Agreement for Services/ Informed Consent for Minors

Introduction

This agreement has been created for the purpose of outlining the terms and conditions of services to be

provided by HOPE Counseling Center, for the minor child(ren) _____

and is intended to provide [name of parent(s)/legal guardian(s)]_____ with important information regarding the practices and procedures of Counselors working for HOPE Counseling Center, and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Policy Regarding Consent for the Treatment of a Minor Child

Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of the Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services. The law does provide for any minor 12 years or older that understands therapy to receive services without parental consent

Therapist Background and Qualifications

HOPE Counseling Center employs associates and trainees under the supervision of a licensed therapist. Confidentiality is kept at the highest level possible. Cases will be discussed in group supervision where the supervisor and other counselors can guide and direct the trainee or associate. Supervision includes discussion of treatment planning and interventions to utilize in therapy sessions. Our counselors may be treating multiple members of the same family and information may be shared during this time.

Your psychotherapist identifies as an ☐ MFT/PCC Trainee ☐ Associate MFT/PCC

Process of Therapy

Joining with clients to communicate, solve problems, and learn to maintain positive interactions by discovering the unproductive interactions and practicing techniques that lead to more fulfillments within. Supporting clients to transcend, heal, and get beyond old and possibly ineffective patterns of interaction that interfere with fulfilling relationships. Using a variety of invitations to help clients connect with self and then with others, including dialogue, expressive arts, imagery, along with other experiential modalities. Invite clients to go beyond just the story and join issues that arise in the moment, keeping the focus on self and taking responsibility for what they can change. Clients can at any time accept or refuse an invitation.

Risks and Benefits of Therapy

A minor Client will benefit most from psychotherapy when his/her parents, guardians, or other caregivers are supportive of the therapeutic process. Psychotherapy is a process in which Therapist and Client, and sometimes other family members, discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so Client can experience his/her life more fully. It

provides an opportunity to better and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing.

Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self- sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence.

Such benefits may also require substantial effort on the part of Client, as well as his/her caregivers and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics.

The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Client or other family members, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. Regular participation in clinical, ethical, and legal consultation with appropriate professionals is done on a regular basis. During such consultations, personally identifying information concerning clients will not be shared.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Client's treatment. These notes constitute Therapist's clinical and business records, which by law Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any client or representative. Should Client or Representative request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client, or Representative, with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Representative will generally have the right to access the records regarding Client. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law. Therapist will maintain Client's records, once therapy is terminated, for seven years after client turns 18 years old. Client's records will then be destroyed in a manner that preserves Client's confidentiality.

Psychotherapist-Patient Privilege

The information disclosed by Client, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the Client is the holder of the psychotherapist-patient privilege. If Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Client's behalf until instructed, in writing, to do otherwise by a person with the authority to waive the privilege on Client's behalf. When a client is a minor child, the holder of the psychotherapist-patient privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the psychotherapist-patient privilege for their minor children, unless given such authority by a court of law. Representative is encouraged to discuss any concerns regarding the psychotherapist-patient privilege with his/her attorney.

Patient Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client, or Representative, and another individual, or entity, are parties. Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's, or Representative's, legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Representative agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate. In addition, Therapist will not make any recommendation as to custody or visitation regarding Client. Therapist will make efforts to be uninvolved in any custody dispute between Client's parents.

Confidentiality

The information disclosed by a client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted 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, or when a client is dangerous to him/herself or the person or property of another.

Email

Client is welcome to leave email messages at any time by sending a message directly to your therapist. If the email requires a response, therapist will make every effort to respond promptly, but be advised that it may take up to 24 hours. If Client emails during the evening, on a weekend, or over a holiday, therapist may be unable to respond until the next business day.

While Client is welcome to send therapist multiple messages, email communication is not meant to take the place of an office visit or psychotherapy session. If Client requests that therapist read and respond to every email message sent between sessions, therapist may need to bill Client for that time at the same hourly rate that was agreed upon for office visits.

In case of an emergency, DO NOT use email, but immediately call 911 for emergency response, and after that please leave a phone message for therapist at the number given to you.

