

CriticalPath Counseling

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Policy and Disclosure Statement – Agreement for Services

Introduction

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.

Information about Your Therapist

At an appropriate time, your therapist will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Licensure status

Licensed Marriage and Family Therapist

Marriage and Family Therapist Registered Intern*

*If your therapist is a Marriage and Family Therapist Registered Intern, Marriage and Family Therapist Trainee, Associate Clinical Social Worker, Psychological Assistant or Registered Psychologist, his/her practice is conducted under the supervision of a licensed mental health professional. The clinical supervisor's name, license and licensure are listed below:

Name of Clinical Supervisor (if applicable)

License Type

License Number

Information about This Practice

The name of this practice is: **CriticalPath Counseling**

The individual therapist who operates this practice is:

MELINDA CARLISLE

MFC

43877

Name of Therapist

License Type

License Number

Name of your therapist is: _____

License number

Commitment

For most people, effective psychotherapy requires a shift in lifestyle and involves a commitment to be curious about and connected with your experience of yourself. Expect to connect with fear, anger, grief and joy as you move toward the resolution of existential, developmental and personally traumatic issues. Resolving relationship patterns that do not work and developing solutions to personal challenges requires as much tenacity as it does courage. The therapy session is a regularly scheduled opportunity for you to be intimate with yourself, and to persevere in your quest.

Psychotherapist-Patient Privilege

The information disclosed by Patient, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-Patient privilege results from the special relationship between the Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or doctor-patient privilege. If therapist received a subpoena for records, disposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-patient privilege on Patient's behalf until instructed, in writing, to do otherwise by Patient or Patient's representative. Patient should be aware that he/she might be waiving the psychotherapist-patient

privilege if he/she makes his/her emotional state an issue in a legal proceeding. Patient should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

FEES and INSURANCE

| The fee for service is \$ 150.00 per individual therapy session.

| The fee for service is \$ 150.00 per conjoint (marital / family) therapy session

| The fee for service is \$ \$75.00 per group therapy session

Individual Sessions and conjoint (marital/family) sessions are approximately 50 minutes in length.

Fees are payable at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure.

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures 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 also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist/provider is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Inconsistent attendance can greatly interfere with the effectiveness of therapy. For this reason, your therapist reserves the right to refer you to another therapist if he/she determines that you are missing sessions too frequently and that treatment can no longer be effective. Other than planned vacations several weeks or months out, even 1 or 2 missed sessions over the course of a 3 month period will interfere with therapy. Please keep in mind your therapist typically does not agree to see clients every other week.

In order to cancel or reschedule an appointment, you are expected to notify your therapist at least 48 hours in advance of your appointment. If you do not provide your therapist with at least 48 hours notice in advance, you will be responsible for payment for the missed session. To assist with unexpected circumstances that arise such as illness, or weather conditions, your therapist gives you the option of participating in the session via telephone call. Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Availability/Emergencies

All psychotherapy sessions take place at the therapist's office building. Sessions are usually 50 minutes. Your therapist will periodically take vacations. You will be notified in advance of the scheduled vacation time and should your therapist not be checking voicemail regularly, an on-call therapist will be available for you to speak with in your therapist's absence.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call.

You should be aware that your therapist is generally available to return phone calls within approximately 24 hours. Your therapist is not available to return phone calls after **9:00 PM**.

Your therapist is not available to return phone calls on Saturdays or Sundays.

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 message.

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.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

CRISIS HOTLINE: (408) 279-3312

Therapist Communications

Your therapist may need to communicate with you by telephone, mail or other means. Please indicate your preference by checking one of the choices below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

_____ My therapist may call me at my home. My home number is: () _____

_____ My therapist may call me on my cell phone. My cell phone number is: () _____

_____ My therapist may call me at work. My work phone number is: () _____

_____ My therapist may send mail to me at my home address: _____

_____ My therapist may send mail to me at my work address: _____

_____ My therapist may communicate with me by email. My email address is: _____

_____ My therapist may send a fax to me. My fax number is: _____

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 him or her by one family member, to any other family without written permission.)

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required to break confidentiality when they have determined that a patient 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 patient that the FBI sought or obtained the items under the Act.

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 such information. **However, it is important that you know that your therapist utilizes a “no-secrets” policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your therapist about his or her “no secrets” policy and how it may apply to you.

Minors and Confidentiality

Communications between therapists and patients 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 patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

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 patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist’s recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

