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Clients Name _____ Date _____

Preferred Pronouns _____

Date of Birth: _____ Occupation: _____

Address: _____

Phone: (home) _____ (cell) _____

Email Address: _____

Permission to contact you via email: Y / N | Phone: Y / N

Marital/Relationship Status: _____ # of Years in Relationship _____

Spouse/Significant Other's Name: _____

Children's Names/ Ages (if applicable): _____

Person to notify in case of an emergency: _____ Phone: _____

Who referred you? _____ May we thank that person? Y / N Client

Signature: _____ Date: _____

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Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully, sign the document, and make an additional copy for your records. In addition to this form, please keep for your records and review a copy of the "HIPPA Notice of Privacy Practices" form before beginning treatment. **Note that if you are a couple, each individual is required to fill out his or her own consent forms.**

Services and Fee Policy

Fees

The fee for service is \$_____ per 50-55 minute individual therapy session. The standard fee for service is \$170 per 50-55 minute conjoint (marital /pre marital/family) therapy session. The fee for service is \$250 per 75-80 minute individual or conjoint session. Phone sessions and emergency contacts over 10 minutes are billed at the same rate.

Individual Sessions and conjoint (marital/family) sessions are approximately 50 minutes in length. However, at certain points you and I may determine that longer sessions are necessary in advance or a crisis may arise that necessitates a longer session. Fees are payable at the time that services are rendered.

Reduced Sessions and Full Fee

As we move toward the final stages of therapy, we may discuss moving your sessions to every other week versus once a week in order to taper off towards termination of services. Once sessions are reduced to two times a month, and/or check in sessions every few weeks, I ask that clients who have been using the sliding scale meet the full fee. **If you are a client that will be starting with sessions twice a month, I ask that you meet the full fee of \$170.** Fees are the same for in office or teletherapy (phone), or couples. Extended sessions are billed at a higher fee (for example: 90 minutes is considered a double session and is billed as such).

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the

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right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not sign until discussing with me.

Your signature indicates that you understand and agree to the fee conditions above:

Client' signature: _____ **Date:** _____

Client Cancellation Procedures and Fees

Appointments/Cancellations

If you are trying to reach me on the same day of your session, please contact me via the phone number you have been given rather than an email or text. Please note that cell phones cannot be guaranteed as confidential. I make every effort to return calls, texts, and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If I am unable to attend your therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided.

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the full agreed upon fee for the session. The only exceptions to the 24 hour cancellation are reserved for true emergencies or sudden illness of a client or client's child that could not have been predicted prior to 24 hour notice.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session

Your signature indicates that you understand and agree to the cancellation conditions above:

Client's signature: _____ **Date:** _____

Confidentiality Agreement

Confidentiality

Your confidentiality is very important to the therapy process and is taken very seriously.

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There may be occasions where I may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and I will change significant identifying details in order to protect your confidentiality. Should you request that I speak with another person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after I determine if this is in the best interest of supporting your therapeutic process and progress.

All communications between you and I will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

Exceptions to Confidentiality

Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or unless mandated by a court of law. Legally, therapists are mandated reporters of abuse or intent to harm self or other.

If you are suicidal or homicidal, I will take all reasonable steps to prevent harm to you or another. If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), I must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

I am mandated under California law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act. A minor is defined as any person who is legally under the age of 18.

In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

If you participate in marital or family therapy, I will not disclose confidential

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information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information.

No Secrets Policy

It is important that you know that I utilize a “no-secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, I am permitted to use information obtained in an individual session that you may have had with me, when working with other members of your family. This means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts their therapist outside of the therapy session to share a secret.

On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions will not be held in confidence or secret in couples and/or family sessions.

I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Your signature indicates that you understand and agree to the confidentiality and “no secrets” policy conditions above:

Client’s signature: _____ **Date:** _____

Litigation Limitation

I do not do court work (such as, but not limited to, testifying in divorce and custody disputes, injuries, lawsuits, etc...). If you need these services, I will give you referrals to forensic psychologists who specialize in these cases. My desire is to protect your psychotherapy from the intrusiveness of legal proceedings.

To be in psychotherapy with me, you must agree that neither you, nor your attorney, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of psychotherapy records be requested for legal

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proceedings.

