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**Contract for Psychotherapeutic Services
Adult Consent for Treatment Form**

Welcome to my therapy practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions so that we can discuss them. When you sign this document, it will represent an agreement between us.

PROFESSIONAL DISCLOSURE STATEMENT

QUALIFICATIONS

I am a Licensed Marriage and Family Therapist who holds a Doctorate in Education Psychology. I also have a master's degree in Counseling Psychology and a bachelor's degree in Behavioral Science. In addition to my therapy practice, I serve as a professor teaching masters level psychology to therapists in training. I am a speaker in the field of self-development and spiritual growth. I often host workshops and retreats in addition to guest speak at psychology related conferences and meetings of the mind.

NATURE OF COUNSELING

I believe everyone can overcome their unique struggles with the proper support and motivation. I am passionate about the healing process, and want everyone to know that they can heal themselves with the right tools and dedication. While my approach is holistic in nature and strives to awaken the mind, body, and soul connection innate in all of us, I honor the uniqueness of each individual and tailor the therapeutic process to your individual needs. My goal is to empower people, couples, and families to adopt new ways of being that align with their specific beliefs, so that they can create the reality in which they desire.

Together we will co-create a healing experience for you to learn about yourself, reflect on your life purpose, cultivate self-love, and then create a life that reflects the truth of who you really are. We will explore and practice natural and alternative ways to heal.

I incorporate mindfulness to help you build self-awareness and grounding tools to assist in self-regulating difficult thoughts and emotions. Mindfulness helps develop the ability to be more present to your experience so that you are tuned in and deliberately creating your future.

THE THERAPY PROCESS

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular struggles you bring forward. There are many different methods I may use to deal with the struggles that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort by the client. In order for the therapy to be most successful, the client will have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness may be experienced. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to greater insight and self-love, as well as improved relationships, problems solving skills, and overall quality of life. There are no guarantees of what you will experience. When working with children, behavioral symptoms often increase before positive changes occur.

Our first few sessions will involve an assessment of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

In accordance with in-person counselling, appointments for phone counselling sessions can be made between face-to-face appointments. With phone therapy, we will schedule our appointment time together in advance. Then, at the appointed time, I will call you on your preferred number, wherever you happen to be.

CONFIDENTIALITY

One of the most important rights of the person seeking counseling is confidentiality. Information revealed by you during counseling sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

- (a) *Duty to Warn.* If an individual intends to take harmful, dangerous, or criminal action against another human being, or against himself or herself, it is the counsellor's duty to warn appropriate individuals or agencies of such intentions. Also, any actual or suspected acts of child, elder or disabled person abuse (including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse) will need to be reported to the appropriate agencies by the counsellor.
- (b) *Court Subpoenas.* When lawyers believe that a client's counsellor may have valuable information for their case, they will subpoena her/his notes, records, and in some instances, even the counsellor themselves. In general, once a subpoena is served on a counsellor, it must be obeyed or the counsellor can be charged with contempt.
- (c) *Consultation.* Information about you may be discussed in confidence, without revealing your identity, with other counselling professionals for the purpose of consultation and providing you with the best possible service.
- (d) *Debt Neglect.* In the event that a client fails to honor, after reasonable efforts to collect; his/her debt, I may place the account in the hands of an agency or attorney for collection or legal action. This will necessitate the release of pertinent demographic information as well as accounting information. **NO THERAPEUTIC INFORMATION WILL BE RELEASED.**

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep client treatment records. I keep brief records, noting mainly that you have been here, what interventions happened in session, and the topics we discussed. Should you wish, you are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by untrained

readers. If you do want to see your records, I will offer for you to review them in my presence so we can discuss the contents. You have the right to request that I correct any perceived errors in your file. I maintain your records (for 7 years after termination session) in a secure location that cannot be accessed by anyone else.

CLIENTS' RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful, as well as to refuse any counselling techniques. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time – though I would recommend that you participate in a termination session.

If you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may contact the Board of Behavioral Sciences to file a formal complaint.

PROFESSIONAL FEES

The fee for a standard therapeutic session of 50 minutes is \$ _____. Extended sessions (those longer than 50 minutes) are billed at the same hourly rate.

Telephone conversations that are brief and are used to transmit logistical information, schedule, appointments, etc., are not subject to charges. More lengthy conversations, wherein advice is sought or therapeutic issues are discussed, are billed at 90% of the hourly fee, based on the amount of time needed, with a minimum increment of 15 minutes. Other services like telephone consultations with other treating professionals (e.g. teachers, physicians, other therapists), email communications to be read, consultations to schools, meetings, reading or writing reports, etc. are not included in the above fees and will be billed separately at 90% of the hourly fee, with additional cost for travel.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. Involvement in legal issues are subject to a separate fee schedule due to the difficult and disruptive nature of court proceedings.

Payment is expected at the time of service. If there are services for which you are not present, (i.e. phone consultation, collateral contact with other professionals, report writing, etc.) you will be billed at the end of the month and are expected to pay the invoice upon receipt. A \$35 late fee will be added for all accounts not current past 30 days. A \$35 fee will be charged on returned checks; payment in full, including this charge, is expected within 5 days of notification.

OFFICE POLICIES

Payment for Services: Payment is due at the end of each session. I accept cash, check, and VISA or MASTERCARD. If you choose to pay by credit card, there is a \$4 processing fee.

Cancellation: I have a 24-hour cancellation policy. If cancellation happens less than 24 hours before our scheduled session, you are responsible for the full fee.

Insurance Reimbursement: If you have a PPO, I can provide a superbill at the end of each month with a diagnostic code that you can submit to your insurance company for reimbursement. You will be reimbursed only after you have met your out-of-pocket deductible. It is your responsibility to call your insurance provider to find out if it provides out-of-network benefits and what your deductible is.

Office Hours & Telephone/E-Mail Contact: When I am not available to answer your call, my phone is answered by voicemail that I monitor frequently. I make every effort to return your call/email/text within 24 hours of the day you make it, with the exceptions of holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Sensitive, clinical information is to be discussed over the phone or in-person. 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. In addition, e-mail or text communication may become part of the clinical record.

Emergency Procedure: In case of an emergency between sessions, please call 9-1-1, call the Orange County Crisis Hotline at (877) 727-4747, contact your personal physician, or proceed to the nearest emergency facility *immediately*; do not wait to contact me by telephone.

Divorced Parents: For parents who are divorced or separated, I ask that one parent be identified as the responsible party (if insurance is billed this must be the holder of the insurance policy), and parents make payment arrangements between themselves according to their legal agreements.

Termination: You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision.

I have the right to terminate therapy with you under the following conditions:

- a) When I believe that therapy is no longer beneficial to you.
- b) When I believe that you will be better served by another professional. If possible, I will assist you in finding another qualified mental health professional.
- c) When you have not paid for the last two sessions, unless prior arrangements have been made.
- d) When you fail to show up for your last two therapy sessions without 24-hour notice.

If any of these situations apply, I will inform you of my decision and I will give you the names of other therapists for your future counseling needs.

ACKNOWLEDGMENT AND CONSENT

Upon signing below, you are indicating that you have read and understood this consent form and that any questions you had were answered to your satisfaction, and that you were provided a copy of this document.

You agree to accept the counselling services offered by Seima Diaz, Ed.D., LMFT.

Client Signature _____ Date _____

Therapist Signature _____ Date _____