

Therapy Informed Consent & Agreement 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. I am licensed to practice in California by the California Board of Behavioral Sciences (License #80708) and licensed to practice in Illinois by the Illinois Department of Professional Regulations (License #149009911).

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 needs to determine how I may be most helpful to you. You have the right at any time to ask for clarification and/or challenge your 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 you and I can provide you with referrals to other qualified professionals. If I believe your 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.

What to Expect from Psychotherapy – Benefits and Risks

While there are benefits from receiving therapy, particular outcomes cannot be guaranteed. Therapy often leads to better interpersonal relationships, improved coping skills and solutions to specific problems. However, discussing unpleasant events, feelings or thoughts, may cause discomfort, such as feelings of sadness or guilt. Growth may come easy at times and slow at other times. There are no guarantees of positive or intended results or knowing what you will experience as this therapeutic process is unique to each person.

Professional Conduct and Dual Relationships

Boundaries are important for ethical, effective psychotherapy. Your therapist cannot at any time, during or after the course of therapy, be friends, have a sexual relationship or engage in any business endeavors. Should I meet you by chance in the community, I will not initiate communication with you or should you approach me, conversation will be kept to a minimum so that I maintain your 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, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise confidentiality and your 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. The written records of those sessions are confidential and may not be shared with anyone without your written authorization, except where the law requires the following disclosures:

Duty to Warn/Harm to Others - If there is reasonable suspicion that you are 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 you are in imminent danger of harming yourself, I may legally break confidentiality and call the police, county crisis team and/or those who you have identified as your emergency contact on your 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 mental status at 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 you 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

Emailing and texting are not secure forms of communication and therefore, I cannot ensure confidentiality of any information sent via email or text. 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.

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 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.

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 any of the following:

- **San Diego Access and Crisis line at (888) 724-7240**
- **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**
- **National Text Crisis Line 24/7 text "HOME" to 741741**

Professional Fees and Payment

Intake Assessment \$150 (50 minute)

Individual Psychotherapy Session \$150 (50 minute)

Family Psychotherapy Session \$150 (50 minute)

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, 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 and understand that you will be given 60-day notice of any change in fees.

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'm an Out of Network Provider for most PPO insurances 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 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. It is my policy to retain a valid credit/debit card on file with Ivy Pay, a HIPAA secure cloud-based payment processing system. 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**, 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 you are not reaching your therapeutic goals. 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 both of us the opportunity to reflect on our work together and coordinate any other treatment recommendations.

Client Litigation

I don't voluntarily participate in any litigation or custody dispute in which you and another individual are involved. It's 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 court ordered to participate in any legal proceedings, such as, provide testimony or deposition, you will be billed at \$300/hour for preparation, travel and time spent in court.

Informed Consent for Treatment

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 you with professional services as a mental health clinician. This Therapy Contract & Notice of Office Policies is valid for one year from your date of signature.

Printed name of Client

DOB

Signature of Client

Date