1. If you place your mental status at issue in litigation initiated by you, the defendant (other side) has the right to obtain your psychotherapy records and/or testimony by your psychotherapist. Your adversary would have the right to know everything you've talked about in psychotherapy.
2. Forensic psychology (custody evaluations, workers comp, lawsuits, etc.) is not my area of expertise. If you are involved in legal proceedings, subpoenaing a therapist without forensic expertise to testify, it could hurt your case more than help. Forensic psychologists do assessments (not psychotherapy) and are trained as expert witnesses.
3. The goals of legal proceedings (winning a case) are not the same as the goals of psychotherapy (exploring emotions and improving relationships in a safe and protected place). Psychotherapists are not permitted to have dual roles with a client that interfere with the client's therapy (BPC4980.021845 (a) CA regulations). Any involvement in legal proceedings would necessitate termination of therapy.

I understand and agree to this litigation limitation above.

Client's signature: _____ **Date:** _____

Treatment Information

Record Keeping

Your records are maintained in a lock and key paper file system. As with any record keeping method, every foreseeable precaution has been taken to protect privacy, but there are no guarantees.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 48 hours. I am not available to return calls on Saturdays or Sundays or after 8 pm. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of

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others, please call 911 to request emergency assistance.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis: Crisis Hotline: (888)724-7240
Domestic Violence Help: 1-800-799-7233

About the Therapy Process

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also periodically exchange feedback regarding your progress. Please also note that it is not my obligation to provide advice or specific direction but rather to support you in making choices for yourself (and your relationship) that best support you (and your relationships).

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Therapy Services – Risks and Benefits

The role of a Marriage and Family Therapist and Licensed Clinical Social Worker is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, you are encouraged to discuss this with me during your sessions so that we can collaborate together as you move forward.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers (or marriage and family therapists) You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. For more information, here is a link to the full announcement from the

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BBS: https://www.bbs.ca.gov/pdf/ab_630.pdf

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that I have an open door policy and welcome the possibility of working together again.

You may discontinue therapy at any time. If you and I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Your signature indicates that you understand and agree to the treatment conditions above:

Client's signature: _____ **Date:** _____

Social Media & Public Setting Policy.

The basis for this policy is to truly protect our relationship and your confidentiality in session. You are the person that can decide what you want to keep confidential.

I must keep my relationship with you completely confidential except in cases of where you might harm yourself or others (see confidentiality agreement for details). Thus, if you post on my page, you are opening up the possibility of people inferring about our relationship or asking you

about your connection to me. You get to decide what you tell people. You have a choice as to what you reveal about yourself online, however I will not reveal my connection to you. Thus this is how I handle different social media options:

“Friending” & “Following”

To respect your privacy and confidentiality, I do not accept friend requests on my personal Facebook page or Instagram from current or former clients on any social

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networking site

“Fanning”

You may “like” Cultivate’s facebook business page. If you “like” my page, you are choosing to reveal that you are connected to me in some way. Cultivate’s business page exists to be a forum of information and inspiration. However, if you find it helpful then you are more than welcome to like Cultivate’s page.

Interacting on Social Media

Please do not use messaging on Social Networking sites such as Twitter, Facebook, Instagram, or LinkedIn to contact me. Also if there were an emergency, I would not be able to respond timely as I do not check these accounts regularly. The best way to interact with me is by email or phone. If you post on my wall it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Use of Search Engines

You may have a Facebook page, Instagram account or Twitter account. I do not “google” my clients or look up information on them for any reason. I think it is important that I know you as you are in my office

Business Review Pages

Some sites, such as Yelp or other review pages, include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client. The California Association of Marriage and Family Therapist's Ethics Code states that it is unethical for MFTs to solicit testimonials.

Of course, you have a right to express yourself on any site you wish. If you do post a review, I cannot respond on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me

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from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Behavioral Science Examiners, which oversees licensing, and they will review the services I have provided. You may write Board of Behavioral Sciences at 1625 North Market Blvd., 2nd Floor, Suite S-200, Sacramento, CA 95834, (916) 574-7830 or email BBSWebmaster@dca.ca.gov or file a complaint at https://app.dca.ca.gov/bbs/complaint_ssl.asp

Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not

completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

Text

Sometimes clients text me to request an appointment time or to let me know if they are running late to an appointment. However, if you are canceling a session time, I only take cancellations via phone message or email. Please note that text is not always secure.

In the Community | Public Setting Contact

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Please note that I am flattered by all invitations that you may give me to attend a wedding, celebration, or other social event. While I am most definitely touched by your invitation, under most circumstances I will most likely decline the offer to prevent a dual-relationship and to protect your confidentiality. If we are to run into each other in a public place you are more than welcome to approach me and say hello. To protect you from having to explain our relationship to others that may be with you, I will refrain from initiating a hello unless you make first contact.

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

Your signature indicates that you understand and agree to the social media and public contact policy conditions above:

Client's signature: _____ **Date:** _____

* Please keep a copy of this consent form & the HIPAA Notice of Privacy Practices for your records to refer back to at any time.