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Informed Consent and Policies and Procedures for Psychotherapy

Please read carefully. The purpose of this consent form is to provide you with information about myself, my practice policies, and to help insure your needs as an informed client are met. Please feel free to ask me any questions or express your concerns regarding this information. Please read and indicate that you have reviewed this information and agree to it by signing this document.

Education and Qualifications

I am a Licensed Clinical Social Worker in the State of California. I received my Bachelor's Degree in Psychology from Guilford College and my Master's Degree in Social Work at the University of North Carolina at Chapel Hill. My experience includes hospital social work, home health, hospice, work with older adults, individuals with challenges of health, depression, anxiety, trauma, grief, and life transitions. I am a member of the National Association of Social Workers and the Central Coast Carl Jung Society. I also receive ongoing training several times a year through workshops and seminars. I enjoy working with several forms of therapy including psychodynamic, cognitive behavioral therapy, motivational interviewing, and other modalities. I have had advance training for certification in EMDR.

The Therapy Relationship

The essential part of entering into counseling is developing a trusting, honest relationship. In order for us to work well together, it is important we communicate openly with each other. Part of the therapy process involves exploring what is true for you as each person is unique. A large piece of my work is to help you discover what works best for you and your life circumstances.

Risks & Benefits of Therapy

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with me. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and feeling much less distressed. However, there are no guarantees of what you will experience, and at times a psychotherapy session may leave you with unhappy feelings. I am always willing and encourage discussion regarding your progress and challenges in therapy.

Legal and Ethical

It is without coercion that the client/parent/guardian consents to treatment. Confidentiality is in keeping with ethical standards of the National Association of Social Workers and state and federal law. All services I provide are kept confidential and will not be released to any third party without your written consent, except when required or permitted by law. At times, I may consult as needed with colleagues about the best way to provide the assistance you might need. During these times, I discuss the case without using personal identifying information. As required by social work practice guidelines and current standards of care, I keep records of your therapy. Neither the fact that you seek therapy, nor any

information disclosed in the therapy sessions will be disclosed except as requested by you and as noted in the exceptions below. I have a legal responsibility to disclose patient information without prior consent when a patient is likely to harm himself/herself or others, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. By signing this form you also give me permission to communicate with the Emergency Contact that you have designated if I believe you are at risk. If you choose to make a claim to your insurance company, some information will be provided to them. Please discuss any concerns or questions you may have about confidentiality.

Treating a Minor

When treating a minor, it is preferred to have consent from all legal guardians for those under age 12. In the case of separation or divorce, please provide documentation and a signature from the legal guardian of the minor involved. The same laws apply to minors regarding maintaining confidentiality. Couples and Families I have a “no secrets policy” when working with couples or families. This means that I encourage you to discuss any thoughts or feelings directly during our sessions and not privately with me. I reserve the right to disclose or encourage disclosure of any secrets shared outside of the family/couple session.

Attendance and Cancellation

Policy Consistency is essential for the overall progress and effectiveness of therapy. Cancellations will be subject to a full charge if NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE, including instances of illness or emergencies. If you are late for a session, you will lose some of that session time.

Fees and Good Faith Estimate

You are entitled to receive this Good Faith Estimate of what the charges could be for psychotherapy services provided to you. While it is not possible for a LCSW to know, in advance, how many sessions may be necessary for a given person, this note provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of sessions you attend, your individual circumstances, and the type and quantity of services that are provided to you.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service.

This estimate is not a contract and does not obligate you to obtain any services from the provider listed, nor does it include any services rendered to you that are not identified here.

The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges). You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the US Department of Health and Human Services (HHS). There is a \$25 fee for use the dispute process. If you choose to start the dispute process within 120 calendar days (about 4 mos) of the date on the original bill. If the agency reviewing your dispute agrees with you, you

will have to pay the price of the Good Faith Estimate. If the agency reviewing your dispute disagrees with you, you will have to pay the higher amount of the provider's requested amount.

For questions or more information about your right to a Good Faith Estimate or the dispute resolution process, visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

I anticipate your treatment will require weekly/semimonthly/monthly psychotherapy sessions throughout the next 12 months at \$200 per session for a total of 52 weeks taking consideration availability (reduce as appropriate for vacations, holidays, emergencies, sick time) for an estimated of (example for weekly) $\$200 \times 52 = \$10,400$. For biweekly example : $\$200 \times 26 = \5200 .

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on our needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with your provider at any time about any questions you may have regarding your treatment plan, or the information provided to you in this Good Faith Estimate.

The fee negotiated of \$200 is for a 55 minute session. Payment is to be made at the beginning of each session if it is in cash for the previous session. I accept cash, check, and credit card.

Termination

The length of treatment and the timing of the eventual termination of treatment depend on the specifics of the treatment plan and the progress achieved. It is a good idea to plan for termination in collaboration with the therapist. The therapist will discuss a plan for termination with the client as the completion of the treatment goals are approached. The client may discontinue therapy at any time. If the client or therapist determines that the client is not benefiting from treatment, either party may elect to initiate a discussion of treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing the treatment plan, or terminating the therapy.

Contact and After Hours Emergencies

My voice mail is available 24 hours a day. During business hours I check it regularly, and I am often not immediately available. I return calls within 48 hours and will do my best to return a call as soon as I am able. However, in the case of an emergency, do not leave a message on my voicemail. Instead call either 1-888-868-1649 or 911.

In The Community

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with

you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Social Media AND Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages and emails. I provide email/text reminders for my clients before the scheduled appointment. Please limit text/email to scheduling or cancellations. While I may try to return messages in a timely manner, I cannot guarantee immediate response. I request you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

I acknowledge that I have read the above information and understand its content.

Name _____ Date _____