

Informed Consent for Therapeutic Treatment

This document supplements the information provided in the Notice of Privacy Practices and outlines key aspects of the treatment offered by FAMILY THERAPY SOLUTIONS, INC.

CONFIDENTIALITY

Your treatment information is confidential and will not be disclosed without your written consent, except in situations where disclosure is mandated by law, including but not limited to:

- If FAMILY THERAPY SOLUTIONS, INC. has knowledge or suspicion of abuse or neglect involving a child, elderly person, or dependent adult, the law requires a report to be filed with the appropriate government agency.
- If you pose a danger to yourself, others, or property, or if a family member informs any clinician at FAMILY THERAPY SOLUTIONS, INC. that you present a danger to others.
- If a judge orders the release of information, or if a client files a complaint or lawsuit against a clinician or the practice, relevant information may be disclosed for the defense of FAMILY THERAPY SOLUTIONS, INC. in court.

**** Health Insurance & Confidentiality of Records: ****

To process your claims, your health insurance carrier (or HMO/PPO/MCO/EAP) may require the disclosure of confidential information. FAMILY THERAPY SOLUTIONS, INC. does not control or have knowledge of how insurance companies handle this information once it is submitted, nor who may access it.

Be aware that submitting a mental health invoice for reimbursement carries certain risks to confidentiality, privacy, and your future ability to obtain insurance, other benefits, or employment. These risks arise because mental health information is likely to be entered into insurance companies' databases and reported to the National Medical Data Bank. Access to these databases always carries some risk due to the potential for unauthorized access. Additionally, medical data may be legally accessed by law enforcement and other agencies, which could further compromise your privacy.

- E-Mails, Cell Phones, Computers, Telehealth: It's important to understand that communication via computers, e-mails, and cell phones can be relatively easily accessed by unauthorized individuals, potentially compromising privacy and confidentiality. E-mails are particularly vulnerable because servers have unlimited and direct access to all e-mail passing through them. Additionally, FAMILY THERAPY SOLUTIONS, INC. e-mails are not encrypted.

Please exercise caution when sharing personal information over text message or email, as these are not HIPAA-covered entities. For your protection, it is recommended to limit email and text message communications to scheduling matters only. If you prefer to avoid or limit the use of any communication devices, such as e-mail or cell phone, please inform FAMILY THERAPY SOLUTIONS, INC.

If you choose to communicate confidential or highly private information via e-mail, FAMILY THERAPY SOLUTIONS, INC. will assume you have made an informed decision and accept the risk of potential interception. We will honor your preference to communicate on such matters via e-mail. However, please do not use e-mail or text messages for emergencies; in such cases, dial 911.

Record Keeping and Confidentiality:

Both legal requirements and professional standards mandate that FAMILY THERAPY SOLUTIONS, INC. maintains appropriate treatment records for a minimum of seven years. Unless otherwise agreed upon, clinical records are retained only as long as required by California law. If you have any concerns about your treatment records, please discuss them with your clinician.

As a client, you have the right to review or receive a summary of your records at any time, except in certain legal or emergency situations, or if FAMILY THERAPY SOLUTIONS, INC. determines that releasing the information could be harmful. In such cases, the records will be provided to a qualified mental health professional of your choice. Unless otherwise medically necessary, FAMILY THERAPY SOLUTIONS, INC. will only release confidential documents directly to the client for them to review and/or release as they see fit to avoid any security breaches.

Record Storage:

All client records are securely stored in a cloud-based system with bank-level encryption (SimplePractice), which is HIPAA certified and encrypted.

For an up-to-date list of all the ways your information remains secure, please visit: SimplePractice Security.

Appointments

Please refer to the individual CANCELLATION POLICY form for specific psychotherapy cancellation policies. FAMILY THERAPY SOLUTIONS, INC. requires a 24-hour notice for cancellations.

If client is more than 15 min late to the scheduled appointment time without prior notice, the clinician may consider this to be a NO-SHOW appointment and the cancellation policy will then apply.

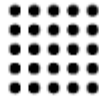
Fees, Payments & Insurance Reimbursement

A standard clinical therapy session at FAMILY THERAPY SOLUTIONS, INC. lasts 50 minutes. The fee for treatment is specified in the FEE AGREEMENT form, which you have received, read, and signed. This fee applies to all treatment appointments and any outside consultations exceeding 10 minutes.

Please make checks payable to “FAMILY THERAPY SOLUTIONS, INC.”

Complaints

FAMILY THERAPY SOLUTIONS, INC. is committed to creating a safe environment that encourages open and honest communication. You may terminate services at any time. If you have any concerns about your treatment or the services provided, please discuss them with your clinician or Erin Addams, the Clinical Director and CEO. Every client has the right to file a complaint if they feel they have received unethical services. The Department of Consumer Affairs’ Board of Behavioral Sciences (BBS) or the Board of Psychology handles questions and



Family Therapy Solutions

Happy to Help Individuals, Couples, & Families Think Outside The Box

complaints regarding the practice of therapy. If you have questions or complaints, you can contact the BBS at www.bbs.ca.gov or (916) 574-7830.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

(Please have all parties present and over 12 years of age sign/print/date)

Signature: _____

Printed Name: _____

Date: _____