

INFORMED CONSENT FOR COUNSELING SERVICES

Please read this document carefully in its entirety and ask any questions you have about the content. When you sign this document, it will represent an agreement between us.

CREDENTIALS: I hold a Master's degree in Education with Emphasis in Counseling and Guidance and I am Licensed as an Educational Psychologist by the California Board of Behavioral Sciences (License #3558).

PRACTICE STRUCTURE: I am in independent practice and am not affiliated with any other individual or practice. My professional records are securely maintained and can only be shared or accessed with your specific written permission.

WHAT IS COUNSELING? The purpose of counseling is to work on specific goals related to improving your overall mental health. Sessions may be individual, group, or family focused and typically last 50-55 minutes.

FEES AND PAYMENT: Counseling fees are typically \$150 per session. Your fee as a new client is \$100 per session. Payment can be made via cash, check, or Zelle.

CANCELLATIONS/NO SHOWS: No fee will be collected for cancellations made with 24 or more hour's notice. Cancellations with less than 24 hour's notice will be subject to a \$25 fee.

INSURANCE INFORMATION: I am an out-of-network provider. This means that I am not a member of a provider network for any managed care plans or insurance company. Your insurance plan may or may not cover visits to an out-of-network provider. You are responsible for payment of all charges, submission of bills to your insurance company, obtaining information about your coverage and making certain that we are both aware of any authorization requirements for counseling. If you are interested in submitting for reimbursement, I recommend that you contact your insurance company to request information about out-of-network benefits for psychotherapy. If you call your insurance company, let them know that you are calling to see if they will cover out-of-network psychotherapy. They may ask you for a CPT Code. This is listed below:

CPT Code: 90834, Psychotherapy

CONFIDENTIALITY: All information disclosed in sessions is confidential and may not be revealed to anyone without the client or guardian's written permission, except where disclosure is mandated or allowed by law. Such situations include the following:

- The therapist/psychologist believes that a client may be a danger to themselves, another, or another's property and that disclosure is necessary to prevent the danger. In the case of danger to another, the psychologist is required to notify the police and take reasonable steps to warn the intended victim.
- There is a reasonable suspicion of actual or potential child abuse (emotional, physical, sexual) or neglect involving the client, or someone known by the client.

- There is a reasonable suspicion of neglect or abuse of a dependent adult or elderly person.
- A client is “gravely disabled” (i.e., is unable to take care of basic needs such as feeding, self-grooming, getting home safely).
- A valid court order (legal subpoena) is issued for a client’s files.

Client’s Bill of Rights

- Request and receive full information about the psychologist’s professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Have written information about fees, method of payment, insurance reimbursement and cancellation policies before beginning therapy.
- Receive respectful treatment that will be helpful to you.
- A safe environment.
- Ask questions about your therapy.
- Refuse to answer any questions or disclose any information you choose not to reveal.
- Request that the therapist inform you of your progress.
- Know the limitations of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Refuse a particular type of treatment or end treatment without obligation or questions.
- Request and receive a summary of your file, including the diagnosis, your progress, and type of treatment.

CONTACT: The best way to contact the evaluator is via cell phone #760-814-7635, or email marie@reachforthestarscounseling.com. Please be aware that I do not answer calls when I am with clients, but I check voice mail often. I will make every effort to return your call within 24 hours, except for weekends and holidays.

If you are facing a psychological or medical emergency call 911.

AGREEMENT OF INFORMED CONSENT: Your signature below indicates that you have read the information in this agreement and agree to abide by its terms during our professional relationship. By your signature below, you indicate that:

- You have been informed of and understand the type of services to be provided.
- You have been informed of the limits of confidentiality.
- You understand and agree to the payment and cancellation policies.

- You accept full responsibility for all fees incurred in participation in counseling as spelled out in the agreement.

Name of individual receiving counseling services

Signature

Date

Parent Signature, if client is a minor

Date:

