

Client: \_\_\_\_\_

Leslie A. Campbell, LCSW  
Five Tribes Therapy  
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## **Contract for Therapeutic Services**

I would like to welcome you and inform you of some important policies and procedures of this Practice. Please read this over carefully so that you can make an informed decision regarding your treatment. If you have any questions I will be happy to answer them.

**I. *The Therapeutic Process.*** Counseling is a complex practice that has both potential benefits to you as well as risks. Although no guarantees can be made, therapy can lead to a reduction in feelings of distress, a better understanding of yourself, improved relationships with others, and resolution to specific concerns that led you to seek counseling. Working towards these benefits can, at times, result in experiencing uncomfortable feelings like sadness, anxiety, frustration, etc. Therapy can result in changes that were not originally intended, and may indirectly affect your family members as well as other individuals and relationships. The therapy process can be slow and deliberate and requires active effort on your part both during and between sessions.

It is important that we work cooperatively in establishing goals, evaluating progress, and working through problems. You are encouraged to ask questions and address any questions you may have.

**II. *Confidentiality.*** Professional ethics and California State Law specify that communications to therapists (Psychologists, Psychiatrists, LCSWs, and MFTs) are privileged and confidential, and cannot be released without the written permission of the client.

There are, however a few situations where the law requires that therapists report certain information. In a case where abuse/neglect of a minor child or an elderly person is suspected or may have occurred, the therapist is required to notify the appropriate protective agency. This includes reasonable suspicion that the child has witnessed domestic violence. Therapists are also required by law to warn an individual and the police of seriously threatened harm to others that is disclosed during the course of treatment. Confidentiality may be broken if information is revealed that indicates a client may cause harm to him/herself.

In addition, therapists may break confidentiality for the following reasons:

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1. There is a court order to release records.
2. The client is in a legal proceeding to establish competency, or in a lawsuit where emotional harm is being claimed.
3. You are in therapy due to court order.
4. Other situations dictated by State or Federal law and current ethical professional standards.

It is the policy of this practice to require clients referred by Department of Social Services and/or the Court, as administered by OPTUMHealth Treatment and Evaluation Resource Management (TERM) Team, to consent to unrestricted communication with the referring agency (e.g. Child Welfare Services (CWS), Probation Department) as it pertains to the case. During your treatment, if you should decide to revoke this consent, it will be necessary to terminate treatment. Referrals to other providers will be given.

If you wish to utilize insurance (private insurance, Medi-CAL, Medicare, and/or associated agencies contracted to provide services under the Affordable Care Act (ACA), County funds, Victims of Crime, etc.) you will need to authorize communication to your insurance company, said agencies, as required to receive benefits. It is the policy of this practice that information shared in counseling by minors (under the age of 18) will be held in confidence, and only limited information will be shared with the minor's parent/guardian without the minor's consent (e.g. if the minor is attending treatment, general progress, etc). Mental health professionals are permitted to inform parents when a minor is a danger to self or others. We are not permitted to inform parents without consent if a minor reports pregnancy. In any legal matters, privilege will be claimed on behalf of the minor (no information will be disclosed unless ordered by the Court).

To safeguard confidentiality, professional standards require that if we should be chance meet in a public place, I will not greet or acknowledge you without you first speaking or acknowledging me. Any decision you make regarding this will be respected.

Because privacy and trust are central to the therapeutic relationship, you are encouraged to discuss any questions or concerns that may arise regarding confidentiality.

**III. General Office Policies.** Standard sessions are 45-50 minutes in length and are scheduled on a weekly basis unless otherwise indicated.

