

Informed Consent Form

Welcome! Please read the following regarding my policies. Your understanding of this part of our professional relationship is important. Ask me any questions you have at the beginning of our session. Sign this only when you feel you understand it and have all your questions answered. It is my desire that the overall therapy experience is helpful to you.

Confidentiality

Our relationship is both professional and confidential. I will keep written notes and records of our sessions. They will remain confidential unless you request the release of information to another professional. I have release forms for this purpose. There are a few exceptions to confidentiality.

Limits of Confidentiality:

1. I will assume you have given permission (if applicable) to a) release information to my insurance billing company, and b) for them to share information that is requested on your insurance forms.
2. If I have reason to believe that you are a danger to yourself, it is my duty and desire to intervene. This may mean contacting a family member or friend and calling the police. The purpose of this would be to provide safety for you until the crisis passes and you are able to more clearly see options for yourself
3. If I have reason to believe that you are a physical danger to someone else, I also have a duty and desire to intervene. This may mean me warning the person who is at risk and calling the police.
4. I am mandated by law to report known or suspected child abuse, elder abuse, or dependent adult abuse. If a report needs to be made because of something you share with me, I will let you know and we can discuss the report.
5. If I receive a subpoena to appear in court or to provide records of treatment to the court, your right to confidentiality is voided.

In addition, the Notice of Privacy Practices provides information about how I may use and disclose protected health information about you.

❖ ***Please initial here that you have read and understand the limits to confidentiality and the Notice of Privacy Practices.***

❖ ***Initials:*** _____

Scheduling and Payment Policies

My fee for a 50-minute counseling session is \$120. Sessions generally start promptly and I schedule a 50 minute hour so that I can complete notes of a session and make a transition from one appointment to the next. I desire to work together to maintain the time limits and use your time wisely.

In addition, when I utilize EMDR (Eye Movement Desensitization and Reprocessing) the session is 60-75 minutes. The fee for these sessions is \$160.

Your appointments will be scheduled according to availability while making careful effort to accommodate your schedule. Please note that you are reserving time in your name.

If you cannot make your appointment, please notify me as soon as possible so that the time may be offered to others waiting to be scheduled.

I will make every attempt to begin each session promptly at the appointed time. If I begin a session late, the session will be extended to provide you with the full 50 minute session. The session will end at the scheduled time if you arrive late. Neither of us will be expected to wait longer than 15 minutes past the scheduled time for the start of the session unless there has been previous notice.

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Fees and copayments are due and payable at the beginning of each session unless other arrangements have been agreed upon in advance. In order to maximize the use of the therapy hour, please consider the following about your choice of payment:

- if paying by cash, bring in the correct amount of cash for your session;
- if paying by check, make it out to Linda Carlos prior to your appointment;
- if paying by credit card (Visa, MasterCard, American Express), provide credit card information to me prior to the initial appointment. I can charge your card through PayPal on my phone or you can make payment on my web page (<http://creeksidetherapists.com/linda-e-carlos-m-a-mft>).
- if using insurance, you must be prequalified by calling my insurance billing, NorCal Medical at (888) 622-1017. You are responsible for services received that insurance will not cover.

If you need to cancel or reschedule an appointment, my policy is that you will be charged the full counseling fee for an appointment canceled less than 24 hours in advance. Exceptions include sudden illness of you or a child and emergencies. Work schedule changes are not an exception. Missed sessions are not covered by insurance.

If you need telephone time with me between sessions, please leave a message on my voice mail. I will return your call. If you need more than 5 minutes, please let me know as we will most likely need to schedule a time. My regular fee applies to telephone appointments.

Since I have voice mail and do not carry a beeper, I am not available for emergencies of an immediate nature. In choosing to work with me, it is important that you fully understand this. If you do not have a friend or family member available in an emergency, you can:

- Call 911;
- Call the Sutter Center for Psychiatry Call Center at 386-3077;
- Call the Suicide Prevention Hotline at 368-3111.

❖ *I acknowledge that I have read and understand the Scheduling policies, the 24 hour advance Cancellation Policy, and the Payment policies.*

❖ *Initials:* _____

Creekside Counseling Associates Information

All Creekside Counseling Associates who practice at this location and at our satellite offices are independent practitioners in private practices or employees of independent practitioners in private practices. There may also be other therapists practicing at Creekside Counseling locations that are not members of Creekside Counseling Associates. Management practices and treatment issues are the separate responsibility of each individual practitioner.

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❖ *I have thoroughly read the above contract and understand each policy statement, signified by my signature below.*

❖ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

❖ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_