



Family • Child • Individual

Confidential

Office Policy and Consent for Counseling Services

GENERAL INFORMATION: Welcome to Stratton Counseling Services (SCS). SCS is a DBA (“doing business as”) entity of New Life Community Services (EIN #94-2898338). Therapy offices: 1414 Soquel Ave., Suite 220-224, Santa Cruz, CA 95062, (831) 216-8249. Administrative office: 707 Fair Ave. Santa Cruz, CA 95060.

COUNSELORS IN TRAINING MAY PROVIDE TREATMENT: Services may be provided by therapist trainees, therapist interns, and licensed therapists. Licensed mental health professionals (e.g. LCSW, LMFT), closely supervise the work of all trainees/interns.

AUDIO AND VIDEO TAPING OF SESSIONS: You may be asked for your permission for a session to be videotaped and/or audio taped because SCS has a training component for its counselors. All recordings are secured in a locked filing cabinet in a locked room when not in use, and erased/destroyed after viewing during supervision/consultation group.

INFORMATION REQUIRED FOR TREATMENT: We ask all our clients to sign a consent so that we are able to contact any other important treatment providers (psychologists, psychiatrists, social workers, medical doctors, etc.) in order to collect additional information about you and to appropriately coordinate your care. We cannot treat you at SCS if you do not agree to sign this consent to release information to the appropriate providers relevant to your treatment.

CONFIDENTIALITY POLICY: All information disclosed within sessions, and the written records pertaining to those sessions, are confidential and may not be revealed to anyone without your written permission, except when disclosure is required or permitted by law. Most of the provisions explaining when the law requires or permits disclosure were described in the Notice of Privacy Practices that you received with this form.

WHEN DISCLOSURE IS REQUIRED BY LAW: Some of the circumstances where disclosure is required by law are as follows: (1) when there is a reasonable suspicion of child, dependent or elder abuse or neglect; or (2) when a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also the Notice of Privacy Practices form).

WHEN DISCLOSURE MAY BE REQUIRED: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records and/or testimony by you. In couple, family therapy, or group treatment or when different family members are seen individually, confidentiality and privilege do not apply between the couple, group, or among family members. Your counselor will use clinical judgment when revealing such information. Your counselor will not release records to any outside party unless s/he is authorized to do so by ALL adult family members who were part of the unit of treatment.

CONFIDENTIALITY OF COMMUNICATIONS FOR FAMILY MEMBERS WITH MINOR CHILDREN IN

TREATMENT: When a minor child receives treatment at SCS, parents who are legal guardians of the child are legally entitled to have access to certain information about treatment. SCS counselors will always notify parents/legal guardians if a minor child’s safety or health is at imminent risk due to a behavioral or emotional problem. However, SCS reserves the right to use judgment in limiting other communications to parents/legal guardians in the best interests of the child where disclosing information to parents would be detrimental to the health, safety, or well-being of the child or would jeopardize further treatment. In the initial assessment, your child’s counselor will discuss details with you about what specific information may be disclosed and circumstances where sharing information might be determined to be detrimental to treatment.

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CONFIDENTIALITY OF E-MAIL, CELL PHONE, AND FAX COMMUNICATIONS: It is important to be aware that e-mail and cell phone (also cordless phone) communication can be accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised.

SUPERVISION: Your counselor, if a trainee or intern, is supervised regularly by a licensed mental health professional, and your individual case may be discussed for training, supervision, and/or other purposes directly related to the operation of SCS.

EMERGENCIES AND YOUR SAFETY: If there is an emergency during your treatment at SCS, or in the future after termination, where your counselor becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself, others, and to ensure that you receive the proper medical care. For this purpose, your counselor may also contact the police, a hospital, or the person whose name you have provided on the client information sheet and questionnaire sheet and/or other persons previously identified by you.

TELEPHONE AND EMERGENCY PROCEDURES: Please be aware that SCS does not operate with office hours and is not staffed to respond to immediate emergencies. If you have an urgent need for support in between sessions, contact your counselor by voicemail message or email (contact info given by your counselor). You may also call SCS's main number, (831) 216-8249, or email SCS at office@strattoncounseling.org. In either case, your call will be returned in most cases within 48 hours. Your counselor checks messages regularly but cannot guarantee availability for immediate, urgent, or crisis situations. Your counselor may not be available to handle immediate emergencies that may arise during the course of treatment.