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1. Fees for services are due at the beginning of the session
2. Fees are based on usual and customary rates for similar services in the San Diego area. Fee rates are \$110.00 per 45-50 minute session and may be periodically adjusted. In some cases fees may be discounted based on your particular circumstances. We will discuss your fees at the onset of treatment. In the event you cannot afford the fee, you will be provided with referrals to other providers when appropriate.
3. Missed appointments or late cancellations are costly to the therapist and deny other individuals the opportunity to use that time. All cancellations must be made at least 24 hours in advance. If you miss an appointment you will be charged the full fee for that session. Insurance companies do not pay for missed sessions, and you will solely be responsible for a no show fee of \$110.00. If an emergency arises and I need to cancel your appointment there will be no charge to you.
4. Consultations to schools, physicians, and other professionals will be billed at the usual hourly rate in increments of six minutes and may include travel time. Writing of reports, letters, etc. will be billed at the usual hourly rate. Court testimony / deposition will be billed at a minimum of \$150 an hour. Insurance does not generally cover the above charges and will be billed directly to the client. Services associated with TERM will be billed at the TERM approved-rate.
5. Telephone conversations that are brief (under 5 minutes) and that are used to transmit information, schedule appts., etc. are not subject to charge. More lengthy conversations where advice is sought or therapeutic issues are discussed will be billed at the usual hourly rate in increments of 6 minutes. Please note that insurance does not pay for telephone sessions and any charges will be billed directly to the client.
6. If you utilize insurance it is important to understand that all financial agreements are between you and your therapist, not between the therapist and the insurance company. You are ultimately responsible for your bill. Please notify me in writing of your insurance coverage or financial situation changes.
7. Outstanding balances will be reported to a collection agency after 120 days of non-payment.

**IV. Emergency Procedures.** I do accept calls between sessions and during non-business hours. It is important to understand that there may be up to 24

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hours when I am not available to answer or return phone calls. In the event you experience a situation that requires immediate attention you are urged to contact San Diego Access and Crisis Line at 888.724.7240, your physician or local emergency room. For potential life threatening situations call 911. Other crisis intervention plans may be developed with me.

**V. Treatment of Minors.** It is the general policy of this practice that minors will only be treated when both parents/guardians consent to the minor's treatment. In the situation where there is joint custody and/or other confounding variables, court documentation of custody arrangements may be required.

In situations where parents share joint custody, information that is allowed to be shared with one parent/guardian will be available to both parents.

There are certain exceptions in the law that allows minors to be treated without parental consent. These exceptions will be made on a case-by-case basis. Privilege will be claimed on behalf of the minor.

**VI. Limitations.** It is the policy of this practice that a minor's participation in treatment is for psychotherapeutic purposes only and is not to provide any evaluation or assessment of visitation or custody issues. Recommendations regarding custody or visitation will not be provided. Should any legal issues or disputes arise, privilege on behalf of the minor will be claimed and directions will be taken from the child's appointed attorney or the Court.

**VII. Client Rights.** As a client, you have the right at any time to refuse treatment, ask for clarification, and discuss treatment procedures, understand the goals of therapy, seek a second opinion, and/or terminate treatment.

The therapist may terminate treatment when it appears that:

1. Therapy is no longer benefiting you.
2. It appears that you would be served better by another professional (referrals will be provided).
3. You have not paid for your last two sessions, or failed to show for three sessions without 24-hour notice.

As a client you have the right to know the content of your record, and may be provided with a copy of your record or a summary of their contents. On your request, I can release any portion of your record to any person or agency you specify; administrative fees may apply. If I determine that releasing such

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information will be harmful to you, I will discuss this with you. If I believe that seeing specific information may harm you, I will only release your file to another mental health professional (MD, PhD, PsyD, LCSW, or MFT).

As a matter of policy, I do not release session case notes to any outside party except by Court order. When an insurance claim is filed, diagnostic information is submitted and the insurance company has the right to request access to your medical records.

**VII. *Electronic Communication/Social Media.*** I consent for my therapist to communicate with me by email. I understand that it is my responsibility to maintain the security of my email messages. I also understand that communicating by email poses some risk to my confidentiality should the email be intercepted or if the security of the email service is compromised.

Additionally, please note that I do not communicate via text message due to HIPAA regulations. The only exception made for texting is communication regarding non-clinical information, such as appointment days/times, and confirmation. Any information texted to me is not guaranteed to be confidential, and is the responsibility of the textor.

My involvement in Social Media is minimal, primarily, Facebook, LinkedIn, and Google. Other sites will be utilized as determined in the future. Again, any communication on any of these sites is not confidential, and the initiator of said communication takes full responsibility.

### **Consent to Treat**

I \_\_\_\_\_ authorize and request that Leslie A. Campbell, LCSW, Five Tribes Therapy, carry out treatment and/or diagnostic procedures which now, during the course of my care as a patient, or the care of my child (if applicable), \_\_\_\_\_ are advisable. I understand that the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I have read and fully understand the procedures described above, and agree to the terms herein.

\_\_\_\_\_  
Signature of Client/Client Representative

\_\_\_\_\_  
Date