

Informed Consent & Therapy Agreement

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 me any questions that you may have regarding its contents before signing it. You may have questions about me, my qualifications, therapy, or anything not addressed here. It is your right to have a complete explanation for any questions you may have, now or in the future. Please feel free to ask questions or share any concerns that may arise. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you. (Note: if you are a couple/ family, each individual is required to fill out his/her own consent forms).

Information about Your Therapist. Whenever you wish, I will discuss my professional background with you and provide you with information regarding my experience, education, special interests, and professional orientation. You are free to ask questions at any time about the above, and anything else related to your therapy or other concerns.

Interns. Intern Clinicians hold a Master's degree in the field of psychology, behavioral health, social work, counseling, and/ or marriage and family therapy; and is in the process of completing the required clinical hours toward licensure as a Marriage and Family Therapist, Social Worker, Psychologist, and/ or Professional Counselor. As required by the California Board of Behavioral Sciences, all pre-licensed therapists are supervised by a licensed therapist. All intern clinicians will be employed by Blueprint Counseling Solutions, A MFT Corporation and supervised by Latisha Hill Joseph, LMFT 105316.

General Information about your clinician, Cierra Guerra

Registered Associate Marriage and Family Therapist #123150

M.A. in Clinical Counseling, Degree Accrued August 2020 from Point Loma Nazarene University

B.A. in Psychology, Degree Accrued August 28th, 2018 from San Diego Christian College

Previous Coursework completed: Lifespan Development, Multicultural Theories and Development, Professional Ethics and Law, Psychodiagnostics and Mental Disorder Treatment, Counseling Theories and Faith Integration, Treatment of Children and Adolescents, Abuse Assessment and Reporting, Marriage and Family Therapy, Treatment of Older Adults, Career Development, Group Counseling, Psychological Testing and Assessment, Crisis and Trauma Counseling, Human Sexuality, Psychopharmacology, Treatment of Substance Use Disorders, Research Methodology.

Ethical Guidelines: I follow the ethical guidelines set forth by the American Association of Marriage and Family Therapists (AAMFT) and the California Association of Marriage and Family Therapists (CAMFT).

Confidentiality: By participating in treatment with this clinician, you are consenting to allow this intern to share verbal, written, and electronically recorded information with internship supervisors and other clinicians practicing at this site. All clinicians are held to the same ethical standards and will protect your name and other identifying information.

All intern therapists report to a supervisor as a trainee under supervision. Your intern therapist will discuss your (your child's) treatment with supervisors, and/or Blueprint Counseling Solutions staff under the provisions of the intern/supervisory relationship. Information from psychotherapy sessions may be used for educational purposes. As part of their education and training, your intern therapist may discuss their clients in individual or group supervision, case conferences, and/or consultation. All material is reported anonymously and personal confidentiality is strictly maintained.

Blueprint Counseling Solutions routinely observes therapy sessions conducted by counseling interns for educational purposes, and those cases are discussed in a confidential manner for training purposes. These observations may occur as audio-visual, solely audio, or observation in the room. If an observation or recording is occurring, your therapist will inform you of this fact. Recordings will be the property of Blueprint Counseling Solutions and will not be part of you (your child's) record. Recordings will be kept secured and destroyed at the end of treatment. Please understand that if you object to being observed, it will in no way jeopardize your relationship with Blueprint Counseling Solutions.

All information you share is confidential within the exceptions of the law and as stated in this agreement.

SERVICES & FEE POLICY

FEES. The standard fee for service is as follows:

Licensed Clinicians (LMFT, LCSW, LPCC)

\$100 **per 50-minute Individual/ Conjoint/ Family Therapy session**

\$150 **per 90-minute Conjoint/ Family Therapy session**

\$50 **Per 30-minute Planned Teletherapy session**

Intern Clinicians (AMFT, ASW, APCC)

\$50 per 50-minute Individual/ Conjoint/ Family Therapy session

\$75 per 90-minute Conjoint/ Family Therapy session

\$25 Per 30-minute Planned Teletherapy session

Unplanned phone sessions and emergency contacts over 10 minutes are billed at the same rate. Individual and conjoint therapy sessions are approximately 50 minutes in length. However, at certain points you and I may determine that longer sessions are necessary in advance or a crisis may arise that necessitates a longer session. *Teletherapy services are priced at the same rate as in-person sessions.*

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

SLIDING SCALE

If you cannot afford the standard fee for service, I offer a sliding scale with discounted rates determined by family size and annual income. An application is required and proof of income may be required. I don't want financial constraints to keep anyone from seeking services.

