**Rebecca Picard, LMFT**

**Psychotherapist**

**45121 Ukiah Street, Suite C**

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**707.357.8688**

**Agreement for Services/Informed Consent for Couples**

**Introduction**.  This agreement is intended to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_ (“the clients” or “you”) with important information regarding the services of and therapy relationship with Rebecca Picard, M.A. (“therapist;” “I” or “me”), Licensed Marriage and Family Therapist #112212. You are welcome to ask questions about Rebecca Picard’s background and orientation or about any aspect of this agreement at any time.

**Risks and Benefits of Therapy.**You have taken a positive step in seeking therapy. Psychotherapy is a process that is likely to touch on many issues, events, experiences, sensations, memories, thoughts, beliefs, emotions and patterns for the purpose of creating positive change. Participating in therapy may result in benefits such as reduced stress and anxiety, decreased negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, increased self-confidence and self-compassion, freedom from limiting beliefs, freedom from reactivity and automatic bodily responses, increased awareness of triggers and limiting patterns, and expanded capacity to engage in life. There is, however, no guarantee that therapy will yield any of these benefits, and they are unlikely to occur unless you engage fully in the process. Progress may be gradual.

Participating in therapy may also involve discomfort, including the surfacing of unpleasant or traumatic events, feelings and experiences. Clients may find that they feel worse before they feel better. There may be times when the therapist will challenge your perceptions and assumptions. The issues you present may result in unintended or unforeseen outcomes, including changes in personal relationships, although any and all decisions about the status of your relationship remain your choice and responsibility.

**Confidentiality and Limitations on Secrets.**Your identity and communications with me are confidential except as described below. I will maintain confidentiality unless disclosure is required or authorized by law or unless you sign a written release identifying those to whom specifically described information may be disclosed. If a language interpreter is involved in the counseling process, the interpreter agrees to be bound by the same confidentiality as the therapist.

Because the two of you together are the client, in all but the most exceptional circumstances, if one of you communicates privately with me and requests that the communication not be disclosed to your partner, I will encourage you to disclose the communication at the next session or I will disclose the information in joint session myself rather than keep any secrets between the two of you. The therapist shall have discretion to decide if circumstances warrant an exception, such as if the disclosure is likely to result in a threat to someone’s personal safety.

**Exceptions to Confidentiality.**As a mandated reporter, the therapist is required by law to report physical, sexual and neglectful child abuse, elder abuse, and dependent adult abuse if she has a reasonable suspicion that it is occurring or has occurred. In some cases, emotional abuse may also be reported. The therapist is also required to report necessary information to prevent harm if circumstances indicate that a client poses an imminent threat of serious harm either to themselves or to the person or property of another. Should such disclosures be necessary, the therapist will disclose only that amount of information required to fulfill the purpose of the disclosure.

If the therapist receives a court order requiring disclosure of client records, the therapist is legally required to comply, although she may consult with legal advisors through the California Association of Marriage and Family Therapists (CAMFT) to limit the information released. Occasionally, the therapist may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you (the client). In that context, information about you would be shared without using your name or other identifying information.

**Records.**The therapist will keep records relating to therapy sessions, goals and progress. Your records will not be shared except as described in the section above regarding exceptions to confidentiality. Should you want a portion of your records to be released to someone, you will be required to sign a Release of Information form. The therapist will store records regarding your sessions either through a HIPAA-compliant website or in a locked cabinet and will keep them for seven years. HIPAA – the Health Insurance Portability and Accountability Act -- is a federal law providing privacy protections and rights regarding the use and disclosure or your Protected Health Information (PHI). If you want to have your records released to you, you must make a written request to the therapist, who may choose to provide a summary.

**Litigation/Actions in Court.**  The therapist will not voluntarily participate in any court action in which the client and another party are involved.  Only if she is legally compelled to do so will she provide any records, information or testimony in such litigation.

