**BLISSFUL MARRIAGE & FAMILY THERAPY**

**Therapy**



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**Blissful**

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**INFORMED CONSENT**

□ Individual □ Minor Consent □ Couple or Family

Welcome to Blissful Marriage and Family Therapy. In this document, you will find answers to most of your questions concerning psychotherapy. If you have any questions that are not answered within please do not hesitate to ask for clarification or additional information.

**Risks and Benefits of Therapy**

Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital relationship, or family relationships. The process of change will, in many ways, be unique to your particular situation. Your unique worldview, effort, motivation influences your therapy process. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others. As the client, you have the right to ask your therapist questions about his/her qualifications, background and orientation. The most important factor in the success of therapy is good communication between therapist and client. In some instances, talking about your difficulties may exacerbate your symptoms.

There is no guarantee that therapy will yield positive or intended results. Because feelings will be explored, you may feel a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions, or behaviors may be challenged, which can cause you to feel very upset, angry, depressed, uncomfortable, confused, or disappointed. I encourage you to explore those feelings during our sessions, as they are part of the therapeutic process. In the attempt to resolve issues that originally brought you to therapy, unintended changes in your personal and interpersonal relationships may result.

**Therapist’s Orientation and Background**

The theoretical orientation that influences my therapeutic practice the greatest is Motivational Interviewing- meeting you where you are and working with your goals and motivations for therapy. However, you can expect me to use an integral approach to psychotherapy including motivational interviewing, cognitive behavioral, existential, solution-focused and person-centered theory and techniques. I will also employ genograms, timelines, and a detailed biopsychosocial to diagnosis and to create treatment recommendations.

I have a passion for working with substance abuse and trauma related therapy services. I am trained in Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Processing Therapy (CPT) both to treat trauma related issues. My licensed Advanced Alcohol and Drug licensure (LAADC) comes from California Consortium of Addiction Professionals (CCAP). I am a member of California Association of Marriage and Family Therapists (CAMFT).

I received my bachelor’s degree in psychology from California State University San Bernardino; my MA in Counseling Psychology, a MA in Christian Ministry, as well as my Doctorate in Psychology were all obtained from Southern California Seminary. My doctorate dissertation topic was “The Relationship Between the Veterans Moving Forward Program and Recidivism Among Veterans”. As an MFT Intern in Southern California, I worked with veterans in a rehabilitation center at New Resolve (Veterans Village of San Diego) and at the Vista Detention Center delivering therapeutic services to male veteran inmates.

I worked for Plumas County Behavioral Health for two years working, in the criminal justice setting, as part of the Alternative Sentencing Treatment Team. For the past two + years I worked for Plumas Rural Services delivering therapeutic counseling services to children, families, and adults, as well as interning under Dr. Laura Morrison and Dr. Tony Hobson conducting psychological assessments as a psychological assistant (psychologist intern). I have begun the psychologist licensure process and gathered all of the hours of experience needed towards this endeavor. Therefore, I am currently only working under my LMFT license until I take my Examination for Professional Practice in Psychology (EPPP). I am not offering psychological testing or evaluations at this time until I have obtained my psychologist license.

**Client Rights**

You have the right to ask questions about any procedures used during therapy. You have the right to refuse to participate in any therapeutic technique. You have the right to end therapy with me at any time.

**Confidentiality**

Therapy in itself is a confidential matter. The information that you share in session is confidential. However, there are some exceptions to confidentiality.

**Professional Consultation:** Without divulging any sensitive information and while protecting your identity, there may be times when I seek supervision or colleague consultations on therapeutic techniques for certain situations.

**Record Keeping**: It is usual and customary for therapists to keep written records noting client diagnosis, prognosis, treatment plans, and progress. These notes will be kept in a secure locked cabinet.

**Couples Therapy:** I employ a “no secret” policy when conducting couple’s therapy. If individual therapy is coinciding with couple’s therapy, and pertinent information arises this will not be bound by standard confidentiality as it unjustly shifts the therapeutic relationship. If you and/or your partner decide to have some individual sessions as part of the couple’s therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions. In couple’s therapy, should more substantial individual work need to take place, I would refer to another qualified therapist for individual work, in order to avoid compromising the process of the couple’s therapy.

There are a few other exceptions to the limits of my confidentiality. They are the intent to harm self, duty to warn, and child, elder, dependent abuse, or court ordered. These are ethical and legal duties that all therapists must uphold.