Client should be aware that although therapist takes every precaution to ensure the confidentiality of email messages, there is the possibility that email communications can be intercepted. For this reason, Client should consider carefully whether or not Client would like to communicate via email.

Any email therapist receives from Client and any response therapist sends to Client will be printed out and kept in Client's treatment record. Communication regarding the minor Client will be shared via email with all caregivers who by law may receive information.

Insurance

Please inform psychotherapist if you wish to utilize health insurance to pay for services. If HOPE Counseling is a contracted provider for your insurance company, psychotherapist will discuss the procedure for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions and often do not cover relational counseling (couples/marriage/family counseling). Some insurance will not cover therapy provided by a pre-licensed psychotherapist (Associate MFT/PCC or MFT/PCC Trainee). You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. We are happy to assist your efforts to seek insurance reimbursement, although we are unable to guarantee whether your insurance will provide payment for the services provided to you.

If you are using an EAP, the number of sessions is determined by your EAP. Your psychotherapist can discuss options for continuation of treatment, if desired, after your session allowance is reached. If for some reason you find that you are unable to continue paying for your therapy, you should inform your psychotherapist. Your psychotherapist will help you to consider any options that may be available to you at that time.

It may necessary for your psychotherapist to disclose certain information to your insurance company. This information may include, but is not limited to: dates of service, diagnoses, and recommendations for future care. Please discuss any questions or concerns regarding insurance and/or EAP with your psychotherapist.

_____***Please initial you understand you're responsible to understand your insurance coverage***

Fee and Fee Arrangements

HOPE Counseling Center utilizes a sliding scale based on income. This is discussed before or during the first session.

The agreed upon fee between Therapist and Client is _____. Therapist reserves the right to periodically adjust fee. Client will be notified of any fee adjustment in advance. Clients are expected to pay for services at the time services are rendered. Cash and/or checks and credit cards are accepted. In the event of a returned check, Client is responsible for any bank charges occurred.

From time-to-time, a counselor may engage in telephone contact with Client or caregiver for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten (10) minutes. In addition, from time-to-time, a counselor may engage in telephone contact with third parties at Client's request and with Client's advance written

authorization. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

_____***Please initial here that you agree to the Fee/Fee Arrangements***

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which Client failed to give at least 24 hours' notice of cancellation. Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required to re-schedule or cancel an appointment. Clients are requested to provide a credit card number that can be used for billing in the event of a late cancellation or no show. The full session fee will be charged to the credit card number provided for appointments missed without notice or canceled with less than 24 hours' notice, unless we are able to find a mutually agreeable time to reschedule the appointment within the same week.

_____***Please initial here that you understand & agree to the Cancellation Policy***

Credit Card Authorizations

Payments: Sessions are payable via cash, check or credit card (Visa, MasterCard, or Discover). You are expected to pay your session fee at the start of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, releases of information, reading records, longer sessions, travel time, etc. will be charged at the same rate unless otherwise indicated and agreed upon. Credit card information will be kept private other than by electronic means for billing.

_____***Please initial here that you understand & agree to the Credit Card Authorizations***

Therapist Availability

The office is equipped with a confidential voice mail system that allows a client to leave a message at any time. We 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. HOPE Counseling Center does not provide 24-hour crisis service. In the event that client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

Termination of Therapy

We reserve the right to terminate therapy at our discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, we will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. We will attempt to ensure a smooth transition to another therapist by offering referrals to Client.

Notice to Clients: Management receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at HOPE Counseling Center. To file a complaint, contact Management at 916.780.1059 or info@hope-counselingcenter.org.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Acknowledgment

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. ***Client acknowledges having received a copy of HOPE Counseling Privacy Policy.***

_____***Please initial here that you received the Privacy Policy***

_____
Client Name (Please Print)

_____
Client Name (Please Print)

_____Date_____
Signature of Client (if Client is 12 years old or older)

_____Date_____
Signature of Client (if Client is 12 years old or older)

_____Date _____
Signature of Representative

_____
Relationship to Client

_____Date _____
Signature of Representative

_____
Relationship to Client

****** Please ensure you have initialed 5 boxes found on pages 4, 5, and 6. Thanks ******