Emergency Procedures** below.

There is no charge for brief phone calls (10 minutes or less) that are made for scheduling or non-clinical issues. Any phone calls that are longer than 10 minutes will be charged your regular fee on a prorated basis. If you feel the need to communicate more frequently in between your sessions, we may need to schedule more sessions to address your needs.

At times, I may be away from the office for extended periods of time for personal time off or to attend professional conferences. If I will be unavailable for an extended period of time, you will be notified in advance of any anticipated lengthy absences and provided with the name of a colleague to contact, if needed.

Emergency Procedures

Although I am committed to checking messages and returning phone calls, I do not provide 24-hour coverage or crisis services. If you are having a mental health emergency or in the event you need immediate attention, you are urged to:

- **Contact San Diego Access and Crisis line at (888) 724-7240**
- **Call 911 and ask for the Psychiatric Emergency Response Team (PERT)**
- **Go the nearest hospital emergency room and ask for a psychologist or psychiatrist on staff**
- **Call the National Suicide Hotline (800) 273-8255**

Professional Fees and Payment

Fees are based on usual and customary rates for similar services in the San Diego area. I may periodically adjust my rates and you will be given a 60-day notice of any changes in my fees. If at any time you are experiencing difficulty with payment, please discuss with me early on so that we can explore possible options. Acceptable forms of payment include Cash, Check, Chase Quick Pay, Debit/Credit card or Health Savings Account (HSA). There is a \$50 surcharge for a returned check. Payment is required at the time services are rendered unless other arrangements have been agreed upon. You and your therapist, **Cathy Kreisel, LCSW** have agreed to a fee of \$_____ for a 50 minute session.

Fee Schedule

Initial Diagnostic Assessment \$175

Individual Psychotherapy \$150 (50-minute session)

Family Psychotherapy \$150 (50-minute session)

Consultation with other professionals, physicians, schools, etc. either in person or over the phone, will be billed in 15-minute increments at your regular hourly session rate + an additional fee when travel is required. Report writing, preparation of records or treatment summaries will be billed in 15-minute increments at the regular hourly rate.

If you fail to make a payment for 2 consecutive therapy sessions, you will be unable to schedule an appointment until payment is made in full. If your account has not been paid for more than 60 days and arrangements for future payment have not been agreed upon, I will charge your credit/debit card on

file, per Credit Card Authorization Policy. I reserve the right to use legal action to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, all costs will be included in the claim. The only information I release is client name, the nature of services provided, and the amount due.

Insurance Reimbursement

I am an Out of Network Provider for most PPO insurance and it is your responsibility to find out your out of network benefits. You can request that I provide you with a monthly invoice (superbill), that you submit to your insurance provider for possible reimbursement. By requesting a superbill you consent to the release of your child's diagnosis, treatment type, dates and frequency of sessions. I may be asked to provide additional clinical information such as treatment plans and progress toward treatment goals. This information will become part of the insurance company file and will probably be stored in an electronic database. Though all insurance companies claim to keep such information confidential, I have no control over what they will do with it once it is submitted. I will provide your insurance company with only the information required in order to meet their administrative needs. You are responsible for paying all fees at the time services are provided, whether or not your insurance reimburses you.

Cancellation/Late Policy

I reserve your appointment time specifically for you and I see a limited number of clients so that I can give you the focus and attention you deserve. It is difficult to fill last minute cancellations that would otherwise be available to other clients in need. I do understand that unanticipated events happen and the only time I will waive the fee is for serious or contagious illness or emergency. If you have more than two last minute last cancellations within a year, I will be unable to waive the fee and you will be responsible for the full session fee. It is my policy to retain a valid credit/debit card on file with Ivy Pay, a HIPAA secure online payment processing system (See Credit Card Authorization Form). Your credit/debit card on file will be charged your full fee \$_____, per the following:

- **If you need to change or cancel your appointment,** I require at least **48-hour notice** from your actual scheduled session time. This allows the opportunity for someone else to schedule an appointment. If you fail to give 48-hour notice, you are responsible for your full session fee.
- **No-shows** will be charged the full session fee
- **If you arrive late for your session,** you will be provided services for the remainder of the scheduled time but we will still end at our regular time so that I have time to prepare for my next appointment. You will be responsible for your full session fee.
- **If you are running late** for your appointment, please phone or email me as soon as possible to let me know you will be late. If I do not hear from you by 10 minutes into your session, I will call you but if I don't hear back, I will assume you do not plan to attend your session.

Termination of Therapy

Therapy is voluntary and you have the right to terminate treatment at any time. Either of us may terminate our work together if we believe therapeutic goals are not being met. Reasons that necessitate early termination include, but not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client's needs being outside my scope of practice, or not making adequate progress in therapy. If either of us decides

to terminate therapy, I recommend that we have closure with at least two termination sessions. This process is intended to facilitate a positive termination experience and gives us the opportunity to reflect on our work together and coordinate any other treatment recommendations.

Client Litigation

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. It is my policy that I do not communicate with attorneys and generally, do not write or sign letters, reports, declarations, or affidavits to be used in a legal matter unless compelled to do so. Should I be subpoenaed, or ordered by a court of law to participate in any legal proceedings, such as, provide testimony or deposition, you will be billed at \$300 per hour for preparation, travel and time spent in court. In regards to treatment of minors, should any legal issues or disputes arise, privilege on behalf of the minor will be claimed and direction will only be taken from the child's appointed attorney or the court.

Consent for Treatment of Minors

I authorize **Cathy Kreisel, LCSW** to provide psychotherapy services to my child, _____ and I understand that this treatment may include individual therapy or family therapy. In order to ensure continuity of care, **Cathy Kreisel, LCSW** may request a signed Release of Information to consult with other professionals that are involved with my child's care, such as, pediatricians, psychiatrists, school counselor, etc.

California state law mandates the reporting of certain types of child abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will be reported to the appropriate authorities.

Your signature below indicates that you have reviewed and understand the policies and procedures contained in the Therapy Contract & Notice of Office Policies, that you have received a copy of this document, and that you agree to its terms herein. With your signature you are providing permission for **Cathy Kreisel, LCSW** to provide your child with professional services as a mental health clinician. This Therapy Contract & Notice of Office Policies is valid for the duration of your child's treatment.

Signature of Mother/Parent/Legal Guardian

Date

Street Address

City, State, Zip

Signature of Father/Parent/Legal Guardian

Date

Street Address

Home Phone

City, State, Zip

Cell phone

Signature of Minor (age 12 and over)

Date