



# Real Life Therapy

3750 Auburn Blvd., Suite C, Sacramento, CA 95821

Ph: (916) 426-1616 Fax: (866) 462-4494

[www.RealLifeTherapy.com](http://www.RealLifeTherapy.com)

## AGREEMENT FOR SERVICE / INFORMED CONSENT FOR MINORS

### Introduction

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by **Real Life Therapy** and your **Associated Therapist** for the minor child(ren) \_\_\_\_\_

(herein "Patient") and is intended to provide [name of parent(s)/legal guardian(s)] \_\_\_\_\_ (herein "Representative(s)") with important information regarding the practices, policies and procedures of **Real Life Therapy** and your **Associated Therapist** (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Patient. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

### Policy Regarding Consent for the Treatment of a Minor Child

Therapists generally require the consent of **both parents** prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

### Therapist Background and Qualifications

Real Life Therapists are all licensed Marriage & Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), or Marriage & Family Therapist Interns (MFT Interns). Interns are supervised by Stephanie Iott, LMFT. All the Therapists at Real Life Therapy offer their own unique theoretical orientation and have identified their own therapeutic style. Please make sure you read their personal biographies as well as utilize consultation time to identify if they are a right fit for you and your psychotherapy needs.

Interns are Masters level psychotherapists that are in the process of getting licensed with the state of California. California licensure requires that each Intern have 3000 hours of client therapy/education/supervision prior to sitting for the California State Board of Behavioral Science exams. All interns receive weekly individual supervision as well as have ongoing access to supervisor in the case of an emergency or treatment questions arise. There are times that the supervisor might sit in on to assess therapists work. Their cases are discussed confidentially with their identified supervisor and there will be a separate "Informed Consent" to be signed regarding MFT Intern and Supervisor's information.

### Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Patient discuss a myriad of issues, events, experiences and memories for creating positive change so that each patient can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patient may be experiencing. Psychotherapy is a joint effort between Patient and Therapist. Progress and success may vary depending upon the problems or issues being addressed, as well as many other factors.

Participating in therapy may result in several benefits to Patient, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Patient, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Patient's perceptions and assumptions, and offer different perspectives. The issues presented by Patient may result in unintended outcomes, including changes in personal relationships. Patient should be aware that any decision on the status of his/her personal relationships is the responsibility of Patient. During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patient should address any concerns he/she has regarding his/her progress in therapy with Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patient. In the event that you are working with an MFT Intern this WILL be happening on a regular basis to ensure support and level of services.

### **Records and Record Keeping**

Therapist may take notes during session, and will also produce other notes and records regarding Patient's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient. Should Patient request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient with a treatment summary in lieu of actual records. HIPAA affords clients the right to decline the offer of a summary, if offered by a HIPAA-covered entity. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Patient's records for ten years following termination of therapy. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

### **Confidentiality**

The information disclosed by Patient is generally confidential and will not be released to any third party without written authorization from Patient, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself. This is also done as necessary with to oversight committee of insurance companies on a case by case situation to ensure best practices.

### **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patient and another individual, or entity are involved. Therapist has a policy of not communicating with Patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patient's legal matter. Therapist will generally not provide records or testimony unless compelled to

do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patient, Patient agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at Therapist's usual and customary hourly rate of \$ \_\_\_\_\_ per hour.

### **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 Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If Therapist received a subpoena for records, deposition 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 mental or 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.

### **Fee and Fee Arrangements**

The usual and customary fee for service is \$ \_\_\_\_\_ per 50-minute session for initial assessment, couples/family therapy. The fee for service for individual therapy is \$ \_\_\_\_\_ per 50-minute session. Sessions longer than 50-minutes are charged at a pro-rated rate in 15 minute increments.

Therapist reserves the right to periodically adjust this fee. Patient will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers, or by agreement with Therapist.

The agreed upon fee between Therapist and Patient is \$ \_\_\_\_\_ for individual, \$ \_\_\_\_\_ for assessment/couples or other agreed upon fee of \_\_\_\_\_. Therapist reserves the right to periodically adjust fee. Patient will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Patient's request and with Patient's advance written authorization. Patient is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes.

Patients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, including Visa, MasterCard, American Express & Discover.

### **Insurance**

Parent/Guardian is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payer. Patient is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

Therapist is a contracted provider with the following companies: Aetna, Beach Street, Blue Shield, Cigna, Coventry, First Health, Health Net, Horizon, Magellan, MHN, Sutter EAP, TriCare Optima & Victims of Crime (VOC). Several of the above-mentioned insurance companies listed above also have Employee Assistance Programs (EAP) to which this Therapist participates, and has agreed to a specified fee. If Patient intends to use benefits of his/her health insurance policy, Patient agrees to inform Therapist in advance.

OR

If therapist is not a contracted provider with your insurance company, managed care organization and you choose to go outside of your network, you are responsible for full agreed upon rate. Should Patient choose to use his/her insurance, Therapist will provide Patient with a superbill, which Patient can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

### **Cancellation Policy**

Patient is responsible for payment of the agreed upon fee for any missed session(s). Patient is also responsible for payment of the agreed upon fee for any session(s) for which Patient failed to give Therapist at least 48 hours notice of cancellation. Cancellation notice should be left on Therapist's voice mail, text, or email. Please ensure you have therapists contact information after first appointment.

**Therapist Availability**

Therapist's office is equipped with a confidential voice mail system that allows Patient to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that the Patient is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room. The emergency room closest to Real Life Therapy for mental health is assessment is: Heritage Oaks, 4250 Auburn Blvd, Sacramento, CA 95841, (916) 489-3336. The closest medical emergency facility to my office is Sutter General Hospital, 2801 L Street, Sacramento, CA 95816, (916) 454-2222.

**Termination of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patient needs are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy. Patient has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patient participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patient.

**Acknowledgement**

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient's satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature (if 12 or older)

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature (if 12 or older)

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian (or authorized representative)

\_\_\_\_\_  
Signature of Parent/Guardian (or authorized representative)      Date \_\_\_\_\_

\_\_\_\_\_  
I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

\_\_\_\_\_  
Name of Responsible Party (Please print)

\_\_\_\_\_  
Signature of Responsible Party (and relationship to Patient)      \_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Responsible Party (Please print)

\_\_\_\_\_  
Signature of Responsible Party (and relationship to Patient)      \_\_\_\_\_  
Date

In the event of an emergency who should therapist contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_.