

Balanced Wheel Counseling
Annette Mendoza-McCoy, LMFT
1129 Maricopa Hwy, A144
Ojai, CA 93023



Informed Consent and Authorization for Psychotherapy

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

Confidentiality

All communications between you and your therapist 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, your therapist 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. (In addition, your therapist will not disclose information communicated privately to her by one family member, to any other family member without written permission.)

There are exceptions to confidentiality. For example, therapists are mandated to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. 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 client that FBI sought or obtained the items under the Act.

Minors and Confidentiality

Communication between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor client with the parents or guardians. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled one time per week on the same day and time if possible. Your therapist may recommend a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 24 hours in advance of your scheduled appointment. If you do not provide your therapist with **at least 24 hours of notice** in advance, you are responsible for a **no show fee of \$50**. Please understand that your insurance company will not pay for cancelled or missed sessions.

Therapist Availability/Emergencies

Telephone consultations between appointments are permitted, however your therapist will attempt to keep these conversations as brief as possible due to my belief that important issues are better addressed within regularly scheduled sessions. Conversations lasting over 15 minutes will be billed proportional to your hourly fee.

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You may leave a message for Annette Mendoza-McCoy, LMFT on her confidential voicemail **(805) 280-5129**. Non-urgent phone messages will be returned during normal week days (Monday- Friday) as soon as feasible. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Emails, Cell Phones, and Faxes

It is important to be aware that emails, cell phone communication, and faxes can be relatively accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please notify Annette Mendoza-McCoy, LMFT if you decide to avoid or limit in any way the use of any or all communication devices, such as email, cell phone, or faxes.

Payment of Fees

Paying for therapy is often a very sensitive topic, and we can discuss your concerns about payment as needed. However, California law requires that all fee(s) are established and agreed to **before** we can begin services. This section clarifies all fees, and the Financial Responsibility Form defines your financial responsibilities.

1. The standard fee is \$180 per (55-60 minute) session, payable at each session and beginning at your first appointment. A \$25.00 returned check fee will be assessed.
2. Authorized telephone consultations with anyone concerning your therapy will be billed at \$100 per hour or portion thereof.
3. Form completion and /or preparation for reports will be billed at \$100 per hour or portion thereof.
4. For patients who wish to use their insurance for psycho therapy services, I will provide a Superbill at the end of the month that you can use to submit to your insurance carrier for reimbursement.
5. I authorize payment of medical benefits to the undersigned physician or supplier for therapeutic services.
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE/ Date _____.

About the Therapy Process

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are **partners** in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will periodically provide feedback to you regarding your progress and will invite your participation in this discussion. Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc..), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on **Annette Mendoza-McCoy, LMFT** to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. When treating minors of divorced or separated parents, both parents will be required to consent to treatment, and the most recent custody order must be obtained.

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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 your collaboration with your therapist.

You may discontinue therapist at any time. If you or your therapist determines that you're are not benefiting from treatment, either of you 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 have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign!

Client #1 Name: _____

Client#1 Signature: _____

Date: _____

Client#2 Name: _____

Client#2 Signature: _____

Date: _____

Therapist Name: _____

Therapist Signature: _____

Date: _____