



Disclosure Statement and Agreement

Thank you for allowing **Alyssa Najera and Associates, a Licensed Clinical Social Worker Corporation DBA Small Town Counseling CA, Inc.** to be part of your mental health team. We are a Licensed Clinical Social Worker Corporation that provides mental health/therapy services. This document is intended to provide information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

About the Counseling Services

It is our intent to provide services that will assist you in reaching your goals. Based on the information that you provide and the specifics of the situation, we will provide recommendations to you regarding your treatment. You have the right to agree or disagree with my recommendations, as it is a team effort. Due to the nature and severity of each situation, as well as the individuality of each treatment, we are not able to predict the length of treatment, nor can we guarantee a specific outcome. We can state that your participation will greatly contribute to your results.

Information About This Practice

Alyssa Najera and Associates, a Licensed Clinical Social Worker Corp. DBA Small Town Counseling CA, Inc. is privately owned by Alyssa Najera, LCSW 86618. Alyssa Najera is a Licensed Clinical Social Worker License No. 86618.

Information About Your Therapist

At an appropriate time, your therapist will discuss his/her professional background with you, provide with their respective rates, and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Fees

The cash fee for services are as follows:

\$200 Initial Assessment (50 min)

\$150 Individual/Family (45-50 min)

***Session rates vary based on clinician experience. These rates are for Alyssa Najera, LCSW.

Please see your Therapist's *Declaration of Education* for their respective rates.

Fees/ Payment are due at the time of service, at the beginning of the session, in the form of cash, check or credit card. Receipts provided upon request.

Any missed appointments or late cancellations (less than 24- hour notice) will result in FEE OF FULL RATE of scheduled session. You are responsible for payment for the missed session/late cancellation.

Non-payment may result in termination of services.

Your regular fee will be charged for any additional professional services rendered at your request, such as phone contact over 10 minutes, consults with other professionals, preparation of special forms, verification of services letters, etc. will be billed at the rate of \$150.00 per hour (or your therapist's respective rates). Please note, with the exception of verification of services, **we do not provide any letters or recommendations for the purposes of legal proceedings, Family Court, medical leave etc.** Court appearances, \$250.00/hour, paid 2 days in advance, a minimum of 4 hours of my time will be required plus mileage at \$.60/mile.

There is a \$25.00 charge for all returned checks. *If your account is past due more than 60 days a 30% finance charge of the past due balance will be added. Accounts will be referred to an outside agency for collections if more than 60 days past due.*

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Insurance

Alyssa Najera and Associates, A Licensed Clinical Social Worker Corp. DBA Small Town Counseling CA, Inc. is primarily an out-of-network provider. Depending on your current health insurance provider or employee benefit plan, it may be possible to seek full or partial reimbursement for the cost of the session(s). Receipts for services are available upon request and may be used to seek reimbursement from your insurance.

Should we bill your insurance or third party directly, please be aware the amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Should your services not be covered by insurance, you will be responsible for all monies owed.

Appointment Scheduling and Cancellation Policy

Your consistent attendance greatly contributes to a successful outcome. We request a 24-hour notification when cancelling or rescheduling any scheduled appointment. Any late cancellations (less than 24-hour notice) and/or "no-shows" will result in full fee charged, as stated above. *If participation in services is inconsistent or if contact is not maintained, services may be terminated. **If you miss more than one appointment without notice, services will be terminated.*** *Sessions are typically scheduled to occur once per week. Your therapist may suggest decrease/increase in frequency depending on the nature and severity of your concerns.

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Patient Litigation

Your therapist will not voluntarily participate in any litigation, or custody dispute in which Client, or Representative, and another individual, or entity are parties. Therapist has a policy of not communicating with representative's attorney and will generally not write or sign letter, reports, declarations, or affidavits to be used in client's or representative's legal matters. Therapist will generally not provide records or testimony, unless compelled to do so. Should therapist be subpoenaed, or ordered by a Court of law, to appear as a witness in an action involving Client, Representative's agreed to reimburse Therapist for any time spent for preparation, travel, or other time in which therapist has made his/herself available for such appearances at Therapist's hourly rate as outlined in this document. In addition, Therapist will not make any recommendation as to custody or visitation regarding Client. Therapist will make efforts to be uninvolved in any custody dispute.

Notice of Privacy Practices and Confidentiality

All communication 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 participate in the treatment provide their written authorization to release information.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or dependent/elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to himself or herself. In addition, a federal law known as the Patriot Act of 2011 requires therapists (and others) in certain circumstances to provide FBI agents with, books, records, papers, documents and other items and prohibits therapist from disclosing to the client that FBI sought or obtained the items under the Act.

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“No Secrets” Policy

It is important you that your therapist utilizes a “no secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her/him, when working with other members of your family. Please feel free to ask your therapist about the “no secrets” policy and how it may apply to you.

Informed Consent, 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 his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker.

Therapist Availability/Emergencies

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief. Should the contact be lengthy, you will be charged for a phone session. Please note your therapist is not on call, therefore may not response immediately.

You may leave a message for your therapist at any time on his/her confidential voicemail. If you wish your therapist to return your call, please be sure to leave your and phone number, along with a brief message concerning the nature of your call.

Your therapist is not available to return calls after 6:00 PM

Your therapist is not available to return on calls on Saturdays or Sundays

If you have an urgent need to speak to your therapist, please indicate that fact in your message and follow any instructions provided by your therapist’s voice mail.

IN THE EVENT OF A MEDICAL EMERGENCY INVOLVING A THREAT TO YOUR SAFETY OR THE DAFETY OF OTHERS, PLEASE CAL 911 TO REQUEST EMERGENCY ASSITANCE.

You should be aware of the following resources that are available in the community to assist individuals in crisis:

Tuolumne County:

Crisis Hotline (209) 533-7000
Domestic Violence (209) 588-9305
Child Abuse (209) 533-HELP
Elder Abuse (209) 533-4357
Hospital (209) 533-5000

Stanislaus County:

Hutton House (age 13-17)
24-hour Crisis (209) 526-5544
Behavioral Health & Recovery Services (209) 558-4600
Haven Women’s Shelter (209) 577-5980
Child Protective Services (209) 558-3665
Adult Protective Services 1-800-336-4316
Rape Crisis Line (209) 527- 5558

Therapist Communications

Your therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

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

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication, therapist will respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for time the therapist spends reading and responding e-mail or text messages.

About the Therapy Process

It is your therapist’s intention to provide services that will assist you in reaching your goals. 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. We believe that therapists and clients 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. It is important to know there are risks and benefits associated with therapy. For example, sometimes therapy brings out deep emotional issues that are difficult to process and cope with. It may appear things get worse before they get better. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting 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. If participation in services is inconsistent or if contact is not maintained, services *may* be terminated. If you miss more than one appointment without notice, services *will* be terminated.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign.

Printed Name of Client (s) _____

Client Signature _____ Date _____

If Client is Minor Child, Name of Parent(s)/Caretaker(s) of Minor Child

_____ Date _____

Signature of Parent(s)/Caretaker(s) of Minor Child