



CALIFORNIA COUNSELING ASSOCIATES

1242 PARK STREET, SUITE C • ALAMEDA, CA 94501
PHONE (510) 521-3500 • FAX (510) 521-8253

CONSENT TO TREATMENT

Welcome to our practice. Please read the parts that apply to you carefully and feel free to ask questions.

PSYCHOLOGICAL SERVICES

Psychotherapy has been shown to have benefits. It often leads to better understanding of one's self, better relationships, to resolutions of specific problems and to significant reduction in feelings of distress. Therapy is a joint effort, however, the results of which cannot be guaranteed. Attempting to resolve the issues that brought you to psychotherapy requires an active effort on your part. It may be uncomfortable at times and/or may result in changes that were not originally intended.

The first few sessions will involve an evaluation of your needs and a discussion of treatment goals. You can evaluate this information and decide whether you feel comfortable working with your therapist. If you have any questions about his/her procedures, you can discuss them whenever they arise. If your doubts persist, or if at any time you or the therapist decide that he/she is not the best person to provide services which you need, the therapist will help you with referrals for appropriate consultation with, or referral to another mental health professional.

CONFIDENTIALITY

All information between a client and therapist is confidential with the following exceptions:

1. The client (or parent/guardian of a minor client) authorizes release of information with a signature
2. The client represents a physical danger to self or others
3. There is reasonable suspicion of child or elder abuse or neglect
4. The client (or parent/guardian of a minor client) makes an issue of therapy or mental status in a legal proceeding.
5. In the unlikely event of collection of an overdue account.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is the therapist's policy to request an agreement from parents that they agree to give up access to your records. If they agree, they will be provided only with general information about you and the therapists work together, unless the therapist feels there is a high risk that you will seriously harm yourself or someone else. In this case, the therapist will notify them of his/her concern. Before giving them any information, the matter will be discussed with you, if possible, and the therapist will do their best to handle any objections that you may have with what he/she is prepared to discuss. For younger children, most parents are actively involved in the treatment process and the sharing of information.

In child custody conflicts, it is important that therapy provide a safe environment for all family members. In order to maintain this safety, it is important to distinguish between the role of the therapist and that of an evaluator. If requested, the therapist will provide information regarding the therapy to a court-appointed custody evaluator; but the therapist will not make recommendations about custody or visitation arrangements.

PROFESSIONAL FEES

Your therapist will inform you of the amount of the fee for therapy. Therapy sessions are scheduled for 50 minutes. It is our practice to charge the session fee on a prorated basis for services you may require in addition to therapy sessions, such as report writing, telephone conversations lasting longer than 15 minutes, and attendance at meetings with other professionals you have authorized. A higher fee will be charged for services related to legal matters.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits for which you are entitled; however, you (not the insurance company) are responsible for full payment if you have any questions about the coverage, call your plan administrator.

"Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. **In most cases it is possible to continue on a fee for service basis.**

You should be aware that most insurance agreements require you to authorize your therapist to provide a clinical diagnosis, and sometimes additional clinical information, such as treatment plan or summary, or in rare cases, a copy of the entire record. Insurance companies have confidentiality regulations of their own, but your therapist has no control over what they do with this information.

Once you and your therapist have all of the information about your insurance coverage, your therapist will discuss what you can hope to accomplish with the benefits that are available, and what will happen if the insurance benefits run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for your therapy yourself and avoid the complexities described above.

CONTACTING YOUR THERAPIST

Each therapist has a voicemail number, which may be used 24 hours a day. In case of an emergency, day, night, or weekend please call (510) 521-3500 and be sure to select the option to talk with someone directly. Tell the person answering that your call is an emergency; they will attempt to reach your therapist. In case your therapist is not available, or if you choose not to wait, call the Alameda Crisis Line at 800-309-2131.

CANCELLATION POLICY

To cancel or reschedule an appointment, a 48-hour notice is required or you will be charged \$80 for the appointment. Insurance companies generally do not pay such charges; therefore, you will be responsible for the fee – not just your co-payment amount. A voicemail message to your therapists' mailbox is sufficient to meet this requirement.

PLEASE INITIAL

By signing this document, you acknowledge that you have read this document and agree to abide by its terms during our professional relationship.

Name (please print)

Signature

Date