**Duty to Warn:** If you threaten to harm others or the property of another I am under obligation to contact the proper authorities and/or warn the potential victims or take other reasonable steps to prevent the threatened harm.

**Intent to Harm Self** **(suicidality):** If I have reasonable cause to believe that you are in a condition, as to be dangerous to yourself, I may release information as necessary to prevent the threatened danger. I will inform the appropriate law enforcement agencies and others (such as a spouse, friend, psychiatric crisis team, or an in-patient psychiatric institution) who could aid in prohibiting you from carrying out your threats. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would be obligated to break confidentiality.

**Child, Elder, or Dependent Abuse**: I may disclose confidential information without your consent in the following circumstances:

Child Abuse: Whenever I have knowledge of or observe a child I know or reasonably suspects, has been the victim of child physical, sexual, or emotional abuse or neglect, I must immediately report such to a police department or sheriff ‘s department, county probation department, or county Child Welfare department. Also, if I have knowledge of or reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I must report such to the above agencies. Prenatal exposure to controlled substances/children under age 16 exposed to substances. California law stipulates that “any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child pursuant to law.”

Elder or Dependent Adult Abuse: If I have observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these and if I reasonably suspects such, I must report the known or suspected abuse immediately to the local Adult Protective Services, Long-term Care Ombudsman or the local law enforcement agency.

**Minors and Confidentiality:** There is confidentiality for minors even if the parent is paying for the minor’s session. I will not divulge confidential information if it will cause harm to the therapeutic relationship or to the minor client. A parent can expect to be informed immediately if there is any issue related to suicidality.

**Therapy does not include sex**: If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either engaged in sexual contact with you then the law requires me to provide you with written information that will help you determine what steps to take to address what happened.

**Client Litigation/Court Subpoena:** I will not voluntarily participate in any litigation or custody dispute in which you and anyone else are parties. I have a policy of not communicating with a client’s attorney and will generally not write or sign letters, reports, or declarations to be used in a client’s legal matter, and will generally not provide records or testimony unless compelled to do so. You should be aware that anything said confidentially during therapy regarding emotional or psychological state would be waived at this time if mental or emotional state is made a part of the legal issue.

**Psychotherapist-Client Privilege:** The information disclosed by you and any records created are subject to the psychotherapist-client privilege under the law, akin to the attorney-client or doctor-client privilege. Typically you are the holder of the psychotherapist-client privilege. If I am subpoenaed for records or deposition or court testimony, I will assert the privilege on your behalf until instructed in writing to do otherwise by you or your representative. You should be aware that you may be waiving psychotherapist-client privilege if you makes your mental or emotional state an issue in a legal proceeding. You should address any concerns regarding the psychotherapist-client privilege with your attorney. If I am subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for time spent for preparation, travel, or other time in which I have made myself available for such appearance at the fee agreed upon.

**Electronic Confidentiality: E-Mails, Cell Phones, Computers, Faxes, and Web-Therapy**

* It is very important to be aware that computers, e-mail, and cell phone communication can be relatively easy to access by unauthorized people and e-mails, in particular, are vulnerable. Dr. Bliss-Williams e-mails are not encrypted, and faxes can be sent erroneously to the wrong address.
* Dr. Bliss-Williams’ computers are equipped with a firewall, a virus protection, and a password, and she also backs up all confidential information from her computers on to a USB device on a regular basis. The USB device is stored securely in a locked file cabinet.
* If you communicate confidential or highly private information via e-mail, Dr. Bliss-Williams will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail.

□ My therapist may call me at my home. My home phone number is: ( )

□ My therapist may call me on my cell phone. My cell phone number is: ( )

□ My therapist may call me at work. My work phone number is: ( )

□ My therapist may send mail to me at my home address.

□ My therapist may send mail to me at my work address.

□ My therapist may communicate with me by email. My email address is:

**Alternatives to Psychotherapy:** Many other forms of therapy exist. Some examples of these are: acupuncture, aromatherapy, massage, meditation, spiritual/energy healing, homeopathy, Yoga, herbal medicine, dancing, wilderness therapy, and art, music, or dance therapy.

