



CLIENT WELCOME LETTER AND PRACTICE POLICIES

Welcome to The Center for Healing Self and Relationships. Please read the following before your first session and sign and return any necessary forms.

SCHEDULING APPOINTMENTS AND CANCELLATION POLICY

Your clinician will schedule your appointments with you and send you a text and/or email reminder 24 hours prior.

If you need to cancel the appointment **within 48 hours** of the appointment, please call/text your therapist; please keep in mind that appointments canceled or rescheduled within 48 hours of the appointment are a late cancellation and will be charged at the full fee. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If you can reschedule your appointment for *the same week*, you will not be charged the cancellation fee.

The standard meeting time for psychotherapy is 50 minutes. However, it is up to you to determine the length of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist so the time can be scheduled in advance.

Any checks returned for any reason will incur a \$10.00 service charge.

TELEPHONE ACCESSIBILITY

If you need to contact your therapist between sessions, please leave a message on their voicemail. Your therapist is often not immediately available; however, they will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

PAYMENT METHODS

Payment is expected at the time of each session, unless otherwise arranged directly with your therapist. Sessions can be paid for as follows:

1. **VENMO:** @centerforhealingSandR
2. **SQUARE:** In-office with credit card
3. **CREDIT CARD ON FILE**
4. **PAYPAL:** info@centerforhealingselfandrelationships.com
5. **Cash (exact amount) or Check** (written to The Center for Healing Self & Relationships)

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring it up when we meet and we can discuss.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, fax, and e-mail are considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the

use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session(s), a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, interventions, and diagnosis based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, height and weight, body type, attractiveness relative to social and cultural norms, motor coordination, posture, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact, sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language, facial or bodily expression. Potential consequences thus include the therapist being

unaware of what they consider important information you may not recognize as significant to verbally communicate.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. Your therapist will discuss with you and your parents what information is appropriate for them to receive and which issues are suitably kept confidential.

TERMINATION

Ending relationships can be difficult. It is important to have a termination process in order to achieve some closure. Your therapist may terminate treatment after appropriate discussion with you and a termination process if your therapist determines that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you or you may choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

FORMS

Please fill out the following attached forms and return them to info@centerforhealingselfandrelationships.com (secure email) or hand them to your therapist at your appointment, including filling out the contact information and signature page of this form.

___ Contact information Page

___ Client Intake Form

___ HIPAA: Notice of Privacy Practices

___ Consent for Treatment

___ Payment Method / Credit card authorization form

___ COVID-19 Policy

___ Telehealth Consent

___ Release of Information

Thank you.

The Center for Healing Self & and Relationships

By signing below, I am agreeing that I have read, understood and agree to the items contained in the Welcome Letter and Practice Policies.

Name: _____

Date: _____

Signature: _____

CLIENT CONTACT INFORMATION

Patient information

Today's Date _____

Name _____

Birth date _____

Age _____ Sex _____

Religion _____

Marital Status _____

Race _____

Address _____

Home phone _____ Can I leave a Voicemail? _____

Cell phone _____ Can I leave a Voicemail? _____

Work phone _____ Can I leave a Voicemail? _____

E-mail _____ Can I email you? _____

Education: _____ Occupation: _____

Employer: _____ Address: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Address: _____

Spouse / Parent information

Spouse / Parent: _____

Who has primary guardianship? _____

Occupation: _____

Spouse/Parent Employer: _____

Work Phone: _____

Work Address: _____

City/State/Zip: _____

Please return to your therapist or info@centerforhealingselfandrelationships.com at The Center for Healing Self and Relationships.