

HENRYETTA BERGSTRESSER

LICENSED CLINICAL SOCIAL WORKER

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PRACTICE POLICIES & INFORMED CONSENT TO TREATMENT AGREEMENT

WELCOME

This Agreement contains important information about my office policies and procedures which have been established to facilitate a healthy therapeutic relationship. Please feel free to ask if anything needs to be clarified.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the counselor and client as well as the particular problems you are experiencing. There are many different methods we can use to deal with the problems you hope to address. Psychotherapy is somewhat like a medical doctor visit that calls for an active effort on your part. For the therapy to be most successful you will have to work on things discussed during your sessions as well as on your own between sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussion about unpleasant aspects of your life, you may experience uncomfortable feelings like anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been scientifically proven to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Please keep in mind that there are no guarantees of what you will experience.

The initial session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you an impression of what your treatment will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you ultimately select. If I feel that your needs and my abilities are not aligned I will work with you to find a more suitable therapist. If you have questions about any procedures please discuss them with me whenever they arise. If doubts arise or persist I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Sessions last 50 minutes and appointments are scheduled in advance. If you need to cancel or reschedule an appointment you must call at least 24 hours in advance to ensure that you are not charged for a missed appointment. Appointments that are not cancelled at least 24 hours in advance are subject to a full session fee. Please note that missed appointments or appointments not cancelled with 24 hours' notice cannot be billed to and will not be paid by insurance.

PROFESSIONAL FEES & PAYMENT OPTIONS

FEES: My standard fee is \$120 for each 50-minute session. I do take financial circumstances into consideration and provide sliding scale fees on a case-by case basis, space permitting. Once treatment has begun telephone conversations longer than 10 minutes may be charged on a pro-rated basis of the normal session rate. Payment is due at time of service unless other arrangements have been made. If you begin to

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carry an unpaid balance, please discuss your situation with me to determine payment options. Fees for other services such as report preparation can be discussed on a case-by-case basis.

PAYMENT: Payment can be made by cash, check, credit card, PayPal, or Venmo. Your payment agreement will have detailed information

EAP: For clients using EAP coverage, you will receive a limited number of sessions which will be fully funded by your EAP service. We will discuss the option of continuing counseling with me after your EAP sessions have been used. However, there is no obligation to continue counseling with me after your EAP session are used.

INSURANCE: For insurance companies I am in-network with your insurance will be billed on your behalf for their portion; however, any co-pays and/or applicable fees are due at the time of your office visit. For out-of-network insurance you must pay all fees in full and I will provide payment receipts that you can submit to your insurance carrier. Please ask for my suggested list of questions you ask your insurance provider if they are out-of-network.

TIMELY PAYMENT: If your account has not been paid for in more than 60 days and arrangements for payment have not been agreed upon I have the option of using legal means to secure payment. This may involve hiring a collection agency. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

ENDING THERAPY

You have the right to terminate treatment at any time. Usually, it is most beneficial if the decision to leave therapy is a shared one, reached after exploration and discussion during our session(s). Unfortunately, at the end of most of our relationships we are not given the chance to share and understand what was helpful and what could have been more helpful. Our therapy sessions are an avenue to have that opportunity and we strongly recommend taking it.

If you stop attending our sessions without notice, I will attempt to contact you. If I am unable to reach you I will assume (unless other arrangements have been made) that you have chosen to terminate counseling with me.

YOUR PRIVACY

I will hold the fact that you are in therapy and the things you say during sessions in the strictest confidence. Your information is legally protected, and I will not reveal it to anyone without written permission from you. However, there are some exceptions to this policy where I am required by law to act.

- If you reveal to me a serious intent to harm yourself or someone else or that you are unable to care for your basic needs I am legally obliged to take the appropriate steps to protect all involved.
 - If there is reasonable suspicion of abuse or neglect of a child, dependent adult, elder, or person receiving mental health treatment I am required to report this to the appropriate agency.
 - If I am served with a court order with the requirement to reveal your participation in treatment, and to disclose what you have said during sessions, I am legally obliged to comply with the court order.
 - If I learn that a health or mental health care provider has either engaged in sexual contact with a patient, include yourself or is impaired from practice in some manner by cognitive, emotional, behavioral or health problems, the law requires me to report this to their licensing authorities.
- If any of the above situations occur, I will attempt to discuss them, and actions I take, with you.*

LIMITS ON THE INTENT OF TREATMENT

I do not engage in treatment services for the purpose of custody evaluations, immigration evaluation, mediating divorce/separation disputes or for the purpose of making recommendations regarding placement, custody, or caregiver competency. I also do not provide assessments for disability applications or hearings. If you have concerns or questions about any of these topics, please address them immediately with me for future clarification. I would be happy to suggest the type of professional who might better assist you in any of these topics.

AGREEMENT

By signing below, you acknowledge that you (and your spouse/partner) have read and understand this information. For treatment services involving minors or anyone who has a court-appointed legal guardian or representative, by signing below you attest that you have the legal authority to make decisions regarding the treatment services I provide.

This agreement is made between Henryetta Bergstresser, LCSW, and client (as signed/submitted after the client has read this agreement).

CLIENT:	_____	_____
	Signature	Date
SPOUSE OR PARTNER OF CLIENT (ONLY IF ATTENDING COUNSELLING):	_____	_____
	Name (Please Print)	Date of Birth
PARENT OF MINOR OR COURT-APPOINTED GUARDIAN OR REPRESENTATIVE OF CLIENT:	_____	_____
	Signature	Date
	_____	_____
	Name (Please Print)	Date of Birth