

I am a licensed Marriage and Family Therapist (License # 79088) in the state of California. “Growth and Change Therapy” is a business name, and I am the sole owner and employee of this business.

THE THERAPEUTIC PROCESS:

Therapy is an opportunity to form a unique and authentic relationship that can help facilitate change. It is my goal to assist clients with discovering their own answers, rather than to give advice or guarantee a solution.

I work from a variety of theories and therapeutic perspectives. Therapy with me often involves discussion and questioning, though at times I may be more directive, by giving homework assignments or making suggestions. I may also offer more creative or abstract interventions if you are open to them. Regardless, therapy requires a client’s active participation, and a weekly commitment is usually best.

Some clients experience change quickly, while for others change takes time. Sometimes change is purely internal (as in a shift in perspective) and is not easily seen by others. I will work with you to identify treatment goals as soon as possible, which we will revisit throughout treatment. Most of the time, we will collaborate regarding when treatment can effectively terminate.

Therapy is not always easy, and sometimes feelings emerge that are uncomfortable. For some, therapy is not the right choice. If you are not sure therapy is right for you, there are alternatives to explore. Alternatives to therapy include: psychological evaluations, psychiatric evaluations and treatment (psychotropic medication support is generally considered most effective when used in combination with therapy), self-help groups (such as 12-step groups or bereavement groups), self-help books and articles, exercise, hypnosis, meditation, involvement with a faith-based community. Most of these entities may also be effective in combination with therapy.

CONFIDENTIALITY:

What we discuss in therapy is private and confidential, as guaranteed by legal and ethical standards of practice for Marriage and Family Therapists and under California State Law. There are, however, both mandated and permitted exceptions to confidentiality, and I ask that you are familiar with these exceptions.

Mandated exceptions:

- - If you disclose information about child abuse or neglect, dependent adult abuse or neglect, or elder adult abuse or neglect, or if these abuses/neglects are suspected by me. *Please note this may also include historical abuse and out-of-state abuse.*
- - If you or a credible source discloses information to me that you are an imminent harm to a potential victim through use of physical violence and the victim is easily identifiable.
- - If the FBI requests disclosure of information via a National Security Letter, in accordance with the Patriot Act of 2001.
- - If a Court Order compels me to release confidential information.

(CONFIDENTIALITY continued next page)

Permitted Exceptions:

- - If you disclose information indicating you are a danger to yourself or others, or if you appear to be a danger to yourself or to others, or to property.
- - If you are “gravely disabled” and unable to take care of yourself as the result of mental illness.
- - If you authorize release of information with your signature.
- - Consultation with other health care providers.
- - Breach of duty: if fees have not been paid, basic information can be provided to a collection agency.

Please also be reminded that if you pay by check, your confidentiality is compromised when I deposit payment, and that while efforts are made to ensure confidentiality over the Internet, privacy can be compromised in an exchange of information via e-mail as well.

Please note that if you are a private pay client, it is my current practice to email a monthly invoice or superbill (which would include a diagnosis code) to you for your records or to submit to your insurance company. ***Please let me know during our initial session if this is something with which you are not comfortable.***

Please also note that if you are going through insurance to see me for sessions, you are also giving permission to me to release your information (including mental health diagnosis) for medical billing purposes.

While it is rare, the possibility does exist that we may run into one another outside the therapy office. If this does occur, I will not acknowledge knowing you in order to protect your privacy. You are free to break your own confidentiality by greeting me first if you so choose, though please note I do not feel it is appropriate to the therapeutic relationship to engage in lengthy discussions outside the office.

SESSION LENGTH:

Sessions are 50 minutes. If you are late, I will do my best to accommodate you and ensure you get a full session; however, this is not always possible.

FEES AND INSURANCE:

My standard fee is \$145 for a 50-minute session.

Regarding insurance, I am currently in-network with some Carelon Behavioral Health plans. ***If you are a holder of one of these insurance plans, please contact me as soon as possible so that billing can be set up correctly right away.*** If you are a self-pay client or you are using your insurance and are responsible for either full or partial payment for sessions (e.g., a copay), a credit card will be kept on file and I will charge it immediately after each session.

If applicable, I will also charge your card at the time of a missed session or at the time of a late cancellation.

****Please be sure to ask me any questions you have about this policy when we meet.***

CONTACT:

Contact with me can be made via email (stephanie@growthandchangetherapy.com), though please be advised I cannot guarantee confidentiality over the Internet. *If you are not comfortable communicating in this way due to the risk of an insecure Internet connection or the possibility someone else could read your email, please let me know.*

Contact with me can also be made via telephone. My phone number (323-967-3321) is a confidential voice mail number. I will generally respond to messages left within 24 hours. *If you do not hear back from me within this time frame, please leave another message, as odds are that I did not receive the first one.*

Please note that email and voice messages are only to be about scheduling and that if you feel you need additional support between sessions, we should speak further about how to get that need met aside from emailing me or leaving me voice messages with content that would otherwise be communicated during a session.

The only exception to this policy is if a client is feeling suicidal and needs to reach out by telephone. Usually in these cases, we will have established a safety plan which includes reaching out to me by telephone as an available self-care intervention.

GIFTS:

Especially around the holidays, clients sometimes want to show appreciation through the giving of a gift. While the sentiment is always appreciated, I feel it blurs the therapeutic boundary and can get into unethical territory if I receive gifts from clients. Small handmade items and notes or cards, however, are acceptable (but never necessary!).

CRISES:

If you are in crisis and feel you are a danger to yourself or others, **please call 911 and/or go to the nearest Emergency Room.** The following resources are also available and free of charge in case of urgent but non-life-threatening issues:

- 988
- Crisis Text Line (text “connect” to 741741)
- California Peer-Run Warmline (855-845-7415)

SUBSTANCE ABUSE:

Since it is unethical to provide treatment to a client who cannot benefit from such, sessions will not be held if you arrive intoxicated. If this occurs, the session will be rescheduled. It may also become necessary to break confidentiality if you do not agree to a safe way home.

CANCELLATIONS:

If necessary, clients are expected to cancel a session at least 24 hours in advance. If you do not cancel your appointment and do not show up, you will be charged the full session fee. ***If you cancel your appointment within 24 hours of the appointment, even if you reschedule for later in the week, you will be charged a full session fee.*** You may leave a message on my confidential voicemail or email me with cancellations. *Your credit card will be charged for a missed session at the time of the missed session.*

VACATION:

I will give at least a 2 week notice when I go on scheduled vacation. If I need to cancel a session due to illness or emergency, you will not be charged.

TERMINATION:

Clients are free to terminate treatment at any time and at their discretion.

Therapists may terminate treatment with a client due to non-payment of fees, if a client is clearly not benefiting from treatment, or due to ethical conflicts and/or conflict of interest. These issues will be discussed and dealt with clinically prior to termination of treatment.

If we have not officially terminated treatment and you have not scheduled a session for a number of weeks, I may email you to see if you would like to keep your chart open, or “active,” or if you would like to end treatment. Keeping your chart active may involve my asking you to come in for a check-in session, as it can be a liability for me to have a client’s chart active without a general idea of their current mental status. I will assess this liability on a case-by-case basis.