WOMEN'S THERAPY INSTITUTE

Helping Women and Girls Feel Better

Client-Therapist Service Agreement

This Agreement is intended to provide

(First Name) _____ (Last Name) _____
(herein "Client") with important information regarding the practices, polices and procedures of Mabel Yiu, MFT (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Please discuss any questions or concerns regarding the contents of this Agreement with Therapist prior to signing it.

CONFIDENTIALITY: Confidentiality is taken seriously. Women's Therapy Institute and Mabel Yiu, MFT will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. In the event that a Client gives information regarding the suspected abuse of an elder and/or child, as a mandated reporter, your Therapist may be obligated to report such information to authorities. When a Client is in danger of harming him- or herself or others, confidentiality may need to be broken to promote safety. If your Therapist receives a court order or subpoena, she may be required to release some information. In such a case, your Therapist will consult with you as well as other professionals and limit the release to only what is necessary by law.

SESSIONS/CANCELLATION POLICY: Sessions are 50 minutes long, although the precise length may vary. The number and frequency of sessions is determined collaboratively. For successful therapy, regular and consistent sessions are recommended. *The time scheduled for your appointment is assigned to you and you alone.* ***If you need to cancel or reschedule a session, I ask that you provide me with 24 hour notice by calling or leaving a voicemail. If you miss a session without canceling, or cancel with less than 24 hour notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control].*** *It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.*

Therapist AVAILABILITY: Therapist's office is equipped with a confidential voice mail system that allows Client to leave a message at any time. Normally, we will discuss significant matters during session. If you need to contact me between sessions, please leave a voice mail message at 650-272-0388 and Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event

that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

FEES: Your initial 50 minute session is $120.00, in-person, via telephone or internet. Telephone conversations, site visits, report writing and reading, consultation with other professionals, longer sessions, etc. will be charged at the same rate, unless indicated and agreed otherwise. Sessions longer than 50-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by agreement with Therapist.

PAYMENTS AND INSURANCE: Therapist is not a contracted provider with any insurance company, managed care organization. Should Client choose to use his/her insurance, Therapist will, upon request, provide Client with a statement, which Client can submit to the third-party of his/her choice to seek reimbursement of fees already paid. It should be noted, however, that you (not your insurance company) are responsible for full payment of fees, so it is important to confirm exactly what mental health services your insurance policy covers. *You must obtain authorization from your primary care physician or your insurance company prior to the first office visit if this is a requirement under your insurance plan.* Secondary insurance claim filing is your responsibility. I will make sure you have the necessary information to do that if needed. Failure to keep payments current may result in discontinuation of counseling services. I currently accept cash, checks and credit cards (MC and Visa) as payment for services rendered.

COMMUNICATION: I authorize Mabel Yiu, MFT and Women's Therapy Institute to communicate with me in the following ways: (Please Check)

- ❑ Leave a message on my phone:
  - Home _____
  - Cell_____
- ❑ Communicate by Email_____
- ❑ Communicate by Text_____

ClientPlease Note: ***<u>Any communication by phone, text or email are not expected to be in lieu of therapy.</u>***

EMAIL AND TEXTING: I prefer using email and or texting to arrange and/or modify appointments or briefly check with Clients. Please do not email or text me content related to your therapy sessions, as email and text are not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will not be looking at these logs, they are, in theory, available to read by the system administrator(s) of the internet service provider. You should also know that if I receive any emails or texts from you and any responses I send to you that involve any therapeutic information will become a part of your legal record.

The response time for text messages and emails is within 24 hours Monday-Friday. I do not return emails or texts over the weekend or on holidays. Emails and texts are **never** to be used in an emergency situation. If you need to reach me please call me at (650) 272-0388.

THE BENEFITS/RISKS OF 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 very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc... or experiencing anxiety, depression, insomnia, etc.. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships, or any other life decision, is ultimately the choice and responsibility of Client. During the therapeutic process, sometimes Client find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also take time. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist. Professional Consultation Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Client. There is no guarantee that psychotherapy will yield positive or intended results.

HIPPA: (Please Check)

- ❑ HIPPA: I understand, and have been given a copy of, the Privacy Notice as required by the Health Insurance Portability and Accountability Act. I will ask for explanation and clarification of any part of the notice I do not understand.

CONCLUSION: (Please Check)

- ❑ I understand and have been given a copy of the Consent to Treatment form. I will ask for an explanation and clarification of any part of the information I do not understand.

I/We have read the above information and agree to these terms for the receipt of counseling services.

Signature _____ Date _____

Signature_____ Date_____