

INFORMED CONSENT FOR THERAPEUTIC SERVICES

Welcome to our practice

This document contains important information about our professional services, business policies, and how they may affect you. Please read it carefully and make note of any questions you want to discuss. By signing this document, it becomes a binding agreement between us and will also act as the consent you give to begin therapy with our corporation.

About Therapy

Therapy is a unique and individual experience with the outcome determined by the effort and motivation you bring to work towards a change in yourself. It can result in a number of benefits to you and can potentially help in your ability to identify, challenge, and change beliefs and attitudes which create the unwanted feelings that have you seeking therapy. Therapy also has the potential to help you gain new or deeper understandings about the issues you are facing and can help you learn new ways of coping with them.

There is no guarantee that therapy will yield the positive or intended results you are seeking. Because feelings will be explored, you may experience a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions, or behaviors may be challenged. You may also experience unintended changes in your personal and interpersonal relationships, as you work towards resolving the issues that originally brought you to therapy. These challenges and changes may cause you to feel upset, angry, depressed, uncomfortable, confused, or disappointed. We encourage you to explore those feelings with your therapist during your sessions, as they are part of the therapeutic process.

This therapeutic relationship is strictly voluntary. At any time during your work with your therapist, you have the right to decide to end treatment. If you are thinking about ending therapy, we encourage you to discuss it with your therapist, and if you wish, your therapist can provide you with the names of other mental health providers. During the course of therapy if your therapist assesses that they are either unable or not effective in helping you reach your therapeutic goals, they will discuss this with you, and if appropriate terminate treatment. Your therapist will provide you with appropriate referrals and assist you in the transition to a new therapist if needed.

Fees and Payment

Individual therapy sessions are \$130 per session, with couples and family therapy sessions being \$160 per session. Unless your insurance covers 100% of your sessions, payments and co-payments are expected at the beginning of each session. Credit or debit cards are the accepted method of payment for all fees. Credit or debit cards are charged through Square and Stripe, online payment processing services. The Payment Authorization form will need to be completed to accept payments. Session fees are subject to change, in the event of any fee changes, you will be notified at least 14 days prior of such changes.

Culture First Family Therapy and Training Services, Inc.
3150 Hilltop Mall Rd.
Richmond, CA. 94806
weareculture1st@gmail.com

From time-to-time, your therapist may engage in telephone contact with you for purposes other than scheduling sessions. For any telephone calls that are 10 minutes or longer, you may be charged a full or pro-rated fee, in which you are responsible for the payment of the agreed upon amount. In addition, your therapist may engage in telephone contact with third parties at your request and with your advanced written authorization. These third party contacts can also result in a full or pro-rated fee if they are 10 minutes or longer. If you request documentation to verify your attendance in therapy, and this documentation requires a significant time investment, your therapist may charge for the time investment at the same rate as your regular session fee. If you ever have difficulties with your bill, please discuss your finances with your therapist as soon as possible. By signing this document, you agree that you are financially responsible to **Culture First Family Therapy and Training Services, Inc.** for all charges, including unpaid charges by your insurance company or any other third-party payer.

For sessions covered under an insurance company, please know that your insurance company will be billed for all services your therapist provides to you. This includes, but is not limited to, the above mentioned services. By signing this document, you are authorizing that we bill your insurance for services rendered by our corporation.

Please note that in the event that your therapist receives a subpoena to court and has to spend time in court, you will be charged the hourly rate that you or your insurance pays for therapy.

