



Leslie A. Campbell, LCSW
Five Tribes Therapy, a Licensed Clinical Social Worker Corporation
San Diego, CA 92103
c. 619.820.7770
e. leslie@fivetribestherapy.com
w. fivetribestherapy.com

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, MFTs, and LPCCs/LPCs) 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:

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.

Five Tribes Therapy, a Licensed Clinical Social Worker Corporation, does not accept private insurance, or public-subsidized insurance such as Medi-CAL, Medicare, and/or associated agencies contracted to provide services under the Affordable Care Act (ACA), Victims of Crime, etc.) you will need to authorize communication to your insurance company, said agencies, as required to receive benefits. Five Tribes Therapy, in concurrence from clients, will provide a “superbill” to private insurance companies when the client utilizes a PPO insurance component.

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 minutes in length and are scheduled on a weekly basis unless otherwise indicated.

1. Fees for services are due at the beginning of the session unless otherwise agreed upon.
2. Fees are based on usual and customary rates for similar services in the San Diego area. Fee rates are \$150.00 per 45-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 may 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 \$150.00. 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 \$200 an hour. Insurance does not generally cover the above charges and will be billed directly to the client.
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. Again, please note that Five Tribes Therapy does not accept insurance.
7. Outstanding balances will be reported to a collection agency after 120 days of non-payment.

IV. *Informed Consent Checklist for Telehealth Services.* Prior to starting video-conferencing services, we discussed and agreed to the following:



1. There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
2. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
3. We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it.
4. You need to use a webcam or smartphone during the session.
5. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
6. It is important to use a secure internet connection rather than public/free Wi-Fi.
7. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
8. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
9. We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
10. If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
11. You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
12. As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

V. *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



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 your physician or local emergency room. You may also call 988. For potential life-threatening situations call 911. Other crisis intervention plans may be developed with me.

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 two 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 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, MFT, or LPCC/LPC).

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.

Consent to Treat

I _____ authorize and request that Leslie A. Campbell, LCSW, Five Tribes Therapy, a Licensed Clinical Social Worker Corporation, carry out treatment and/or diagnostic procedures which now, during the course of my care as a patient 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