

Please review and keep document for your records. Please sign and return last page to me.

Office Policies, General Information & Treatment Agreement

Welcome. Thank you for choosing me as your therapist: I look forward to working with you! This document contains important information regarding office policies and confidentiality, in addition to your rights and responsibilities. Please read it carefully and feel free to ask me any questions you have regarding these policies.

Appointments & Availability. Sessions are typically 50 minutes in length, scheduled by appointment only. Clients are generally seen weekly, although frequency can vary depending upon need. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24 hour crises service. In the event of an emergency, please call 911, the Davis Crisis line at (530)756-5000, or the Yolo County Crisis Line at (530) 757-5530.

Fees & Payment. The private pay cost per 50 minutes session is \$120.00, payable at the beginning of each session. Payment is due at the time service is provided. Sessions longer than 50 minutes and services provided outside of scheduled appointments (e.g. correspondence or consultations with healthcare providers, teachers, family members, site visits, etc.) will be billed at the same hourly rate on a prorated basis. I reserve the right to periodically adjust this fee, and you will be notified of any fee adjustment at least 60 days in advance. There is a \$25.00 service fee for bounced checks. If a client has an outstanding balance within fifteen days of scheduled treatment, a summary or remittance will be sent to the client. Large balances can be disruptive to the therapeutic process. If a bill is not paid in full within 30 days from which the statement was sent, additional sessions will not be scheduled until the past-due balance is resolved. If therapy is interrupted or terminated as a result of non-payment, referrals to other therapists will be provided. When the parents of a minor client are estranged, separated, or divorced, the parent signing the following Informed Consent is fully responsible for payment. Bills will be sent only to the signing parent.

Insurance Reimbursement. Please inform me if you plan to utilize health insurance to pay for services. I am a contracted provider for a limited number of insurance plans. If you intend to use benefits of your health insurance policy, you are responsible for any and all fees not reimbursed by your insurance company, managed care organization, or any other third-party payor. This includes; site visits, in -person consultation (as requested by you) with other professionals, longer sessions, travel time, etc. will be charged at the same rate. Insurance does not reimburse for before mentioned services. You are responsible for verifying and understanding the limits of your coverage, as well as your co-payments and deductibles. You are responsible for all services rendered in the event that you discover afterwards that your insurance coverage does not cover the costs of therapy services. Kindly notify me if any problem arises during the course of therapy regarding your ability to make timely payment.

Cancellations & Missed Appointments. The success of therapy depends on the regularity and continuity of our meetings, the expectation is that you and I will meet consistently at the same appointment time each week, or as determined otherwise. If you must cancel an appointment, the first preference is to reschedule for the same week. If we are unable to reschedule, kindly contact me as soon as possible. You are responsible for the full session fee of \$120 if you cancel fewer than 24 hours in advance of our scheduled appointment. Your insurance will not cover an appointment for which you were not present, so it will be your responsibility to pay the full fee

for late cancellations. If you must cancel I ask that you kindly contact me 24 hours in advance to permit me the opportunity to offer that time to another person, I frequently have clients who are on a wait list for last-minute openings.

Dual Relationships. Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationships that might impair my objectivity, clinical judgment, therapeutic effectiveness, or that are exploitative in nature. I assess very carefully before entering into a potential non-sexual and non-exploitative dual relationship with clients. Davis is a small town and many clients know each other from the community. Consequently you may bump into someone you know in the waiting room or into me out in the community. I will never acknowledge working therapeutically with anyone without your permission. Dual or multiple relationships can enhance therapies effectiveness but can also detract from it in a manner that is difficult to predict. I ask that you please communicate with me if a non-exploitative and non-sexual dual relationship develops between us in a manner that becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. I will discontinue the dual relationship if I find it interfering with the effectiveness of the therapy process or your welfare and, of course, you can do the same at any time.

Confidentiality. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except when disclosure is require by law. Most of the provisions explaining when the law requires discloser are detailed in the HIPPA Notice of Privacy Practices that I have provided for you. If we agree that consultation with others (e.g. healthcare providers, family members, teachers, etc.) would be beneficial to your therapy, I will provide you with a written Authorization to Exchange Confidential Information form for your signature.

I am required to contact the appropriate authorities but not required to alert you that I am doing so under the following situations:

- If there is suspected abuse or neglect of a child, elderly person, or disabled person;
- If you threaten serious bodily harm to another person;
- If you are in danger of harming yourself or you are unable to care for yourself; and
- If I am ordered by a court to release information.

Of course if it is appropriate, I will make every effort to discuss this situation with you before breaking confidentiality in these situations.