Session Times, Cancellations, and Rescheduling

Sessions are held once a week (unless other arrangements have been made and agreed upon). The length of each session is between 45 to 50 minutes. If you show up late to your session, please note that the session will still end at the regularly scheduled end time. ***If you are more than 15 minutes late to your session, please understand that the session will not take place.*** In order for therapy to be effective, it is important for sessions to be attended on a consistent and timely basis. Too many missed and/or cancelled sessions lead to ineffective treatment and the inability to reach the established goals. Additionally, missed and/or cancelled sessions result in my inability to use the time for another client who may be in need of treatment. If you need to cancel or reschedule a session, please notify your therapist at least 24 hours in advance of your scheduled meeting ***or you will be responsible for an administrative fee in the amount of \$67 for insured clients. For clients not receiving services through their insurance, the administrative fee is equal to the type of sessions received (individual, couples, or family).*** If you miss two or more scheduled appointments within a 30 day period, without cancelling within the 24 hour cancellation period, please note that your services will be terminated. If you are on an every other week schedule, and you miss more than one session within a 30 day period, without cancelling in the 24 hour cancellation period, your services will be terminated. Even with 24 hour notice, if too many cancellations begin taking place, you will be at risk of losing your scheduled time slot and may face termination of services. There is no guarantee that your therapist can reschedule you for a different time during the week, in the event that this is the case, you are still responsible for the administrative fee if you cannot make the originally agreed upon session time. The card you provided on the payment authorization form will be charged on the day of the missed session if 24-hour notice was not provided.

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Contacting Your Therapist

You may contact your therapist through they provided you. Your therapist is available Monday through Friday between 9am and 5pm. Therapist will try their best to reach you within 3 business days of your phone call. Your therapist is not be available after hours, on weekends, or holidays. Please contact one of the numbers provided in the emergency section of this consent form if you need assistance after hours, on the weekends, or on a holiday.

Please note that the above email is the corporation email. If you contact your therapist at that email address as opposed to their direct email, another therapist within the corporation may read this email as this is a joint corporation email account.

Time Away From The Office

There are times throughout the year that your therapist will be away from the office and will not be available to you. You will be notified in advance of any vacations or time away from the office that your therapist plans to take. If your therapist takes an extended period of time off, and you feel that you will need services during that time, they will assist you in finding another therapist through providing you with referrals and will help you in transitioning to a new therapist if you so desire.

Emails, Text Messaging, and Social Media

Therapy is confidential. You can have confidence that your insights, vulnerable experiences, and feelings will not be repeated outside the therapeutic relationship and what we have agreed upon regarding limits to confidentiality and/or signed releases of information. However, there are some forms of communication in which confidentiality is not guaranteed.

Emails, text messaging, and social media correspondence is NOT confidential. Though Internet and phone security measures can be effective, it is never 100% seal proof. My policy regarding email and text message usage is as follows:

- ***Please do not contact your therapist through text message, as it is the least secure therefore our corporation does not interact (or respond) to this form of communication.***
- Because email is also not secure, please only contact your therapist with information regarding scheduling or rescheduling your appointment. Please note that will engage in limited communication through email to protect your confidentiality.
- Email and/or text correspondence is NOT a substitute for therapeutic sessions.
- Email and/or text correspondence will not play a part in your therapy.
- In the event that a therapy session is not possible, information will be relayed through a phone conversation or voicemail.
- Email and/or text correspondence is NOT to be used in the case of an emergency to contact your therapist. If you cannot reach your therapist directly by a phone conversation, please call 911 or go to the nearest emergency room.

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Social Media Communication is NOT confidential therefore your therapist will not accept friend or contact requests from current or former clients on any social media networking site. your therapist also does not follow current or former clients on social media. Please note that in an effort to protect your confidentiality, your therapist will also not interact with current or former clients on any of their social media platforms for any reason. At **Culture First Family Therapy and Training Services, Inc.** we believe that accepting friend requests, following profiles, or interacting with clients in any other way on social media can compromise your confidentiality and our respective privacy.

Emergencies

If you are experiencing a life-threatening emergency and need to talk to someone immediately, you can call 911, your local police department, or visit your local hospital emergency room. You can also contact the Suicide Prevention Hotline at (800) 273-TALK (8255) or Contra Costa County Crisis support services at 1-800-833-2900. All of the above references are available 24 hours a day, 7 days a week.

