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DISCLOSURE STATEMENT & AGREEMENT FOR SERVICES

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist about any questions you may have.

FEES

\$125.00 per individual/conjoint therapy session (45-50 minutes).

Please have your payment ready at the beginning of the session so that session time is not taken up with check writing, etc.

INSURANCE

If I am an approved provider under your plan, you are responsible for finding out what your co-pay is prior to the beginning of the start of therapy and you agree to pay all co-payments as required by your insurance. You are responsible for keeping track of any changes that may affect your coverage and continuity of care, including alerting me if you become uninsured. Your insurance may request certain information and you agree to provide or consent to my providing the information they request. You are financially responsible to me for all charges, including unpaid charges by your insurance company or any third-party payor.

CANCELLATION POLICY/ MISSED APPOINTMENTS

Scheduled appointments are times that are reserved for you. Missed or cancelled appointments -- ***without a minimum of 24 hours notice*** -- will be charged at the full fee. You are responsible for contacting your therapist if you need to reschedule an appointment that you are unable to keep. If you are using insurance, please note: ***insurance will not cover a missed or cancelled appointment should you fail to provide 24 hours notice, and you will be financially responsible for the therapist's full fee (not your copay).***

CONFIDENTIALITY

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist 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. If you participate in family and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session or telephone conversation that you may have had with her, when working with other members of your family, at her discretion.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, dependent adult or elder abuse and if you express a serious threat of harm to an identifiable person or persons; that person or persons and the police must be warned.

Therapists may be required or permitted to break confidentiality under other circumstances such as:

- if you present an eminent danger to self or are gravely disabled (severely disoriented or in danger from a medical condition or medications),
- if there is reasonable cause to believe that a patient is in such mental or emotional condition as to be dangerous to him or herself or to the person or property of another and the disclosure of confidential information is necessary to prevent the threatened danger,
- when your emotional condition has been raised as an issue by you or your representative in a legal proceeding,
- when information, records or testimony about you have to be produced in the event of a court order or subpoena,
- either your therapist or you allege a breach of duty arising out of the therapeutic relationship (e.g. if your account becomes delinquent and is sent to a collection agency your therapist is permitted to disclose to the collection agency information related to collecting payment). In the event that this happens, all fees including collections and attorney fees will be your responsibility.
- your therapist does not need your consent in order to discuss your case with a consultant as long as your identity is not revealed,
- when the patient is under the age of 16 and your therapist has reason to believe that the patient has been the victim of a crime and that disclosure of confidential information is in the best interests of the patient,
- In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) 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.

MINORS AND CONFIDENTIALITY

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss with their therapist any questions or concerns that they have on this topic.

THERAPIST AVAILABILITY/EMERGENCIES

Telephone consultations may be suitable or even needed at times. If so, your therapist will charge the regular fee, prorated over the time needed. If your therapist needs to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same prorated rate as for regular therapy services. Of course, there is no charge for calls about appointments or similar business. If you have an urgent need to speak with your therapist, please indicate that fact in your message. Please be aware that your therapist may not be able to return your call within the time necessitated by your urgent matter. If you do not hear back from your therapist and you have an

emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

THERAPIST COMMUNICATIONS

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preferences by checking the choices listed below:

- _____ My therapist may call me at my home. My home phone number is: _____
- _____ My therapist may call me on my cell phone. My cell number is: _____
- _____ My therapist may call me at work. My work number is: _____
- _____ My therapist may send mail to me at my home address _____
- _____ My therapist may send mail to me at my work address _____
- _____ My therapist may communicate with me by email. My email address is _____

ABOUT THE THERAPY PROCESS

It is your therapist’s intention to provide services that will assist you in reaching your goals. It is sometimes the case that one will feel worse before feeling better. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. Therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist’s recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion.

TERMINATION OF THERAPY

You may discontinue therapy at any time. If you or your therapist determines that you are not benefitting from treatment, either of you 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.

ACKNOWLEDGEMENT AND CONSENT

If you would like to discuss any of the above information further, at any time in the therapy, please feel free to do so. Your signature indicates that you have read this agreement for services carefully and understand and agree to its contents and have received an unsigned copy of this agreement.

_____ Signature (or authorized representative) _____
Name (please print) Date

_____ Signature (or authorized representative) _____
Name (please print) Date