Confidentiality of e-mail, cell phone calls, texts & fax communication. It is very important to be aware that e-mail and cell phone communications are relatively easily accessed by unauthorized people, and privacy and confidentiality of such communication could be compromised. E-mails in particular are vulnerable to such unauthorized access due to the fact that servicer's have unlimited and direct access to all e-mails that go through them. Faxes and texts can easily be sent erroneously to the wrong address. Please notify me at the beginning treatment if you prefer to avoid or in any way the use of any or all of the above-mentioned communication devices. I ask that you please try to limit any text and e-mail communications to those dealing with non-clinical issues such as scheduling appointments, for the protection of your children's or your privacy. Please do not use e-mails or faxes for emergencies.

Mediation & Arbitration. All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation before, and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between us. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the

event that mediation is unsuccessful, any unresolved controversy related to the agreement should be submitted to and settled by binding arbitration in Yolo County, CA in accordance with the rules of the American Arbitration Association that are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue and there is no agreement on a payment plan, I may use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

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

Consultation. Professional consultation is an important component of a healthy therapy practice. As such, I regularly participate in clinical, ethical and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you, or your child.

Record Keeping. I will maintain in a secure location a clinical chart describing your therapy goals and progress, dates and fees for session, and notes describing each therapy session. Your records or any portion thereof will not be released without your written consent, except possibly in the situations described above. You are entitled to receive a copy of summary of your records, and a request for records must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of a copy of the actual records, if I believe that seeing the full record would be emotionally damaging to you. You will be charged a prorated portion of my hourly rate for time I spend preparing and reviewing information requests. I will securely maintain your records for 10 years following the termination of therapy, or when a minor client turns 21 years of age, whichever is longer. After this time, your records will be destroyed in a manner that preserves your confidentiality.

Information About Therapy. Participation in therapy can result in emotional discomfort; some clients temporarily feel worse before they improve. Specific therapeutic outcomes cannot be guaranteed: some clients find that participating in psychotherapy results in changes they didn't expect at the outset. While there are some risks, many benefits are typically experienced as a result of therapy:

- It can be helpful just to know that someone is there for you, understand, and cares;
- Therapy can help clarify your understanding of yourself, your values, and your goals;
- Therapy can provide a fresh perspective on a difficult problem and point you in the direction of a solution; and
- Therapy can result in improved relationships, both with others and with yourself. You and I will work together to develop a treatment plan which will address the issues and goals you bring to therapy. Whether or not your therapy is successful depends upon many factors, including what your specific goals are, your willingness to actively participate in therapy, your commitment to change, and the therapeutic relationship you and I are able to develop.

Treatment Planning. Within three to four sessions after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic goals,

and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedure used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and I will be happy to provide you with further clarification. 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 that treatment. It is important for you to know that you have a right to consider the possibility of incorporating psychopharmacological medication treatment to complement your therapy sessions. Should you desire more information regarding this option please do not hesitate to inquire with me at any time.

Termination. As state 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 within the scope of my expertise and experience. In such cases I will give you several referrals to other therapists who you can contact. If at any point during therapy, I assess that I am not effective in helping you reach therapeutic goals, I am obliged to discuss it with you, and if appropriate to discontinue treatment. In such a case, I would give you several referrals that may be of help to you. You have the right to terminate therapy at any time. If you choose to do so for reasons related to my services I will ask that you please inform me if you are thinking about reducing or ending therapy so that I will have the time to bring closure to the therapeutic relationship and process. Please know that my top priority is ensuring your satisfaction and feeling of success with your services, whether it be with me or another professional who might be a better match for your needs.

Child in Therapy. Communications between myself and minor clients (under the age of 18) are confidential. While parents/guardians who provide authorization for a minor's treatment often play a significant part in their child's therapy, they are not the client. In general, the younger the child client, the more involved the parent(s)/guardian. Based on my clinical judgment, and experience, I may discuss, or provide a summary of minor's treatment with the parent/caretaker.

Families in Therapy. If I am seeing your family for therapy, I reserve the right to use my own discretion and clinical judgment in disclosing information family members choose to share with me individually. I will use my best judgment as to whether, when, and to what extent I will make disclosures and will also, if appropriate, first give the individual the opportunity to make the disclosure himself, or herself.

Ethical Standards. As a Licensed Clinical Social Worker, I am bound by ethical standards to not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability (NASW Code of Ethics).

Complaints. You have the right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please inform me immediately so that we can discuss and resolve the situation. If you feel that I have breached an ethical or legal standard, you may contact the licensing board, at the Board of Behavioral Sciences, 1625 N. Market Street Suite S-200, Sacramento, CA 95834.

It is my pleasure to have the opportunity to work with you. I look forward to getting to know you better over time, and to help you reach your desired therapeutic goals. Thank you for taking the time to review these policies.

Rebecca Brunette, LCSW 28550. 732 Third Street, Suite A , Davis, CA 95616.

I have read the above Office Policies & General Information Agreement of Rebecca Brunette, LCSW carefully; I understand them and agree to comply with them, as indicated by my signature below.

Printed Name of Client

Signature of Client & Date

Rebecca Brunette, LCSW & Date