SCHOLARSHIPS

I offer a limited amount of scholarships to help people access counseling who otherwise would not have the means. This scholarship has been designed for those who do not have health insurance and who cannot afford therapy. Reasons for seeking counseling are also considerations when determining eligibility. There is a considerably low co-pay when using the scholarship and that is determined by ability to pay. If you are unable to meet the sliding scale or have no health insurance, I'd be happy to discuss matters in more detail. Please contact me by phone or email.

FINANCIAL REVIEW

Fees are reviewed every 6 months, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client and a 30-day notice will be given prior to the increase. I am happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not sign below until discussing with me. By signing this agreement, your signature indicates that you understand and agree to the fee conditions above.

INSURANCE

We are paneled with the following insurance companies:

- ❖ TriWest (Veterans Affairs)
- ❖ Tricare West
- ❖ Cigna
- ❖ Optum/ United Behavioral Health
- ❖ Anthem Blue Cross

If you have insurance with another company, you may utilize your insurance benefits with me by asking your insurance company if you have out-of-network benefits. If you have out-of-network benefits, I can provide you with the necessary and completed paperwork for you to submit to your insurance company for reimbursement. The amount reimbursed varies and you will need to discuss this with your insurance company.

Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions, which then become part of your medical record. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Finally, intern clinicians can not bill insurance; therefore, all services must be paid with cash.

If for any reason you find that you are unable to continue paying for your therapy, please inform me. I will help you to consider any other options that may be available to you at that time.

DELINQUENT ACCOUNTS

You understand that you are responsible for all charges incurred and that services must be paid in full at the time of each visit, unless other arrangements have been made in advance. Should your account become delinquent and I am unsuccessfully able to address the balance due with you within 3 months of service termination, I may deem it necessary for the account to be referred for collection action. If this occurs, you agree to pay the actual balance due plus any collection expenses and attorney's fees.

APPOINTMENT SCHEDULING & CANCELLATION POLICY

Sessions are typically scheduled to occur one time per week at the same time and day, if possible. I 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. Scheduled appointment times are reserved especially for you. Please let the office know **by phone/ text only**, if you need to cancel or reschedule an appointment. Appointments must be cancelled *24 hours in advance excluding holidays and weekends*. For instance; if calling to cancel for a Monday appointment, the cancellation must be made by Friday. If cancelling over a holiday, the holiday itself does not count as normal business hours.

In the case of a late cancellation (less than 4-hours notice), a fee of \$25.00 will be made directly to the office by the client. In the case of a No-Show appointment, a fee of \$50.00 will be made directly to the office by the client. Due to the volume of clients in need of services, each appointment is not only imperative but valuable to both you as the client and to the provider to maintain the efficiency of the practice. **Exceptions may be made if you are sick or have an unavoidable emergency.**

AGREEMENTS

- I understand that I will be financially responsible for any late cancellation fees, and that my insurance will not be billed for this.
- I understand that I will be charged a fee of \$25.00 with each late cancellation (less than 4-hours notice) and a fee of \$50.00 with each no-show appointment.
- I understand that if I should have some personal medical emergency which prevents my attendance at my scheduled appointment, my late cancellation fee may be waived if I provide verification of medical services to my therapist.
- I understand that weekends and holidays do not count as normal business hours and as such I am expected to cancel any necessary appointments with this in mind. For example, if my appointment is on a Monday, I am expected to call by the prior Friday in order to fall within the 24 hour cancellation policy.

Your signature on this document implies that you have been informed and understand to your satisfaction, the above mentioned policy and hereby concur to the terms and conditions of this agreement.

THERAPY PROCESS: RISKS & BENEFITS

It is my intention to provide services that will assist you in reaching your goals. I firmly believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. Please note that it is not my obligation to provide advice or specific direction, but rather to support you in making choices for yourself and your relationship(s) that best support you and your relationship(s).

Counseling is a process in which we will discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that you can experience your life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Counseling is a joint effort between us. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to you, 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 your part, 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 of the benefits listed above.

During our work together, you may also experience uncomfortable feelings such as sadness, guilt, shame, anger, and/ or frustration. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. However, your journey may also lead to healthier relationships.

During the therapeutic process, some people find that they may 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. I encourage you to discuss any concerns you have regarding your progress in your therapy process, so that we can collaborate together as we move forward. Lastly, due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

TREATMENT PLANNING

It is my intention to provide services that will assist you in reaching your goals. After the initiation of treatment and within a reasonable period of time, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives and my view of the possible outcomes of treatment. Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, I will draw on various treatment approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include but are not limited to behavioral, cognitive, psychodynamic, system/family, developmental, strategic, narrative, relaxation techniques, learning strategies, and/or psychoeducational techniques.

