

Disclosure Statement & Agreement For Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Information about Your Therapist

Therapist has been practicing as a licensed marriage and family therapist (LMFT) since 2008, and as a licensed professional clinical counselor (LPCC) since 2014, working mostly with children, teens, young adults and families with a variety of issues, including life transitions, adjustments, history of trauma, abuse/neglect in the child welfare system. Therapist has extensive experience in working with couples and families who have experienced struggles in the areas of parenting, relationships, communication, grief/loss, depression, anxiety and behavioral disorders. Therapist has been in the mental health field for over 15 years providing mental health services, including case management and counseling services, to children and families while attending graduate school and after graduation as a marriage and family therapist intern.

The individual therapist who operates this practice is: MONICA S. REYNOSO, MS, LMFT, LPCC, Sole Proprietor. Therapist is a LICENSED MARRIAGE AND FAMILY THERAPIST and a LICENSED PROFESSIONAL CLINICAL COUNSELOR, License numbers : LMFT46346 & LPCC1256, licensed by the State of California, Department of Consumer Affairs, Board of Behavioral Sciences.

Fees and Insurance

The fee for service is \$ 120.00 per initial intake assessment.

The fee for service is \$ 110.00 per individual therapy session.

The fee for service is \$ 120.00 per conjoint (marital /family) therapy sessions.

Individual Sessions and conjoint (marital /family) sessions are approximately 50 minutes in length.

Fees are payable at the time that services are rendered. For your convenience, cash, checks, money orders, Visa, Mastercard, American Express and Discover cards are accepted. There is a \$25.00 fee for returned checks. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure, should payment become an issue.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist/provider is

happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Confidentiality

All communications 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 marital or 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. (In addition, your therapist will not disclose information communicated privately to him or her by one family member, to any other family member without written permission.)

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. 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 and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

If you participate in marital or 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 such information. **However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her “no secrets” policy and how it may apply to you.

Minors and Confidentiality

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist. Except for certain types of emergencies, minors must have parental permission to receive counseling. Parents are

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responsible for payment in these cases. When parental permission has been waived, minor is responsible for the payment.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hrs. in advance of your appointment. If you do not provide your therapist with at least 24 hours notice in advance, you will be charged **\$45.00** for appointments not canceled in the above manner. Please understand that your insurance company will not pay for missed or canceled sessions.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. Please note, any telephone calls beyond 15 minutes will be charged a prorated amount based on the hourly rate of \$110.00-\$120.00.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.** You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Hotline: (800) 784-2433

Youth Shelter: (559) 498-8543

Domestic Violence Help: (559) 237-4706

Community Behavioral Health Center: (559) 499-8000

Therapist Communications

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

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

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

___ My therapist may call me at work. My work phone number is: () _____

___ 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: _____

___ My therapist may send a fax to me. My fax number is: () _____

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. 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. We believe that therapists and patients 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 and 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.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend 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 benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Patient Name (please print)

Name of authorized representative (please print)

Patient's Signature

Signature of authorized representative

Date: ___ / ___ / ___