

**Andrea Peterson, Licensed Marriage and Family Therapist #85722**  
**2378 Maritime Dr. Suite 100**  
**Elk Grove, CA 95758**  
**Phone (916) 849-1273**

## **INFORMATION FOR CLIENTS**

### **Confidentiality**

Information revealed in the course of therapy is protected by professional and ethical standards. All material is confidential and not released without your written consent except information related to suspected child abuse, elder or dependent adult abuse, and situations involving imminent harm to oneself or others or being gravely disabled.

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

### **Informed consent**

The process of therapy requires courage, commitment, and risk taking. There may be times when the information discussed in a therapy session will cause distressing feelings and/or thoughts. At times, you may experience physical symptoms as a result of processing distressing information. Please share this with me, so we may explore together ways in which you can manage these feelings and thoughts. Because every person is different, there is no way to predict how you will respond to the process of therapy, or how long the process will take for you. Your therapy session is 50 minutes. If your session goes longer there may be an additional charge.

You are responsible for coming to your session on time and at the time we have scheduled free from any substances that may impair your ability to be fully present in your session. If you are late, we will still end on time. It is also your responsibility as a client to take an active role and put forth effort in your treatment. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

### **HIPAA**

Under the Health Insurance Portability and Accountability Act of 1996, we are required to provide a Notice of Privacy Practices regarding your Protected Health Information (PHI). This is posted on the wall in the office.

### **Counselor**

I am a Licensed Marriage and Family Therapist, #85722. I provide clinical supervision for Stacey Thao, Marriage and Family Therapist Intern in order for her to practice under the California Board of Behavioral Sciences as she meets her requirements for licensure.

### **Fees and Payment**

Your fee will be discussed with you prior to the first session. We request that you pay your fee at the time of each session, unless other arrangements have been made in advance. We accept cash, credit cards and personal checks. Please make checks payable to *Andrea Peterson*. Please keep in mind that if your therapy is court-ordered, you may incur additional fees due to report writing, phone consultations, etc. Any reports or phone consultations longer than 10 minutes would be at my regular session rates. Any court appearances, testimony, affidavits, depositions, attorney consultations will be \$250/hr and does not include any additional expenses including travel, personal attorney fees, lost wages and such and will be the client's financial responsibility. Please Note: I do not complete court evaluations, make court recommendations, or write letters on behalf of my client's unless subpoenaed by the court. Please discuss questions about fees with me at any time.

**Andrea's fee is \$110/50 min session for individuals, couples and families and \$30 for groups unless there is has been an alternate arrangement. Stacey's is \$65/50min for individuals, couples and families and \$30 for groups unless there has been an alternate arrangement.** My alternative agreed upon rate is \_\_\_\_\_ and will be reevaluated every 6 months.

## Insurance Reimbursement

In order for us to set realistic goals around your treatment, it is important to evaluate what resources you have available to pay for your treatment. If you have health insurance, it will usually provide some coverage for mental health treatment. If I am an in-network provider for your insurance, I will file your insurance claims for you. However, you must provide me with your full insurance information, including secondary insurance, in order for us to do so. As well as a sign a release. Payment for non-allowable and deductible charges, as well as co-payments, is expected when services are rendered. If insurance payment is not received with ninety (90) days after a claim is filed, the client is then responsible for payment of the total amount due regardless of any outstanding secondary insurance payments. It is your responsibility to follow-up with your insurance company for delayed payments or other concerns.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed health care plans such as HMO's and PPO's often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning.

You should be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes they will request additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

Once I have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

While I try to avoid situations in which insurance coverage is expected but later denied, I cannot guarantee the services provided will be reimbursed. It is up to you to know yours and/or your child's insurance coverage, including knowledge of co-payment amounts and yearly deductibles. I cannot be responsible for verifying this information for you. **If your insurance denies the claims, you are responsible for any unpaid session fees.**

## **Cancellations**

We have allocated your appointment time just for you. Cancellations or changes in session dates or times must be made 24-hours in advance. **If an appointment is cancelled or missed without 24-hour notice, you will be charged for your full session fee regardless of insurance benefits.** Insurance companies cannot be billed for missed appointments.

## **Emergency**

Unfortunately I am unable to answer my phone around the clock and do not offer emergency services. However, if you feel suicidal or in crisis, please dial 911 or go to your closest emergency room. Please leave me a message and I will get back to you as soon as I possibly can for urgent matters and regular messages will be returned typically within 24 hrs during a normal work week.

Your signature indicates that you have read and agree to abide by the above policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Counselor's Initials* \_\_\_\_\_