



Consent for Treatment

Welcome to my practice. I am governed by various laws and regulations and by the code of ethics in my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may impact you. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our initial session. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for active participation on your end. For therapy to be most successful, you must work on things we talk about both during our sessions and in between session. Therapy can have benefits and risks. Since 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, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions and/or elimination in feelings of distress. But there are no guarantees of what you will experience, and it is primarily up to what you contribute.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, and a treatment plan will follow. Under certain circumstances I may recommend a psychiatric consult; conjoint marital/couple, conjoint parent/child sessions and/or group psychotherapy. I may also request that you meet with your primary care provider for a physical exam. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them as soon as they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion.

THERAPY SESSIONS

Therapy sessions are 50 minutes in lengths and will be scheduled based on your needs and your related symptoms. There is a 24-hour cancellation policy. If you are unable to make your appointment and have not cancelled within the 24-hour advance notice, you will receive a written bill for the full amount due. A late fee will be charge for every 15 days it remains unpaid.

CONTACTING ME

If you are unable to reach me and feel that you are unable to wait for a return call, please call 911, your primary care physician, the San Diego Access and Crisis Line at (888) 724-7240 or the nearest emergency room. I will make every effort to return your call within the next business day. Please indicate the best time for me to reach you when leaving a message on my confidential voicemail. I



am not responsible for your behaviors or decisions occurring outside the consultation room at any given time.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a summary of your records and must request this in writing. Your request can take up to 30 days to process. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from both parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a Marriage and Family Therapist is protected by law, and I can only release information about our work to others with your written permission. 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 proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to act to protect others from harm or a duty to protect, even if I must reveal some information about a client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I must file a report with 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 intended victim, contacting the authorities and seeking hospitalization for a client if warranted. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or contact family members or others who can help provide protection. I will take any threats seriously whether I am informed by you or someone you know. Therefore, please use discretion when providing my contact information to a third party.

You should be aware that when counseling services are sought by third parties such as employers, lawyers, or the courts, disclosure of some information is required by law. You should also be aware that disclosure of requested information to third parties, when mandated by law, could potentially have an adverse effect on your life. These situations have rarely occurred in my practice. I will make every effort to discuss it with you before taking any action, unless I believe that notifying you may put you or your health in jeopardy.



I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultation is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential situations, it is important that we discuss any questions or concerns that you may have at our next meeting.

TERMINATION

Your participation in therapy is voluntary and you have the right to withdraw from treatment without adversity at any time. I would recommend that when termination is considered, you discuss this with me, so that we can create a plan for termination to minimize any possible negative effects. If you don't show-up for 3 consecutive scheduled appointments, your treatment will be considered terminated and you will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance. I will not discuss billing issues with you over the phone.

INSURANCE REIMBURSEMENT

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I can provide you a *SUPERBILL* that includes your diagnosis and CPT code listed so that you can submit this to your insurance for potential reimbursement. This is not a guarantee that they will refund you the cost. I would recommend that you call your insurance first on how to obtain reimbursement for an out of network provider. I will not discuss billing issues with you over the phone.

PROFESSIONAL FEES

My hourly fee is typically 200.00 for an assessment and 150.00 for a 50-minute session. For family sessions, my rates are 200.00 for a 60-minute session. I do accept sliding scale fees when requested but application would be required to determine qualification.

ANCILLARY CHARGES

Exchanges lasting longer than 20 minutes in between sessions are charged at a rate of 20.00 per interaction via monthly billing statement

Reports/Records are 5.00 per page or billed at an hourly assessment rate to compile records depending on circumstances; would be discussed with prior to billing.

Testifying in court is hourly assessment rate for a minimum of 8 hours of payment; which includes preparation time.

Multidisciplinary Meeting attendance is billed at an hourly session rate.

Mileage will be added to monthly bill if over 30 miles from initial destination.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. If fees are not paid or are found to be insufficient, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the



costs will be included in the claim. In most collection situations, the only information I release regarding a client’s treatment is his/her name, the nature of services provided, and the amount due. If fees are late, there will be a 15.00 late fee charged for every 15 days incurred. Returned checks will incur a 30.00 fee. If you would like a copy of fees paid, it is your responsibility to request this in writing.

Cash: You can pay at the start of each session, but a credit card must be on file for missed payments or missed visits.

Check: You can make the check out to Angela Warneke, but a credit card must be on file for missed payments or missed visits. A returned check fee in the amount of 30.00 will be charged for each occurrence. Collection will be pursued if not reimbursed.

Credit Card: An additional 1.25 surcharge will be added for each credit card transaction.

Credit card information: _____-_____-_____-_____ Exp Date: _____ 3 digit code on back of card: _____ Credit Card Holders Full Name on Card: _____.

*Your credit card will be charged if a missed visit occurs without 24 advance notice.

Your signature below indicates that you have read the information in this document, were provided accurate information, and agree to abide by the terms during our professional relationship.

Signature of Client

Date

Signature of Client

Date