

Office Policies and General Information Agreement

This agreement is intended to provide clients with important information regarding my professional services and business policies. Any questions or concerns regarding the contents of this agreement should be discussed with me prior to signing it.

Informed consent: You have come to therapy because you want to feel better about something, you want to stop worrying or lessen feelings of anxiety and/or sadness. You will know that therapy is working when these symptoms begin to abate and you start to feel better. However, as we begin to address these issues and explore their origins together you may find that you feel worse before you feel better. This is actually a sign that therapy is working and we are making progress.

I encourage you to ask questions about therapy, including questions about procedures, methods and progress. I will answer all your questions to the best of my ability, treat you with respect, discuss your feelings and explain things in ways that you can understand.

You have the right to end therapy at any time. I suggest discuss your desire to terminate therapy at least two weeks in advance to allow time for working through and closure. I will not keep you endlessly in therapy, and will discuss your progress with you as an on-going process. I will help you decide upon the best time to end therapy.

Psychotherapy can be a very healing experience yet it must proceed according to a set structure for the benefit of all parties - for you and me. An important part of that structure is to make therapy a priority. The industry standard is to attend therapy at least one time per week. Should your situation warrant more or less frequent sessions, I will discuss my reasons for increasing/decreasing the number of sessions. You have the right to keep sessions to one time per week if you so choose.

Treatment of Minors as Individual patients: When a patient who is a minor is in individual therapy, the parent or guardian has the right to ask for information about the minor's therapy, and the therapist, acting in the best interest of the minor patient, has the right to limit the amount of information disclosed. If the minor patient is a participant in any legal proceedings raising the protection of all patient/therapist communications as "privilege," then no disclosure will be made of any of the content of the therapy except by written waive of privilege, given in writing by the parent, guardian or other lawful representative acting on behalf of the minor patient.

Fee: Currently, my standard fee for a 50-minute session is \$125. The initial assessment session lasts 60-minutes and is \$145. I accept cash, check, debit, Visa or Mastercard. There is a 1% fee for use of debit or credit. I am on the California Anthem Blue Cross panel. Please call your insurance company prior to the initial appointment to determine

Jennie Gault, LMFT
2428 K Street
Sacramento, CA 95816
(916) 532-4368

your co-pay. The payment is due at the time of service and in the beginning of the session unless otherwise arranged.

Please have your check made out to Jennie Gault, LMFT before the session begins.

Telephone conversations, site visits, report writing and reading, consultation with other professionals, longer sessions, travel time, etc. will be charged at the same rate, unless otherwise indicated and agreed otherwise. Initial evaluations, family therapy, and group therapy vary in rate and will be discussed and agreed upon prior to treatment. Please notify your therapist if any problems arise during the course of therapy regarding your ability to make timely payments. Please request a receipt for reimbursement for your insurance company if you so choose. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not the insurance companies. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

Health Insurance and Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. If you instruct your therapist, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the Psychotherapy notes will not be disclosed to your insurance carrier. Your therapist has no control or knowledge over what insurance companies do with the information they submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position and should be aware of the above mentioned.

Contacting the therapist: Between therapy appointments, the patient can leave a message or contact the therapist at (916) 532-4368. The voicemail is confidential and I am the only one with access to it. I will make every effort to return calls in a timely manner, but I cannot guarantee calls will be returned immediately. Phone calls received after 6 pm will be returned the following business day. I check my messages daily, and less frequently on weekends, holidays, or when I am out of town.

Emergencies: I am unable to provide 24-hour crisis service nor am I available on the weekends. In the event of an emergency after hours, please call 911 or go to the nearest emergency room. If there is an emergency during our work together, or in the future after termination, if you become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I 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, I may contact the police, hospital or the person whose name you have provided on the biographical sheet. You may also contact Sutter Center for Psychiatry 24-hour crisis line (916) 368-3111.

Confidentiality: The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except when required or permitted by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy practices you received.

When Disclosure is Required by Law: Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, when a client is dangerous to him/herself or the person or property of another, or is gravely disabled. I am mandated by law to report abuse to the appropriate authorities.

When Disclosure May be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental health status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony from your therapist. In couples or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or amongst family members. Your therapist will use their clinical judgment when revealing such information. Your therapist will not release records to any outside party unless they are authorized to do so by all adult family members who were part of the treatment.

Confidentiality of E-mail, Cell Phone and Faxes Communication: It is very important to be aware that e-mail and cell phones (also cordless phones) communication can be relatively accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all the e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify your therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call your therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: To provide you with the best care possible, I sometimes consult with other professionals regarding clinical issues; however, client's names or other identifying

information is never mentioned. Your identity remains completely anonymous, and confidentiality is fully maintained.

*Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

The Process of Therapy/ Evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but can be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, system/family, developmental (adult, child, family), or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you can contact. If at any point during therapy, I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss it with you and, if appropriate, terminate treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and

authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

Professional Boundaries: As this is meant to be a safe environment for you to examine the issues which brought you to therapy, I must ethically follow certain rules about our therapeutic relationship. I cannot participate in what is called a "dual relationship" with you or any of my clients. This means that I cannot become friends, socialize, date, or enter into business relationships with any of my clients. I realize there may be times when I may see you in a public setting. Please know that I will honor your confidentiality and not approach you if I see you in public. In this way you would not have to explain to anyone you're with how you know me. If you feel comfortable approaching me in public to say hello, I am happy to return the greeting.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged directly to you for sessions missed without such notification. Insurance companies do not reimburse for missed sessions.

YOUR RIGHTS AS A CLIENT:

You have the right to...

- receive respectful treatment that will be helpful to you
- refuse a particular type of treatment or end treatment without harassment
- a safe environment, free from sexual, physical and emotional abuse
- report unethical and illegal behavior by a therapist
- ask questions about your therapy
- refuse electronic recording, but you may request it if you wish
- refuse to answer any question or disclose any information you chose not to reveal
- receive a second opinion at any time about your therapy.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client's name: _____ Date: _____

Client's signature: _____ Date: _____
(or Parent if client is under 18 years of age)

Therapist Signature: _____ Date: _____