

**Office Policies & Informed Consent Agreement for
Psychotherapy Services**

Welcome to my practice. Your first visit to a new therapist is very important, and you may have many questions. This letter is to introduce myself and give you information to help you decide whether we can work together. Please take time to read it carefully and let me know if you have any questions or need more information. When you sign this document, it will represent an agreement between us.

QUALIFICATIONS

I received my Masters of Science in Counseling Psychology degree in 2004 from Palm Beach Atlantic University. I work from an integrative perspective and rely on a broad range of techniques, including cognitive-behavioral therapy, EMDR (Eye Movement Desensitization and Reprocessing), and psychodynamic. As a Licensed Mental Health Counselor, I bring certain expertise to our collaboration while you bring self-knowledge, the ability to learn from your life experiences, and a vision of what you want your life to be. I enjoy working with a diverse range of individuals, including children, adolescents, and women's issues.

THE PROCESS OF THERAPY/EVALUTION

During our first meetings, I will assess whether I can be of benefit to you. I do not accept clients who I believe I cannot be helpful to, and if this is the case, I will refer you to others who work well with your particular issues. Within a reasonable period of time after starting treatment, we will discuss my working understanding of your issues, my proposed treatment plan, and therapeutic objectives and possible outcomes of the therapy. If you have 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 in general, please ask me. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION AND FOLLOW-UP

Deciding when to stop our work together is meant to be a mutual process. Before we stop we will discuss how you will know if or when to come back or whether a regularly scheduled "check in" might work best for you. If it is not possible for you to phase out of therapy, I recommend that we have closure on the therapy process with at least two termination sessions.

Noncompliance with treatment recommendations may necessitate early termination of services. I will look at your issues with you and exercise my educated judgment about what treatment will be in your best interest. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about my treatment recommendations, I strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, I may 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 treatment 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.

Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact me to make arrangements any time your financial situation changes.

BENEFITS & RISKS OF PSYCHOTHERAPY

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your 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 and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation of the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

PHONE CALLS & EMERGENCIES

If you need to contact me between sessions, please leave a message for me at (561) 818-6964. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance. I will also let you know who I have covering for me if I plan not to take or respond to phone messages during my absence. Emergency phone consultations of 10 minutes or less are normally free. However, if we spend more than 10 minutes in a week on the phone, I will bill you on a prorated basis for that time. If an emergency situation arises, please indicate it clearly in your message to me. **If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service:**

Dial 911 or

Go to your nearest Emergency Room

Suicide Prevention: (877) 7CRISIS / (877) 727-4747

CANCELLATIONS AND LATENESS

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling your appointment. Your full fee will be charged for sessions missed without such notification. If you are requesting a bill from me to send to your insurance company, be aware that most insurance companies do not reimburse for missed sessions. Please let me know as soon as you know that you will not be able to keep your scheduled appointment.

If you are running late for your appointment, please phone or email me as soon as you can to let me know you will be late. If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointments and I can be on time for them.

PAYMENT AND FINANCIAL ARRANGEMENTS

My standard fee is \$150 for 50-minute individual sessions, and \$185 for 75-minute EMDR sessions.

The fee is to be paid at the start of each session.

If you have outpatient mental health coverage, some or all of your fees may be covered by your health insurance. However, insurance companies do not reimburse all conditions that may be the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Fees you pay for therapy services that are not reimbursed by insurance may be deductible as medical expenses if you itemize deductions on your tax return. As described below in the section Health Insurance and Confidentiality of records, be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk.

CONFIDENTIALITY

As a psychotherapy client, you have privileged communication. This means that your relationship with me as my client, all information disclosed in our sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the enclosed Notice of Privacy.

When Disclosure is required by Law:

Disclosure is required when there is a reasonable suspicion of child, dependent or elder abuse or neglect and when a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure may be required:

Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record and last known address may be sent to a collection agency or small claims court.

In couple or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information.

Emergencies:

If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about your receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose, I may contact the person whose name you have provided on your General Information form.

Health Insurance and Confidentiality of Records

Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company’s claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Consultation

I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained.

Parental Notification

I understand it is the policy that both legal parents are informed when a child attends therapy. If both parents are not attending the sessions with the child, I agree to inform the other parent that the child is being seen for therapy.

Release of Information

Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

Please let me know if you have concerns or questions about any of these policies or procedures or this agreement for working together in psychotherapy.

Client signature (Legal Guardian)

Date

April Forella, MS, LMHC (FL)

Date

(CA) Registered Associate PCC#4678, supervised by
Luisa Contreras, LMFT, LPCC, April Forella, LMHC
is a subsidiary of LaVida Life Counseling Center

