

A Safe Place to Heal
Julie Choi Kim, M.A. PCCI
Professional Clinical Counseling Registered Intern #149
Supervised by Mary Stein-Webber, MFC 35363
Confidential Line: 510-499-7215
Julie@safeplacetoheal.com

Welcome! Thank you for giving me the opportunity to help you. Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a patient in psychotherapy, you have certain rights that are important for you to know. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you. Please initial after each section indicating you have read it. Please read, initial, sign and date it. Your signature verifies that you give consent to therapy and agree to the parameters of therapy.

CONFIDENTIALITY and RELEASE OF INFORMATION

With the exception of certain specific exceptions below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. Requests for the release of information or written communication to a third party require a 7-business day advance notice. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with specific safeguards to insure confidentiality. If you elect to communicate with me by email or text at some point in our work together, please be aware that they are not completely confidential. These correspondences are retained in the logs of your or my telephone or Internet service provider. Keep in mind that emails and texts can be seen by anyone at home or when your device is exposed. Emails and texts should not be about personal information but occasional appointments only. I will not be keeping those electronic correspondences as treatment records but may make note of them when necessary. I strongly recommend and prefer that you make telephone calls when communicating with me. **Initial** _____

LEGAL EXCEPTIONS TO YOUR RIGHT TO CONFIDENTIALITY

There are several important instances when confidential information may have to be released to others:

1. If there is evidence of child physical/sexual abuse or neglect (under 18 years old) or that someone you know who has behaved abusively in the past is in contact with minors and there is a reasonable suspicion that he or she may still be abusing minors; if you reveal to me active abuse (i.e. physical, sexual, fiduciary) of a dependant adult(18-64) or an elder (65 and older).
2. If the therapist learns that there exists a serious threat of intention to physically harm another person I am required by law to warn the intended victim(s) and notify the appropriate law enforcement agencies.
3. If you are actively suicidal with the intention of killing yourself.
4. If you sign a release of information as part of your insurance form or you are referred by an EAP or managed care company that requests to share information.
5. If you sign a release of information for the therapist to share information with specific others.
6. If there is a court order for the therapist to appear or to produce records.

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7. Please note that domestic violence is **not** reported **unless** witnessed by a child. However if you are involved in domestic violence, I encourage you to take safety precautions for you and your family members. **Initial** _____

PRELICENSED THERPIST

As a pre-licensed Professional Clinical Counseling Registered Intern #149, I am under the supervision of Mary Stein-Webber, LMFT, MFC 35363. The supervisor has full access to treatment records and the counseling work will be discussed and reviewed on a weekly basis.

Initial _____

MEETING AND FEE INFORMATION: Your session fee is \$ _____ for a 50 min session.

Typically, therapy sessions take place on a weekly basis, at a mutually agreed time.

- **Payment** of this fee needs to be made at the beginning of each session in full unless other arrangements have been made. I can accept **CASH, CHECK or Master or Visa Credit Cards** (*CHECKS should be made out to the order of "Mary Stein-Webber LMFT"*).
- Receipts/Superbills can be provided upon request.
- Telephone Calls: The time I spend on the telephone with you is a billable expense after 10 minutes, which is pro-rated at my regular rate (My full hourly rate is \$115).
- When you have a balance on your account, I may call you and remind you of your balance or send you a statement in the mail. I request that it be paid promptly.
- Your session fee may increase annually. Sliding scale rates are subject to change based on your income changes. Please notify me when there is an increase or decrease in your income. In the event of any fee changes, you will be notified at least 30 days in advance.

Initial _____

INSURANCE COVERAGE

Many people don't know whether their insurance covers mental health and what the limitations are.

- If you have insurance, I recommend checking with them and asking *"What benefits, if any, do I have for outpatient psychotherapy?"*
- If you have insurance coverage for psychological/mental health services, you may ask your insurance company if they cover *"Out of Network" providers*.
- Be sure to find out the dollar amount or session limitations, deductible amounts, need for physician referral and if they will reimburse for my work as a Professional Clinical Counseling Intern.
- **I do not accept insurance assignments so please do not assign insurance benefits to me.** If they reimburse, I can provide you with a receipt for our sessions. Please let me know if this is what you will need.
- Direct your insurance company to send reimbursements directly to you. The company may nevertheless send my office the check. If this happens, I will issue you a check at the end of the month for the amount received.

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APPOINTMENTS AND 24 HOUR CANCELLATION POLICY

Therapy works best if we meet on a regular weekly basis, especially in the beginning. I will make every attempt to give you a standing appointment on the same day from week to week. Occasionally, for certain kinds of problems or during times of crisis, more frequent session may be necessary. If, overtime, you do not need to see me as often, we can discuss changing the schedule.

If you are unable to keep an appointment, please call me at (510-499-7215) to cancel and confirm your next appointment for the following week, even though you have a standing appointment.

You can also request an alternate appointment time for the same week. All appointments missed/"no-show" or cancelled on the same day will be charged at the rate of your full scheduled session fee. **Please note that in couple or family therapy, each member is important and need to be present in order to conduct therapy, unless discussed otherwise in session. If a member does not show, it is considered a cancellation.**

Initial _____

EMERGENCIES

In the event of an emergency, please dial 911, the police, suicide hotline or your local hospital and also give me a call leaving me a message with numbers where I can reach you.

These are FREE, 24HR SUICIDE and CRISIS HOTLINES:

ALAMEDA COUNTY: 1-800-309-2131

CONTRA COSTA COUNTY: 1-800-833-2900

CALLING HOURS

If you are calling in a crisis, I will do everything I can to call you as soon as possible. However, there are times that I will not be able to call you immediately. Please do not wait for me to return your call before you dial 911 or the Crisis Line.

For non-urgent calls, I will return calls within 24 hours, except weekends and holidays. It will help me if you specify several times I can contact you. If you communicate with me by email, please remember I cannot guarantee its confidentiality. Although I do not provide therapy by email, I will respond within 24 hours and we can discuss your concerns in session.

ENDING THERAPY

You are, of course, free to leave therapy at any time. Ideally, at some point, you and I will sense your readiness to end therapy. It is very important that we discuss this together in session. Since therapy often involved discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, anxiety, loneliness and helplessness. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behavior came be uncomfortable, and sometimes disruptive to the relationships you already have. It is important that you consider carefully whether these risks are worth the benefits of you changing. However there are no guarantees of what you will experience.

Client Signature _____ **Date** _____