**Internet-based Sessions (telepsychology, online therapy, web therapy)**: Web-therapy can be convenient, less expensive, comfortable, and in a rural community it can provide access to those who cannot get to an office. As there are many potential benefits to receiving therapy online, you need to be aware of the risks of online therapy. When participating in online therapy, confidentiality can a reasonable concern. Having a safe place to share deeply personal and sometimes difficult stories, thoughts, and emotions is imperative for a therapy office setting. It is recommended that you participate in online therapy in an environment where you feel comfortable but things that you say and the therapist says are not overheard by others. I currently use doxy.me which complies with HIPAA, GDPR, PHIPA/PIPEDA, and HITECH compliant. There are no apps to download to use and attend a web-therapy session with me when using doxy.me. Go to the following website to connect with my web-therapy office:

**https://doxy.me/drblisswilliams**

I will provide an invoice that you can submit to your insurance company for reimbursement. But online therapy or web therapy services are often not covered or reimbursable by most insurance providers. If you plan to be reimbursed, check with your insurance company first. Otherwise, prepare to pay for the full cost yourself.

**Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

* Risks to confidentiality. Because telepsychology sessions take place outside of the therapist’s private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
* Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. When internet goes down during a regularly scheduled web-therapy session, a phone session will take place.
* Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.
* Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist’s ability to fully understand non-verbal information when working remotely.

**Fees**

Fees for a psychotherapy individual, couple’s, or family session is $150 per session; $80 per group session; and $200 per hour time in court/testimony. A psychotherapy session is considered 45-50 minutes in duration. Fees are due at each session unless other arrangements have been made. Cash and checks are accepted. Fees may be increased with reasonable notice. If at any time you have financial concerns do not hesitate to discuss them with me. In most cases, financial concerns can be resolved. Please make your check out to Adrianne Bliss-Williams prior to the session so we can use our time together in session wisely. Any returned checks will be charged a $35 fee. No- Show (Cancellation) Fee is $55/$30

First Session $ $ Agreed upon fees for therapy sessions

**Cancellations: You will be charged a full session fee for all missed appointments**. If you need to reschedule your appointment, *at least* a 24 hour notice is required by phone. Do not leave cancellation notices by email. Without a 24 hour notice, you will be charged a cancellation fee. Frequent cancellations may result in losing your regularly scheduled appointment time and having to schedule our meetings based on my availability each week.

**Communication:** Emails are for non-emergencies only. It is not 100% confidential as per the nature of the internet. It is customary to have short phone calls to make or change existing appointments or to communicate in emergencies. However, phone calls, texts, voicemail messages, or emails within a week’s time period, that take longer than 10 minutes to read, listen to, and respond to will be charged a prorated session fee. If I have to take more than 10 minutes to read and respond to your emails or take more than 10 minutes to listen and respond to multiple voicemails then, you will be charged a pro-rated session fee.

**Unpaid Balances:** Unpaid balances will be turned over to a collection agency after 30 days. You will then be responsible for the original bill, service charges, collection fees, as well as any legal fees incurred as a result of the collection process.

**Vacations:** In the event of my leave of absence for a vacation, I will give advanced notification. I will make available contact information of colleagues in case of emergencies. If you feel you need therapy sessions while I am gone, I will assist you in making appointments with a colleague prior to my absence.

**Emergencies and After-Hours Therapist Availability:** I am usually available from **8AM to 5PM, Monday thru Friday**, however, I maybe in session and will return phone messages as soon as I can. After hours and/or weekends, I have a confidential answering service that you may leave a message at anytime. I will make every effort to return phone calls within 24 hours but, cannot guarantee calls will be returned immediately. In the event of a weekend, I will return phone calls on Monday. If there is an emergency, if you feel unsafe, need immediate medical or psychiatric attention, call 911 or go to the nearest emergency room. **Emergency crisis hotline is 1-888-530-8688 (Lassen County Crisis) or 1-800-757-7898 (Plumas County Crisis).**

* Please do not use e-mail for emergencies. Due to computer or network problems e-mails may not be deliverable, and Dr. Bliss-Williams may not check her e-mails daily

**Additional Fees:** Written reports, evaluations requested or authorized by you, or copying your file will be subject to this same fee.

