

Redefining You Therapy Disclosure Statement and Agreement for Services

Introduction

The purpose of this document is to provide important information regarding your therapy at ***Redefining You Therapy***. Please feel free to ask your therapist any questions you may have regarding its content.

The Therapy Process

There are many goals of psychotherapy including: Getting to know yourself better, alleviating emotional pain or confusion, developing a more complete understanding of your psychological issues, establishing a more effective collection of coping strategies and fostering a better understanding of your past and what you want for your future. It is your therapist's intention to provide services that will assist you in reaching your goals. It is sometimes the case that you will feel worse before feeling better. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. As with all healthy relationships, the therapist and client are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

Due to the varying nature, severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Hours of Operation*:

Tuesday: 5pm – 7pm
Wednesday: 5pm – 7pm
Thursday: 5pm – 7pm
Saturday: 9am – 1pm

***Alternate hours are available by special arrangement.**

Fees and Insurance

The fee for service is \$85 per individual therapy session which is approximately 45 minutes in length unless otherwise arranged in advance. Individual anger management classes are \$40 per individual session and group classes are \$25 per session for 52 weeks. Fees for a conjoint (family) therapy session are \$100 per 45 minute session. Please have your payment ready at the beginning of the session as to not take up session time. Fees are payable at the time that services are rendered.

Please ask your therapist if you wish to discuss a written agreement that specifies an alternate payment procedure or fee agreement. Reduced fee services for people experiencing significant financial hardship are available on a limited basis.

At this time, your therapist does **not** accept payment directly from insurance companies, other than those identified by contracted agreement. Clients that are experiencing trauma as a result of a crime –

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may be eligible for payment through the **Victim Compensation Program at (916) 874-5701. Preferred payment for services rendered is Cash.**

Confidentially

All communication between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release. However, it is important that you know your therapist utilizes a **no secret** policy when conducting family therapy. This means if you participate in family therapy, your therapist is permitted to use information obtained in an individual session or telephone conversation that you may have had with her, when working with other members of your family. Please feel free to ask your therapist about her **no secret** policy and how it may apply to you.

There are exceptions to confidentiality. Therapists are required to report instances of suspected child, dependent adult or elder abuse and if you express a serious threat of harm to an identifiable person or persons, that person or persons and the police must be warned.

Therapist may be required or permitted to break confidentiality under certain circumstances such as:

- *If you present an imminent danger to yourself or are gravely disabled (severely disoriented or in danger from a medical condition or medications).*
- *If there is reasonable cause to believe that a patient is in such mental or emotional condition as to be dangerous to him or herself or to the person or property of another and the disclosure of confidential information is necessary to prevent the threatened danger,*
- *When your emotional condition has raised an issue by you or your representative in legal proceeding.*
- *When information, records, testimony about you have to be produced in the event of a court order or subpoena,*
- *Either your therapist or you alleges a breach of duty arising out of the therapeutic relationship (e.g. if your account becomes delinquent and is sent to a collection agency your therapist is permitted to disclose to the collection agency information related to collecting payment). In the event that this happens, all fees including collections and attorney fees will be your responsibility.*
- *Your therapist does not need your consent in order to discuss your case with a consultant as long as your identity is not revealed,*
- *When the patient is under the age of 16 and your therapist has reason to believe that the patient has been the victim of a crime and that disclosure of confidential information is in the best interests of the patient,*
- *In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers, documents and other*

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items and prohibits the therapists from disclosing to the patient that the FBI sought or obtained the items under the Act.

Therapist Availability/Emergencies

Telephone consultations may be suitable or even needed at times. You may leave a message for your therapist at any time on a confidential voicemail. If you wish your therapist to return your call, please be sure and leave your name and phone number(s) along with a brief message concerning the nature of your call and whether it is alright to leave a message on your answering machine. Non-urgent phone calls are returned during normal workdays (Monday through Friday) usually within one business day. If you have an urgent need to speak with your therapist, please indicate that fact in your message. Please be aware that your therapist may not be able to return your call within the required time; please contact the emergency number as given on your therapist voicemail greeting. In the event of a medical emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Therapist Communications

Your therapist may need to communicate with you by telephone, mail or other means. Please indicate your preferences by checking the choices listed below:

_____ My therapist may call me at my home. My phone number is: _____

_____ My therapist may call me on my cell phone. My cell phone number is: _____

_____ My therapist may call me at work. My work number is: _____

Please initial any of the above numbers at which it is acceptable to leave a recorded message

_____ My therapist may send mail to me at my home address

_____ My therapist may send mail to me at my work address

_____ My therapist may communicate with me by email.

My email address is: _____

Cancellation Policy

Life can get in the way of our best intentions. If you cannot keep your scheduled appointment, a call at least 24 hours in advance is required. If you do not notify your therapist at least 24 hours in advance, you will be required to pay the full cost of the session.

Schedule On-line

Request a phone consult ([here](#)).

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Termination of Therapy

The length of your treatment and the timing of termination of your treatment depends on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefitting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referrals, changing your treatment goals, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand/and agree to its contents and have received an unsigned copy of this agreement.

Please ask your therapist to address any questions or concerns that you have about this information before you sign.

Questions

For questions, please contact us for further information at (916) 956-6232.

(Print) Name of Patient: _____

Signature: _____

Date: _____