Privilege and Confidentiality

Confidentiality is a foundation of the therapist-client relationship. It is important to know that the law protects confidential communications between a client and their therapist. The protection, known as a “privilege,” applies to any confidential communication between therapist and client (e.g. anything you tell the therapist during sessions or what you might text or email them) or information that your therapist obtains about you during professional consultation. You, as the client, hold the privilege. This means that your therapist cannot share your confidential information (whether verbal or written) with anyone else unless you, the client, consent to the disclosure.

There are, however, certain limited exceptions to the privilege, wherein your therapist may break confidentiality, or is required by law to break confidentiality, and disclose client information. If this becomes the case, your therapist will make every reasonable effort to discuss this with you, before such disclosure, unless prohibited by time, urgency or the law. These exceptions include, but are not limited to the following:

- **Child Abuse, Elder Abuse, or Dependent Adult Abuse:** Therapists are mandated by law to report cases of suspected child abuse (of children and youth under age 18), elder abuse (of adults over age 65), or dependent adult abuse (adults between the age of 18 and 64) to the appropriate authorities.
- **Suicide:** If you are in imminent danger of killing yourself, your therapist will need to breach confidentiality in order to keep you safe. This may include informing your family member(s) or taking action to see that you are admitted to a hospital.
- **Homicide:** If you disclose to your therapist that you are planning to kill or hurt someone, they are required by law to inform the police, inform your intended victim(s), and inform any other necessary individuals in order to prevent loss of life.
- **As Mandated by Law:** For example, if your therapist receives a subpoena, they may be required to submit your records as part of a legal proceeding.

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Limits on the Intent of Treatment

Your therapist does not engage in treatment services for the purpose of custody evaluations, immigration evaluation, disability evaluation, mediating divorce/separation disputes or for the purpose of making recommendations regarding employment, disability, placement, custody or caregiver competency. Your therapist does not provide any written or verbal information for any of the above mentioned situations. If you have concerns or questions about any of these topics, please address this with your therapist immediately. You will be given referrals to qualified providers who are more experienced at handling these issues and who can better assist you with your needs.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice and your therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals within our corporation and outside of our corporation. During such consultations, there might be discussion of the content of your therapy, but no personally identifying client information will be revealed.

Record Keeping

The laws and standards of the profession require every therapist to keep treatment records. These may include information about your diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures (e.g., report of child abuse), and other information. You have a right to view your records or receive a treatment summary by making a request in writing. Under California law, the therapist reserves the right to provide a treatment summary or to refuse to produce a copy of the record, under certain circumstances where your therapist believes that doing so would be likely to cause you substantial harm, endanger your life or physical safety, or pose a significant risk of harm to another individual. Your therapist maintains client records for the time requested by their licensing board as required by law. However, after the required legal duration of time, client records are destroyed in a manner that preserves your confidentiality. Your therapist keeps records via electronically and physically, with both forms of record keeping being secure and HIPPA compliant.

HIPPA Acknowledgement of Receipt

By signing at the end of this document, you agree that you have received the Notice of Privacy Practices and that your therapist can use and disclose your protected health information in accordance with HIPPA. This Notice of Privacy Practices, among other points, explains how your therapist plans to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. This applies to the privacy practices of mental health treatment and information provided by your therapist. You have the right to review the Notice of Privacy Practices prior to signing this document. It provides more detail on how your information may be use and disclosed. The Notice of Privacy Practices is subject to change, at which point you will be updated on any changes that affect you and/or your treatment.

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Your signature at the end of this document indicates that you have reviewed, understand and agree the limits of confidentiality and this informed consent, acknowledging that you understand their meanings and ramifications.

Client's Name

Date of Birth

Client's Name
(For Couple's or Family Therapy Only)

Date of Birth

Client Signature
(Client or Parent/Legal Guardian Signature if applicable)

Date

Client Signature
(Client or Parent/Legal Guardian Signature if applicable)

Date

Therapist Signature

Date