**Appointments, Rescheduling and Cancellations.** Sessions for couples are typically 80 minutes in duration. If you need to cancel or reschedule a therapy session, please provide at least 48 hours’ notice via telephone or text at 707.357.8688 as there is a possibility that another client may be able to use your scheduled time. Sessions missed without 48-hour notice of cancellation will be charged at the full hourly rate unless the lack of 48-hour notice was the result of a genuine emergency. Please note that insurance companies will not provide reimbursement for missed therapy sessions. If you call to reschedule, I will make every effort to accommodate your needs.

**Communications Outside of In-Person Sessions.** If sessions are to take place using telephone or computer technology, a separate written agreement will be required. Texting with the therapist should be limited to logistical issues such as scheduling. Clients may leave a confidential voicemail, understanding the limits of confidentiality when communications take place over technology. To ensure as much confidentiality as possible, if clients have occasion to communicate with the therapist via technology such as email (again mostly limited to logistical concerns), clients are strongly encouraged to use the HIPAA-compliant Simple Practice client portal that the therapist will offer to them.

**Telehealth Services.** Under some circumstances, it may be appropriate to conduct therapy sessions on the phone or through an internet-based video platform. The video platform requires the clients to have access to the internet in a sufficiently private environment. There are risks associated with conducting therapy through the use of such technology, particularly if either of you is in a particularly aroused or vulnerable state, and it may not be possible to achieve the same level of rapport and attunement without being together in person. The clients must be willing to disclose their location(s) at the time of the telehealth therapy session. The benefit of telehealth services is convenience, and in some circumstances is the only option. Fees for telehealth are the same as for in-person sessions. By signing here, the clients acknowledge their consent to receive telehealth services, if offered by the therapist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Fees**. You, the clients, are responsible for paying for services at the time of your session unless prior arrangements have been made. Payments may be made by cash, check or credit card. Credit card payments will be processed through a secure, HIPAA-compliant website.

**Payment through Health Insurance**. The therapist does not bill health insurance companies for couples therapy. The clients are responsible for paying therapist at the time of service. If you determine that your health insurance will reimburse you for some or all of the psychotherapy fees, the therapist will, upon request, provide you with a receipt for services commonly referred to as a Superbill. Insurance does not usually pay for couples therapy. If you plan to utilize insurance as part of your payment for therapy services, you are likely to need prior authorization from the insurance company to assure that they will reimburse you for psychotherapy fees. Please discuss with your insurance provider the extent of your coverage, co-pays, and deductibles so that you are fully informed about your monetary obligations prior to starting post-intake psychotherapy sessions.

**Fee Schedule**.

Couples therapy:

**1st session including Intake:**

Depending upon circumstances, 80 minutes $120.00

OR

110 minutes: $180.00

Note: The intention is to have an actual session the first time we meet.

If it is determined early in the process that there is not a fit between the couple and the therapist, then the session will stop before 40 minutes have passed, and there will be no charge.

**Subsequent sessions**

80 minutes $180.00

55 minutes $120.00

**Therapist Availability**. The therapist does not provide 24-hour crisis service. If either of you require immediate medical, psychiatric or safety assistance, it is your responsibility to call 911, go to the nearest emergency room or call your county hotline. For non-crisis issues, California now has a statewide “warmline” –-1- 855-845-7415. The therapist will generally return phone calls during the work week; if the therapist anticipates being unavailable for more than four days, she will provide a back-up referral.

**Termination of services.**  Either you or I may terminate the counseling relationship and/or suggest termination by giving reasonable notice to the other. It is expected that therapy will terminate when you have made progress or have determined that no progress is being made after reasonable effort. Both the therapist and clients agree to participate in one or more termination sessions to provide an opportunity to reflect on their work together and to provide a smooth transition to your next step. In appropriate cases, therapist will refer the clients or either of you to another practitioner.

**Acknowledgment and Consent to Treatment.**  By signing below, the clients acknowledge that they have reviewed and understand this agreement and consent to engage in couples therapy under these terms.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clients’ signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**One client’s printed name and address:**

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Phone number: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

W:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

C:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other client’s printed name and address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: H:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

W:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

C:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May messages be left here? \_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_