**Insurance**

I do not bill insurance companies directly however, I am working on becoming a provider with several insurance companies which will allow me to bill insurance. As of March 23, 2020, until further notice, I will give you a statement at the end of the month marked "PAID" which you may submit to your insurance company for reimbursement directly to you. Insurance carriers may require a report of your participation, diagnosis, therapy needs and goals for authorization and payment of benefits. When insurance is utilized for psychotherapy services, clients should be aware of the limits of confidentiality. Typically, insurance companies only require the following information: length of illness, psychiatric diagnosis, dates of service, and the names of persons being treated. Recently managed care companies have been requiring additional information such as family abuse history, alcohol and drug history, treatment goals/interventions, the details of the treatment sessions, and on some occasions, treatment notes. In addition, providers are now required to sign waivers that allow the payers to audit client records. What this means is, if you utilize your insurance benefits for psychotherapy services, you may not have the extent of confidentiality you would otherwise expect.

**Insurance Coverage and Co-payments or Cash Payments:**

As a courtesy, Dr. Adrianne Bliss-Williams will call your insurance carrier for eligibility and benefits and relay that information to you however; information obtained from your insurance carrier is not a guarantee of eligibility or payment. You are responsible for obtaining prior authorization for treatment from your insurance carrier and for understanding your benefit plan. If you choose to utilize your insurance plan, Dr. Adrianne Bliss-Williams will attempt to bill your insurance; however, you are responsible for any and all amounts your insurance does not cover such as copayment amounts, coinsurance amounts and deductibles as set by your benefit plan. These payments are due and payable at each appointment. Missed appointments are not covered by insurance and the charges associated with them are your responsibility.

**Assignment of Benefits and Release of Information:** I authorize my insurance carrier to directly pay Dr. Adrianne Bliss-Williams for services rendered. I authorize Dr. Adrianne Bliss-Williams, to release to my insurance company information necessary to obtain eligibility and benefits and to process my claim. **Initial here: \_\_\_\_\_\_\_\_\_\_\_**

Please refer to your insurance policy or talk to me regarding how many sessions you have. If you are running low on sessions, you can continue to see me at my regular rate. If finances will be a problem, please discuss this prior to beginning therapy, we can look into payment options or I can refer you out.

**Termination of Treatment**

Our therapeutic relationship is strictly voluntary. You have the right to terminate or take a break from your treatment at any time without my permission or agreement. I reserve the right to terminate therapy at my discretion, for reasons including but not limited to untimely fee payment, noncompliance with treatment recommendations, conflict of interest, failure to participate in therapy, or your needs being outside of my scope of practice or competence. You also have the right to terminate therapy at your discretion. Upon either party’s decision to terminate, I will usually recommend for us to participate in at least one termination session to facilitate a positive termination experience and allow both parties to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering referrals to you.

Psychotherapists are ethically required to continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer help you with your problems I will discuss this with you and make an appropriate referrals.

**Additional Issues**

**HIPPA Privacy Act**: Your signature below acknowledges that you have received a copy of the HIPPA Privacy Act.

**Legal Issues**: Should any legal issues/disputes arise between the client and the therapist, the client agrees to settle said issues/disputes through mediation and binding arbitration rather than the court system. By signing this document you are waving your rights to have this matter determined and resolved through any civil or court proceeding.

**Questions or Complaints:** If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the U.S. Department of Health and Human Services, or the Board of Behavioral Sciences, please contact me to discuss your concerns.

**Acknowledgment**: By signing below, you acknowledges that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed the terms and conditions with me, and any questions have been answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with Dr. Adrianne Bliss-Williams. Moreover, your agree to hold Dr. Adrianne Bliss-Williams free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I, , agree to and have read the informed consent for mental health treatment with Dr. Adrianne Bliss-Williams. I have read the Risks and Benefits to Therapy, Therapist Orientation and Background, Client Rights, Confidentiality, Minors and Confidentiality, Court Litigation/Court Subpoena, Electronic Confidentiality, Internet-Based Sessions, Benefits and Risks of Telepsychology, Telehealth disclosures, Fees, Cancelations, Unpaid Balances, Vacations, Emergencies and After-Hours Availability Insurance, Termination of Treatment, and HIPAA Privacy Act, and Additional Issues. Your signature indicates that you have read this agreement for services carefully and understand its contents. My typed name is my signature if obtained electronically.

**Name:**

**Signature:**  **Date:**

**Name:**



**Signature:**  **Date:**

**Parent or Legal Guardian:**

**Signature:**  **Date:**