

INTENTIONAL LIVING COUNSELING SERVICES
Telehealth Services, Intentionallivingcs@gmail.com, (951) 290-8452

Informed Consent for Psychotherapy

General Information The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Rates

\$150 per 50-minute session
\$100 Letter (summary of attendance/treatment)
\$189 per hour (2hr min) court testimony
\$900 Psychological Evaluation

Cancellation Policy

If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session. A bill will be mailed directly to all clients who do not show up for or cancel an appointment.

Cancel/No Show Policy

If you do not show or cancel your appointments 3 times, your case will be discharged. If you wish to return, your name will be put on the waiting list for the next appointment available.

Availability and Crisis After-hours Contact Information

Office hours are 10-6 p.m. Monday through Thursday. Sunday appointments are by arrangement. Phone or text contact before and after hours is 951-290-8452. If you are in crisis and I'm unavailable immediately, please contact Riverside County Crisis at 1-800-273-8255.

If there is an emergency during our work together, or in the future after termination or when ILCS staff becomes concerned about your personal safety, the possibility of you injuring someone else or about you receiving proper psychiatric care, ILCS will do whatever we can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, ILCS may also contact the police, hospital or a person whose name you have provided on the biographical sheet. Telephone & Emergency Procedures: If you need to contact your therapist between sessions call (951) 290-8452. Your call will be returned as soon as possible if we are out of the office. Please be advised that ILCS is not a 24-hour facility and we have very limited staff on weekends. If an emergency situation arises, please

indicate it clearly in the message. If you need to talk to someone right away and it is an emergency, you can call the police (911), a 24-hour crisis line, or local emergency services.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below.

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of child(ren) or elderly.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney. Occasionally your therapist may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Confidentiality of E-mail, Cell Phone and Faxes Communication

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Email, in particular, is vulnerable to such unauthorized access due to the fact that email service companies have unlimited and direct access to all e-mails that go through the servers. Faxes can be sent erroneously to the wrong phone number. All computers used by ILCS are equipped with a firewall, virus protection, and a password. All Clinical data is stored in an Electronic Medical Record system. With HIPAA secured storage off-site. Please notify your therapist if you decided to void or limit in any way, the use of any or all communication devices, such as e-mail, cell phone, or fax. Please do not use e-mail or faxes for emergencies. These systems are not monitored frequently enough to be used during emergencies.

Litigation Limitation, Court Requests and Letters Written on your Behalf

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to our clients and many matters which may be confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, adoption, etc.) neither you (the client) nor your attorney, nor anyone else acting on your behalf will call on ILCS to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. However, if compelled by subpoena to testify a minimum fee of \$756/half day or \$1,512/full day; plus a \$400 preparation time will be assessed and all fees must be paid 3 days in advance by cashier's check. Because of the disruption court causes to this practice we will not accept and "on call" requests.

All letter written on your behalf will be a summary of treatment and not individual case notes. There is a \$100/hr fee for all letters including adoption letters this fee is based on actual time it takes to review the case notes and write letter. Each letter is written to addressing a specific concern. Please note insurance does not pay for letters.

Complaints

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of ([include your profession: marriage and family therapists/licensed educational psychologists/clinical social workers/professional clinical counselors]). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Disputes

"It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improper negligently or incompetently executed, will be determined by submission to arbitration. As provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. By entering into this contract, both parties are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead, are accepting the use of arbitration."