I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

TERMINATION

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 collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us 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. It is best to discuss this in a planned termination session if at all possible.

CONFIDENTIALITY POLICY

The information disclosed by you is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; or instances mandated by a court of law; or as outlined in the “Notice of Privacy Practices.”

If you are suicidal or homicidal, I will take all reasonable steps to prevent harm to you or another person. If you are homicidal and make a serious threat to harm another person(s), your therapist will contact 911 and make every attempt to warn the intended victim(s).

Under California law, I am mandated to report to the authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a minor is engaged in an obscene sexual act. A minor is defined as any person who is legally under the age of 18. If a court issues an order to release records, I must abide by the court order and may be compelled by the court order to testify under oath, and thus must answer all questions honestly.

Under the Patriot Act of 2001, therapists (and other mandated reports) are required in certain circumstances to provide FBI agents with books, records, papers, documents and other items, and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation. Clinical Interns are excluded from this disclosure due their requirement to be supervised by a licensed mental health provider. Further information can be found in the intern disclosure consent forms.

If you participate in marital/ couples or family therapy, I 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.

NO SECRETS POLICY

It is important that you understand I utilize a “no-secrets” policy when conducting family or marital/ couples therapy. This means that if you participate in family or marital/ couples therapy, I am permitted to use/ share information obtained in an individual session that you may have had with me, when working with other members of your family. Therefore, confidentiality does not apply between a couple or among family members when one member of the treatment unit requests an individual session or contacts their therapist outside of a therapy session to share a secret.

On occasion, an individual session may be scheduled to assist in the overall therapy process to the treatment unit (i.e. the couple) and will be scheduled only when mutually agreed upon, or if safety is a concern. Please understand that any information given in the individual sessions will not be held in confidence or secret in couples and/ or family sessions, unless safety is a concern being addressed (i.e. domestic violence). It supports our belief that healthy relationships are built on openness and truth.

I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members, as deemed appropriate or necessary to support the treatment unit’s overall treatment progress and goals.

LITIGATION LIMITATIONS

I do not participate or engage in court proceedings or activities (to include, but not limited to testifying in divorce and custody disputes, injuries, lawsuits, etc). If you need these services, I will give you referrals to forensic psychologists who specialize in these cases. My sole desire is to protect your therapy and treatment from the intrusiveness of legal proceedings. In order to receive therapeutic services from me, you must agree that neither you, your attorney or any other entity acting on your behalf, will request from your therapist to participate in any court proceedings, nor will a disclosure of records be requested for legal proceedings.

Therapist-Client Privilege. The information disclosed by you, as well as any records created, is subject to the therapist-client privilege. The therapist-client privilege results from the special relationship between Therapist and Client in the eyes of the law. It is akin to the attorney-client privilege or doctor-patient privilege. Typically, the patient is the holder of the therapist-patient privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the therapist-patient privilege on your behalf until instructed, in writing, to do otherwise by

you or your representative. You should be aware that you might be waiving the therapist-patient privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the therapist-patient privilege with your attorney. My signature on this contract means that I understand and agree to this litigation limitation.

RECORDS & RECORDKEEPING

I may take notes during the session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. Legally, I must maintain your records; your records are maintained in a secure, HIPAA-compliant electronic health record database, as well as a physical and cloud drive (for backups). As with any record keeping method, every foreseeable precaution has been taken to protect privacy, but there are no guarantees.

Collaboration with Other Professionals. In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this.

THERAPIST AVAILABILITY

Brief telephone consultations between office visits are always welcome outside of a scheduled office or teletherapy appointment. However, I believe it is important to address your concerns with regularly scheduled sessions.

You may leave a voice message for me at any time on my confidential voicemail. If you wish for me to return your call, please be sure to leave you contact information along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal business hours (Monday through Friday) within 48 hours. I cannot guarantee a return of calls on Saturday, Sundays or evenings after 8pm. **Please understand that as a solo, outpatient practitioner, I am unable to personally provide continuous 24-hour crisis services.** In the event of a medical, psychiatric or safety emergency for yourself or others, please call 911 to request immediate emergency assistance.

