



Art 4 Access

Psychotherapy & Art Therapy Services

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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provides you (patient) with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA pre-emptive analysis.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Jennifer. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Jennifer will use his/her clinical judgment when revealing such information. Jennifer will not release records to any outside party unless s/he is authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where I (Jennifer) become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the police, hospital or the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier.

Unless authorize by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. I have no control or knowledge over what insurance companies do with the information he/she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of E-mail and Cell Phone Communication: It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be easily compromised. **Please be aware that my primary contact is a cell phone: (831) 277-9348 (voicemail & texting available)** E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Please notify Jennifer at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Jennifer to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: Jennifer consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

*Considering all of the above exclusions, if it is still appropriate, upon your request, Jennifer will release information to any agency/person you specify unless Jennifer concludes that releasing such information might be harmful in any way.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Jennifer between sessions, please leave a text (accessible when out of cell range): **(831) 277-9348 or email at boneknowing@gmail.com** and Jennifer will reply as soon as possible. Jennifer checks her messages a few times a day unless she is out of town and less frequently on Mondays, weekends and holidays. If an emergency situation arises, please indicate it clearly in your message. **If you need immediate assistance please call 911. Domestic violence crisis line # (831) 372-6300. Suicide crisis line (831) 649-8008**

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$135 per 50 minute session at the end of each session unless other arrangements have been made. Family (2+) therapy sessions are \$155 (60-75 minutes). EMDR treatment sessions tend to run longer (75-90 minutes) and are billed between \$155-\$185 accordingly.

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Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. A 5-minute phone check-ins/texting /email between sessions is permissible without charge. Please notify Jennifer if any problem arises during the course of therapy regarding your ability to make timely payments. Sliding scale is available on as-needed basis. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Jennifer will provide you with a copy of your receipt when requested, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section, Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours (1day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, full session fee will be charged for sessions missed without such notification.** Most insurance companies and/or victim's compensation programs do not reimburse for missed sessions.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Jennifer will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. Jennifer may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Jennifer is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include experiential modalities such as art therapy, play therapy, and sand tray; gestalt, cognitive behavioral, psychodynamic, existential, family systems, structural/strategic, developmental (adult, child, family) and/or psycho-educational.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Jennifer will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Jennifer's 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 Jennifer does not provide, she has an ethical obligation to assist you in obtaining those treatments.

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Termination: As set forth above, after the first couple of meetings, Jennifer will assess if she can be of benefit to you. Jennifer does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, Jennifer assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Jennifer will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Jennifer will assist you in finding someone qualified, and, if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Jennifer will offer to provide you with names of other qualified professionals whose services you might prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Jennifer's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. Jennifer will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Monterey County is a small community and many clients know each other and Jennifer from the community. Consequently you may bump into someone you know in the waiting room or into Jennifer out in the community. Jennifer will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose Jennifer as their therapist because they know her before they enter into therapy with her and/or are aware of her stance on the topic. Nevertheless, Jennifer will discuss with you, her client/s, the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to Jennifer if the dual relationship becomes uncomfortable for you in any way. Jennifer will always listen carefully and respond accordingly to your feedback. Jennifer will discontinue the dual relationship if s/he finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Jennifer and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Monterey County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Jennifer can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

*Please sign next page to verify you've read and understood this form. I'd be happy to answer any questions you have prior to your signature. You may keep this copy for your reference.

Please bring this copy to your first session and keep office policies for your records.

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OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

I have read the Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client name (print)	Date	Signature
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Client and/or parent of minor (print)	Date	Signature
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Therapist	Date	Signature
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ART THERAPY RELEASE

Occasionally Jennifer provides educational seminars on Art Therapy. Please sign below if you agree to allow her to use photos of your artwork for educational purposes. Confidentiality is always maintained.

Client name (print)	Date	Signature
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Client and/or parent of minor (print)	Date	Signature
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