

Consent to Treatment for Counseling

Clinical Services

Outpatient clinical counseling services include: evaluation, individual, marital, family and group psychotherapy. Some services may be in collaboration with your primary care physician or other providers, as appropriate. Counseling and psychotherapy services can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties, which can lead to uncomfortable feelings such as sadness, guilt, anger and frustration. However, counseling has also been shown to have many benefits. It can often lead to better overall wellbeing, interpersonal relationships, academic/work performance, and solutions to specific problems. However, there is no assurance of these benefits.

Counseling sessions are by appointment only. Your appointment time is specifically reserved for you. Because your appointment is reserved only for you, it is necessary that you do not miss any appointments. Please call your therapist at least 24 hours in advance to cancel an appointment. Failing to cancel an appointment with at least 24 hours notice will result in a charge of \$120 for an individual and \$130 for a couple or family session. The patient under whose name the appointment is made is responsible for paying charges related to late cancellations, not that patient's insurance carrier.

Therapy will be provided to you by Lindsay Simon, a licensed marriage and family therapist (California license # MFC 51979). Your therapist is an independent contractor. Lindsay Simon, LMFT is a registered business in Placer County.

Confidentiality of Medical Records and Clinical Information

Patient information gathered through counseling is confidential. Only a release of information form signed by you may authorize your therapist to discuss information with outside parties and. Counseling services will be documented in your health care file and will consist of (a) legal forms such as this document, (b) a record of visits and payments, and (c) clinical progress notes, which record justification for counseling, recommendations, and progress of treatment. A copy or summary of clinical progress notes can be obtained by the patient through written request.

Limits of Confidentiality

All information disclosed to your therapist within session and the fact that you are receiving counseling services is confidential and will not be revealed to anyone without permission (or your parents' or legal guardian's permission if you are under 18 or your conservator if someone else is legally consenting to treatment for you), except for the following reasons:

- Where there is a reasonable suspicion of child abuse, dependent adult abuse or elder adult abuse. Marriage and Family Therapists are mandated reports of such abuse- no exception.
- If you reveal that an alleged perpetrator is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors.
- Where there is a reasonable suspicion that you may present a danger of violence to others.
- Where there is a reasonable suspicion that you likely to harm yourself unless protective measures are taken.
- Where the patient or the therapist desires that portions of the patient record be released to a person or entity associated with treatment. These releases will require written consent by the patient.
- If a court of law issues a subpoena or an order, California law requires the therapist to comply with a court-ordered subpoena or order.
- When using insurance to pay for sessions, if your insurance company requests information before paying for services. This information generally consists of assessment measures, your diagnosis, treatment plan (including length of treatment), dates of service, and treatment outcome.

Emergency Procedures

In the event of a medical emergency, please call 911 or proceed to the nearest emergency room. Your therapist is not available after 6:00 PM on week days or any time on weekends. If you are in need of psychological care after hours or are experiencing a clinical emergency, please call **911** or the Nevada County Mental Health Department Crisis Line at **(530) 265-5811**

Electronic Interaction

Your therapist does not use e-mail as a regular form of communication with patients. If there are times when the use of e-mail is utilized per patient request or permission, please be aware that e-mail is not completely secure or confidential. For those who choose to communicate with their therapist by e-mail, be aware that all e-mails are retained in the logs of your internet service provider. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. E-mails received from current and former patients along with any electronic correspondence that are related to treatment and diagnosis may be printed and kept in treatment records.

As new technology develops, more individuals are using social media to stay connected with people in their lives. With this in mind, your therapist has established a policy of:

Not accepting friend requests from current or former clients on any social networking site. Adding clients as friends on these sites can compromise client confidentiality and client's respective privacy. It may also blur the boundaries of the therapeutic relationship.

Your therapist will not communicate with patients through social networking sites including, but not exclusive to, Twitter, Facebook, or LinkedIn. These sites are not secure for clinical treatment purposes. Engaging with the therapist in this way could compromise confidentiality.

Fees and patient Financial Responsibility

The standard fee for an individual 45 minute counseling session is \$120.00, an individual 90 minute session \$200.00, for a couple or family 50 minute session \$130.00, and for a couple or family 90 minute session \$215.00. Patients using insurance are responsible for any fees or co-pays not covered by their insurance. You are responsible for paying for your session at the time of your appointment unless otherwise arranged. Payments are accepted in the form of cash, checks made out to "Lindsay Simon, LMFT", or with credit/debit cards. If you refuse to pay your debt, Lindsay Simon, LMFT reserves the right to use an attorney or collection agency in order to secure payment.

Financial Agreement

Payment Method: Self-Pay (Cash/Check/Credit Card)

I understand that at each visit I will pay the agreed rate for therapeutic counseling services. If I do not give 24 hour notice of cancellation, I will pay the assessed fee of: \$120.00 per 45 minutes of therapy as an individual or \$130.00 per 50 minutes for couples or family therapy.

I, _____ agree to accept clinical treatment from Lindsay Simon, LMFT. Signing this document implies agreement to all sections of the treatment information and consent form. I have read, understand, and agree to abide to the above conditions.

Name of Patient

Signature of Patient

Date

Name of Guardian (if other than Patient)

Signature of Guardian

Date