

INFORMED CONSENT FORM
PSYCHOTHERAPIST-ADULT CLIENT(S) CONTRACT

(adapted from Polly Young-Eisendrath, Ph.D.)

This document contains important information about the professional services and business policies for **Charlotte Kay, LMFT**. When you sign the Signature Page, it will represent an agreement that you have been informed of the overall process of doing therapy with me, as well as the parameters for payment and confidentiality.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described and varies depending on the personalities of the therapist and client, and the particular problems you hope to address. Psychotherapy calls for an active effort on your part for the therapy to be most successful. While I bring expertise to the process of our engagement, you should bring dedication and engagement in order to benefit from the psychotherapy. Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, effective psychotherapy often leads to better relationships, reduction of stress, greater satisfaction in life, and a deeper understanding of how to accept and work with yourself.

If you have doubts or concerns about my methods that we cannot resolve within your therapy, I will be happy to refer you to another therapist.

Occasionally, I may find that what you need is out of my scope of competence or practice, in which case, I do reserve the right to terminate therapy. You also have the right to terminate therapy at your discretion. Upon either of us making such a decision to terminate our work together, it is highly recommended that we have at least one termination session.

PROFESSIONAL FEES

Since I do not work for managed care, I am not prohibited from re-negotiating fees whether you use insurance or not. If/when I do adjust your fee, you will be notified in advance. Telephone conversations outside of our meetings lasting longer than 15

minutes will be billed as an hourly fee. You are entitled to a Good Faith Estimate which I will provide. In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment.

In circumstances of unforeseen financial hardship, I ask that we address this as it starts to become an issue for you. I may be able to negotiate a temporary fee adjustment, but finding a clinician that is able to offer a lower fee might be the best option.

BILLING AND PAYMENT

I ask that you pay for each session before the start of your session, whether that's the morning-of or as you wait in your car/waiting room, unless we agree otherwise in advance. I accept the following forms of payment:

Zelle charlottekaytherapy@gmail.com (**preferred**) or Cash App (\$CharlotteHKay) or Apple Pay (323-388-9625)

I reserve the right to terminate therapy if you do not pay for sessions I have provided.

INSURANCE

If you have a PPO health insurance policy, it will usually provide some coverage for mental health treatment so find out what mental health services your insurance policy covers, including deductibles. Managed Health Care plans, for example, often require authorization before they provide reimbursement for mental health services. These plans are often, but not always, limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek re-approval for more therapy after a certain number of sessions.

I am an *independent provider* not a member of a managed care board. As such, the contact that I have with your insurance company will be limited. You may have to do most of the communication with them. While you (not your insurance company) are responsible for full payment of my fees, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to

which you are entitled. Typically, this is by providing a superbill which I submit electronically on your behalf every 6 or so sessions. Your insurance company will then provide you with reimbursement.

Be advised that most insurance companies *require* that I provide them with a clinical diagnosis and some common life issues may not be covered. (Therapists are forced to give diagnoses in order for there to be coverage which is one reason I don't deal with insurance directly. It's also not uncommon for some insurance companies to pay only a portion of the therapist's fee.) At times, additional clinical information, such as treatment plans, progress notes or summaries, may be asked for. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.

You have the right to pay for my services out of pocket and avoid the scenario above, but if you choose to use insurance, please email me (charlottekauththerapy@gmail.com) with the following information:

1a Insured's ID number 4 Insured's Name
9 if applicable, Other Insured's Name,
11 Insured's Policy, Group or FECA number
11 a Insured's Birth Date
11 b Employer's Name
11 c Insurance Plan or Program Name
11d if applicable, Is there another health plan benefit plan?
Your address AND insured's address if different than yours
Your birthdate
Insured's Phone # AND yours if different
When did this plan take effect?

CANCELLATIONS

Your session day/time is held specifically for you. Cancellations are discouraged for continuity of treatment. Except in the case of a true emergency, you will be charged when you don't provide me with at least 24 hours notice of cancellation. In the event that you do need to cancel, I ask for as much notice (even weeks) as possible. Waiting until exactly 24 hours to inform me that you need to cancel is discouraged. Text, email, or tell me in session. This is appreciated around the holidays as well. I ask that we try to find an alternative time/day to make up missed sessions when possible.

I understand the occasional unforeseen circumstance (work, childcare, goofs, etc.) may result in needing to request a different day/time. I will gladly attempt to accommodate requests. If a request is less than 24 hours before your session time and I am unable to accommodate your request, you will be charged for the session. If you miss more than 2 consecutive sessions, I cannot guarantee that you will be able to keep your session day/time going forward.

CONTACTING ME

Text and email aren't appropriate formats for us to discuss anything personal, only logistical. I am often not immediately available by telephone. Though I am usually in my office during my clinical hours, I typically don't answer the phone. If you want to speak with me by phone you should email me at charlottekaytherapy@gmail.com or text me at 323-825-1585 to arrange a time to talk. I will make every effort to return your call on the same day you contact me, with the exception of weekends and holidays. If you are unable to reach me, and are having an emergency, and feel that you cannot wait for me to return your call, contact your family physician or go to the nearest emergency room.

CONFIDENTIALITY

In general, the privacy of all communications between us is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if they determine that the issues

demand it, and I must comply with that court order. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elder, or dependent adult is being abused or has been abused, I must make a report to the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection. If such a situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case but make every effort to fictionalize and disguise all identifying features of the client. Consultants and professionals are also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have about any aspect of your consent. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

UNEXPECTED THERAPIST ABSENCE

In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to contact you. The Executor of my Professional Will is Jenny Walters, and the Secondary Executor is Rebecca Medina Snyder. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.