



Psychological Health, Wellness, & Development, Inc.

Consent for Treatment & Office Policies

Welcome to Psychological Health, Wellness, and Development, Inc. (PHWD), a private practice.

This document contains important information about PHWD Inc.'s professional services and business policies. Please read it carefully and discuss any questions you may have with your therapist. When you sign this document, it will represent an agreement between you and the practice. Your signature verifies that you and your therapist have discussed treatment, confidentiality, fees & cancellation, insurance, emergencies, and the nature of your therapist's availability.

TREATMENT

The initial assessment can last up to 4 sessions. During this time, you and your therapist can decide together if this is the right arrangement expected to meet your treatment goals.

CONFIDENTIALITY

All communication during the course of therapy is strictly confidential and will not be disclosed to anyone without your written permission, except in a situation where disclosure is necessary to prevent harm or is required by law.

Limits of Confidentiality:

Disclosure may be required in the following circumstances with or without your permission: when there is (1) reasonable suspicion of child abuse or elder abuse, (2) reasonable suspicion of serious harm to self or others, (3) suspicion of terrorist activities, and (4) certain legal proceedings.

Consultation:

There will be times when your therapist will need to consult with another mental health professional on your case in order to provide you with the best care. In the event that consultation is needed, the consulting therapist is bound by the same rules of confidentiality and will uphold them responsibly and ethically.

Treatment of Minors:

In the case of therapy provided to minors, the "holders" of their confidentiality are their parent(s)/guardian(s). However, to ensure appropriate rapport building and effective treatment, disclosure to parent(s)/guardian(s) will be at the discretion of the therapist and/or as discussed with the minors.

Treatment of Couples/Families:

In the case of couples or family therapy, PHWD maintains a "no secrets" policy. As such, all information ascertained by one or all parties may be discussed with the rest of the participants.

Groups:

All group members will read and consent to the guidelines for group therapy. Please refer to the guidelines for more details.

FEES POLICY

You and your therapist have agreed upon a fee of \$ _____/50 minutes for an individual/couple/family session. Initial here _____ if you agree to receive a \$10.00 discount when you pay by cash or check. A credit card charge will be charged at the original session rate. A sliding scale fee is available under certain conditions and with proper financial documents to support the need. Your therapist may increase the fee annually and will provide you with one month notice to that effect.

Your clinician accepts cash, checks or credit cards. Checks are made payable to your clinician by name or they can be written to **Psychological Health, Wellness, & Development, Inc.** or **PHWD, Inc.** You are responsible for paying all bank fees incurred if there are insufficient funds at the time of your check's deposit, as well as covering the session fee in cash. Based on the history of returned checks, it may be decided that all fees for sessions thereafter will be on a cash-only basis.

Payment is due at each session, unless otherwise arranged between you and your therapist and

documented on this form. If your payment is past due by 14 days, you will be charged a \$35.00 late fee. If you pass the 14 day grace period and have been charged the late fee, PHWD has the discretion to charge your credit card on file for the non-discounted session rate. If your account is 60 days or more in arrears and suitable arrangements for payment have not been agreed to, PHWD will reserve the option of using legal means to secure payment (i.e., attorneys, collections agencies, small claims court) and also to report the "bad debt" to relevant credit bureaus. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim and the client or responsible party will be responsible for all costs of collection, litigation, and attorney's fees.

PHWD will also charge this same hourly rate for other professional services you may need. Other services may include, but are not limited to report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, consultation with other professionals on your treatment team, and the time spent performing any other service you may request. If you become involved in legal proceedings that require the participation of your therapist from PHWD Inc., you will be expected to pay for their time, even if called to testify by another party. Because of the difficulty of legal involvement, you will be charged **\$\$500.00**/50 minute hour for preparation and attendance at any legal proceeding. This hourly fee includes travel to and from the court location.

If your therapist needs to attend meetings, consults, sessions, home visits, etc. outside of the office, you will be responsible for travel fees. These charges will be in addition to the therapeutic service. Fees charged for travel that occurs during the therapeutic process will be as follows:

0-5 miles = 25\$

6-10 miles = 50\$

11-20 miles = 100\$

CANCELLATION POLICY

Your appointment time is reserved specifically for you and **48 hours** notice is required for all cancellations unless there is an emergency or illness. Any other cancellations made without 48 hours notice will incur the full agreed upon fee. Insurance does not cover missed appointments.

INSURANCE

If you carry insurance, please know that professional services are rendered and charged to the client (or parent/guardian), not the insurance company. Therefore, any charges incurred are the responsibility of the client at the time of the session (not the insurance company). A statement of services for insurance reimbursement will be provided if requested.

HOURS & TELEPHONE CALLS

Any calls made with you (and/or the client), on your behalf, or on behalf of your child will be charged prorated to your session fee. For emergencies, PHWD rarely provides after hours or emergency services. You may either text or leave a message for your therapist (see number listed below) at any time. Your message will be returned within 24 hours, unless unforeseen circumstances arise. In the case of a life threatening emergency, you need to call 911 or go to your local emergency room. You may also contact Los Angeles County, Department of Mental Health ACCESS line at 1-800-854-7771 for a psychiatric assessment in the case of suicidality, homicidality, or grave disability.

Printed Name of Client: _____

Signature of Client: _____

Date: _____

Signature of Guardian: _____

Date: _____

Relationship to Client: _____

Therapist Signature: _____

Date: _____

Copy provided: Yes _____ No _____ Date: _____