Rachel Schneider, LCSW

31356 Via Colinas #114, Westlake Village, CA 91362

Informed Consent for Treatment

Name_____ Date ____/____/_____

Address _____

City_____ Zip_____

Phone (Home): _____ (Cell/Work):_____

Email _____ Birth Date ____/____/_____

Referred By: _____

Emergency Contact: (Name) _____

(Phone) _____ (Relationship) _____

Physician: _____ Phone: _____

Address _____

Last examination date ____/____/_____

Are you taking any medication or experiencing any health problems? **Y/N** (circle one)

If yes, please describe _____

_____

_____

Psychiatrist (if applicable): _____ Phone: _____

**I will not contact any providers without your signed consent*

Rachel Schneider, LCSW

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This document contains important information about the professional services and business practices of Rachel Schneider, LCSW (LCSW 28427). Please read it carefully. When you sign this document, it will represent an agreement between us.

Psychological Services: I am licensed as a Licensed Clinical Social Worker (LCSW 28427) through the Board of Behavioral Sciences in the state of California.

Assessment and Treatment: Our initial sessions will involve an assessment of your needs. Typically, this evaluation will last from 1-3 sessions. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. During this time, we can both decide if I am the best person to provide the services that you need in order to meet your treatment goals. Treatment can be time consuming and stressful. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like fear, anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who take part in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

You are entitled to ask questions about all aspects of treatment. If you have questions about my procedures, we should discuss them whenever they arise. In addition, I will be happy to help you secure a consultation with another mental health professional whenever you request it or I recommend it.

The Client's Role: You are expected to play an active role in your treatment, such as working with me to outline treatment goals and/or completing questionnaires at the beginning of treatment and periodically during treatment to assess progress. You will be asked to complete homework assignments between sessions and your willingness to do this can be an integral part of a successful treatment. If at any point you are unhappy about the process or outcome of the treatment, please discuss this with me and I will attempt to resolve any difficulties that have arisen to better meet your needs.

The Client's Rights: A document entitled, "Patient's Bill of Rights," adapted from the publication by the California Department of Consumer Affairs, can be viewed for additional information. Please discuss with me any questions you might have.

Meetings: Therapy sessions are usually scheduled as 45-minute sessions once a week, or as your treatment needs dictate and we agree. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation** (unless we both agree that you were unable to attend due to circumstances beyond your control). **It is important to note that insurance companies do not provide reimbursement for cancelled sessions.**

Professional Fees & Payment: You will be informed of the fee for services as early as is feasibly possible, usually by the end of the first or second session. You agree to provide payment for services, either in the form of a personal check or cash, at the end of each session and to reimburse me for any and all bank fees for returned checks. Longer sessions are generally prorated from the base 45-minute fee. Payment is due at the

time of the session unless another arrangement has been made. Payment schedules for other professional services (ex: report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, and preparation of records or treatment summaries) will be agreed to when they are requested.

Insurance: I am a contracted provider with Kaiser Permanente, and you will be required to furnish your plan copay for outpatient visits. If I am not on your insurance panel, I can provide you with an invoice to be submitted to your insurance company, however payment for your session will be due in full at the time of treatment. Your insurance will then reimburse you directly.

When you seek reimbursement, most insurance companies require that I release any and all pertinent information regarding your treatment, including but not limited to, diagnosis, treatment plan, treatment progress, number of sessions attended, social security number (for identification purposes), and medications you have taken. In addition, you must be aware that once information is released to the insurance company, I cannot guarantee that it will remain confidential. Before I send any information to an insurance company, I will discuss with you the information to be disclosed and will obtain your written permission to release the information to your provider.

Confidentiality: In general, the privacy of all communications between a client and Licensed Clinical Social Worker is protected by law and I can only release information about your work to others with your written authorization. In counseling involving more than an individual, I follow a "No Secrets Policy," whereby information shared in this unit of treatment can be shared with other members in treatment. However, there are a few exceptions to confidentiality:

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect you or others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily/ property harm to self or another, I am required to take protective actions. These actions may include notifying the potential victim (s), contacting the police, or

seeking hospitalization for the patient. If the patient threatens to harm themselves, I may be obligated to seek hospitalization for the patient or contact family members or others who can help provide protection. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action, unless further damage may come from this conversation or as a safe time frame permits.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice

may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. (If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.)

Minors and Confidentiality: Communication between myself and patients who are minors (under the age of 18) are confidential. However, parents and legal guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, I may exercise my professional judgment in the discussion of the treatment progress of a minor patient with the parent or legal caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

Professional Records: The laws and standards of my profession require that I keep treatment records. The information in the chart includes demographic information, a description of your condition, your treatment goals, your treatment plan and progress in treatment, dates and fees for sessions and notes describing each therapy session.

Because these records contain confidential information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. Patients will be charged an appropriate fee for any professional time spent in preparing and responding to information requests.

Contacting Me: You are welcome to contact me at **(323) 452-5279** at any time. **In the event of a life-threatening emergency or imminent danger please call 911 immediately.** For all other urgent matters or clinical emergencies, you can reach me by calling (323) 452-5279 and leaving a detailed voicemail message. In your message, please slowly and clearly state the nature of the situation, any important information, and your call back phone number. If I do not call you back within 24 hours, please call again.

If I am out of town or unavailable via telephone for any reason, I will provide coverage by a colleague and an announcement of such coverage will be made on the outgoing message of my voicemail system. I agree to take all reasonable precautions to ensure that all voicemail messages are returned within 24 hours and that all emergency calls are returned as soon as possible. Please note, however, that as with any voicemail system,

technical problems may occasionally occur. For routine, non-urgent matters, if I have not responded after 24 hours, please call (323) 452-5279 and leave another message.

In regard to emails, I request that you only send emails regarding non-urgent matters that we have previously discussed, since several days may pass before the email is retrieved and since some emails are returned undeliverable. In addition, you should never send via email any information that you would like to be kept confidential. As is true of any email, confidentiality can never be guaranteed. For all urgent or emergent matters and for any communication of confidential information, please only phone my office and/or emergency number.

Termination of Therapy Services: I may terminate therapy services at my discretion. I may consider termination if: I do not believe I can provide you with effective treatment, your needs are outside the scope of

my experience and training, you desire to terminate treatment or we mutually agree it is time to terminate treatment, you fail to comply with my treatment recommendations, a conflict of interest develops, you fail to pay my fee on a timely basis. If either you or I decide to terminate therapy services, I will recommend at least one closure session and do my best to provide referrals for you.

Acknowledgment: Please do not sign if you have any questions regarding the content of this letter or if any of the information is unclear.

"By signing below, I acknowledge that I have read and understand the information presented in this five page "Treatment Agreement" letter and that I give my consent for treatment to Rachel Schneider, LCSW. This consent shall remain in effect for the duration of my therapy or until I provide written revocation of my consent to Rachel Schneider, LCSW. I further acknowledge that I have received a copy of this letter agreement for my own records."

Client's Name: _____

Signature: _____ Date: _____/____/_____

_____ Date: ____/____/_____

Rachel Schneider, LCSW