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

San Diego Access & Crisis Line	(888) 724-7240
The National Domestic Violence Hotline	(800) 799-7273
Child Welfare Services & Child Abuse Hotline	(800) 344-6000

Aging/ Independence Services & Adult Protective Services Hotline (800) 510-2020
National Suicide Prevention Line (*Press 1 for Veterans & their Families) (800) 273- 8255
Lesbian, Gay, Bisexual, Transgender and Questioning Crisis Line (858) 212-5433

Email and Phone Communication. Appointments or administrative matters may be handled through email, text message, or by phone. Although information stored on my computer is encrypted, e-mail transmitted through regular services (Gmail, Yahoo, Hotmail, etc.) is not encrypted. This means that a third party may be able to access information in an email and read it, since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it. This may include your employer if you use a work-related e-mail address. E-mail should be considered to be more similar to a “post-card” than to a sealed letter, and for that reason I discourage sending any clinical or other sensitive information via email. Please use the telephone for anything urgent or time-sensitive, as I cannot guarantee that I will see an emergency email. (Email, text, phone servers are not always 100% secure). If you are not comfortable with these risks, we can handle appointment and administrative concerns via phone calls only.

Consent will expire 1 year after our last appointment. This means after therapeutic termination, I will not initiate contact with you via email, although you are always welcome to email me, and I can reply briefly, if you do.

SOCIAL MEDIA & PUBLIC SETTING POLICY

The basis for this policy is to protect our relationship and your confidentiality in session. However, you are the person that can decide what you want to keep confidential. As your therapist, I must keep my relationship with you completely confidential, except in the instances described in this agreement to include the Confidentiality section and Notice of Privacy Practices. Therefore, if you post on Blueprint Counseling Solutions social media accounts, you are opening up the possibility of people inferring about our relationship. You have the choice to tell people what you want or to reveal yourself online; however, I will not reveal my connection to you. You may “like” Blueprint Counseling Solutions social media business pages which exists to be a forum of information, inspiration and resources. However, please understand that you are choosing to reveal that you are connected to me in some way. Please do not use messaging on social media sites to contact or interact with me. Any and all exchanges on social media accounts, community or public forums, may become part of your legal medical record and will need to be documented and archived in your chart. I do not use search engines to look up any of my clients. I want to know the authentic you through our interactions in the office.

There may be some websites or public forums where users rate and review their providers. Many of these sites will have business listings and automatically add them to search engines or sites regardless if the business itself has added it to the site. If you should see my listing on any of these sites, please know

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A Marriage & Family Therapy Corporation
PO Box 2083, La Mesa, CA 91943-2083
619.844.1345 (office)/ 619.354.7193 (fax)

that my listing is NOT a request for testimonials, resting or endorsement from you as my client. The California Association of Marriage & Family Therapist's Ethic Code states that it is unethical for MFTS to solicit testimonials. Of course, you have the right to express yourself on any site you wish. If you do post a comment or review, I cannot respond on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. As we work together, I hope that you will bring your genuine feelings and reactions to our work directly into the therapy process.

NOTICE TO CLIENTS: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at www.bbs.ca.gov, by calling (916) 574-7830, or by mail at 1625 North Market Boulevard, Suite S-200, Sacramento, CA 95834

ACKNOWLEDGMENT OF INFORMED CONSENT & THERAPY AGREEMENT

I hereby request and consent to services for myself/dependent which includes therapy, diagnostic assessment, case coordination, consultation, and other treatment/services recommended and considered necessary by Blueprint Counseling Solutions, hereafter referred to as the practice. I understand that developing a treatment plan with my therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by my therapist.

I am aware that I may stop my treatment with my therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment (for example, if my treatment has been court ordered, I will have to answer to the court).

I/ We agree to pay Blueprint Counseling Solutions hereafter referred to as the clinic, a rate of:

\$ _____ per individual clinical unit*

\$ _____ per couples or family clinical unit.*

(*defined as 50 minutes for assessment, testing, and individual, family and relationship counseling).

I have been informed that any information regarding services at Blueprint Counseling Solutions County are subject to release only by my informed and written consent or by subpoena and/or court order. I have also been informed that patient identifying information about me may be exchanged between office staff and other designated/contracted providers for continuity of care purposes.

I authorize this practice to release any medical information necessary to process claims for the services provided. I authorize payment of governmental/medical benefits to this practice for services provided. I understand that I remain responsible for any and all charges not met by my insurance company.

I (the client) understand that my signature is required on the Consent & Therapy Agreement Signature Page before services can be provided. **I (the client) understand that if I choose NOT to sign the Acknowledgement and Consent form counseling services will NOT be provided.**

IMPORTANT: It is required the Acknowledgement and Consent form is signed by you (the client) and witnessed prior to the start of counseling services.

Client Signature (Legal Guardian if a Minor)

Date