IMMEDIATE OR LIFE THREATENING EMERGENCIES: For a life threatening emergency situation, you should always call 911. If you are not in imminent danger, but need immediate crisis support for a psychiatric emergency, you may call the Santa Cruz County Access Team at 800-952-2335. For Monterey County, you may contact Community Hospital of Monterey Peninsula Mental Health Crisis Line at 831-625-4623. You may also walk into any hospital's emergency room (e.g. Dominican Hospital, 1555 Soquel Dr, Santa Cruz, 831-462-7700, or Watsonville Community Hospital, 75 Nielson St, Watsonville, 831-724-4741), and talk to an emergency room psychiatric professional. Please be aware that you will be responsible for any charges and fees that may apply for hospital-based services in these situations. In all counties you may also dial 211, the human services referral clearinghouse.

PAYMENTS: Fees at SCS are based on our published Sliding Scale Fee Schedule. Please review and sign the attached Fee Agreement. Your fee will be based upon this fee schedule unless you specifically request and apply for a reduced fee and your request is approved. We may periodically re-evaluate changes in your income to determine your fee for treatment. Please notify your counselor if any problem arises during the course of counseling regarding your ability to make timely payments. We ask that you pay your full fee at the time of each session. Make checks payable to "Stratton Counseling Services" or "SCS". If you are unable to attend a scheduled appointment, please call your counselor directly or SCS at (831) 216-8249 at least 24 hours in advance. You may leave a voicemail message at any time. If you miss or cancel the appointment with less than 24 hours notice, it is SCS's policy to charge you for 50% amount of the session. Your counselor may use his or her discretion to work with you on cancellation charges.

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LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is preferred that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), that neither you (client) nor your attorney, nor anyone else acting on your behalf, will call on your counselor to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Considering all of the above exclusions, if it is still appropriate, upon your request, your counselor will release information to any agency/person you specify unless your counselor concludes that releasing such information might be harmful in any way.

MEDIATION AND ARBITRATION: All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between Stratton Counseling Services and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to, and settled by, binding arbitration in Santa Cruz County in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid), and there is no agreement on a payment plan, SCS and your counselor can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

INITIAL EVALUATION, REFERRAL AND TERMINATION: Acceptance for an initial evaluation at SCS does not necessarily mean that you will be accepted for treatment. Your initial assessment sessions are designed to help evaluate whether our services are the best option for your ongoing treatment. After you complete your initial assessment, your case is reviewed by SCS to determine if our services are appropriate for your treatment. After your initial assessment sessions, SCS will make recommendations or referrals to other services for clients when other services are more appropriate. If at any point during psychotherapy, your counselor assesses that s/he is not effective in helping you reach the therapeutic goals, s/he is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, your counselor may give you referrals that may be of help to you. If at any time you want another professional's opinion or wish to consult with another counselor, your counselor may assist you in finding someone qualified, and, if s/he has your written consent, s/he will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, your counselor may offer to provide you with names of other qualified professionals whose services you might prefer.

WHAT TO EXPECT IN THERAPY: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. Your counselor will periodically ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will invite you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable

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discomfort or strong feelings of anger, sadness, worry, fear, and the like. Experiencing anxiety, depression, insomnia, etc. may challenge some of your assumptions, perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. During the course of therapy, your counselor is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his / her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, system/family, developmental (adult, child, family), or other psycho-educational interventions. There is no guarantee that psychotherapy will yield positive or intended results.

DISCUSSION OF YOUR TREATMENT PLAN: Within the first two to four sessions, your counselor will discuss with you his/her working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks and benefits, your counselor's expertise in employing them, or about the treatment plan, please feel free to ask additional questions. Your counselor will make every effort to respond to your concerns fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that your counselor does not provide, s/he has an ethical obligation to assist you in obtaining those treatments.

I have read the above Agreement as to Office Policies and Consent for Counseling Services carefully.

I understand these policies and agree to comply with them. I also agree to make payments according to the Stratton Counseling Services Financial Agreement at the time of each appointment unless other arrangements are made with my counselor in advance. I also agree to be responsible for any additional bank charges that might apply if my check is returned by the bank for insufficient funds or for other any reason.

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Legal Guardian if Client is a Minor (print)	Date	Signature
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Counselor	Date	Signature
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