

R. PHILLIP KIEHL, M.S., M.DIV.

Licensed Marriage & Family Therapist

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INFORMED CONSENT FORM

Dear New Client:

Welcome to our practice. This document contains important information about my professional services and business policies. Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a person seeking counseling, you have certain rights that are important for you to know because this is your therapy and it is your desire to seek services for your healing. As a therapist, I also have certain responsibilities and deeply desire to provide you with professional and ethical services. Please read it carefully and make note of any questions you may have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Counseling is not easily described in general statements. It varies depending on the personality of the therapist and the client, and the particular problems you present for us to talk about. While there are many different methods I may use to deal with the problems that you hope to address and or fix, I mainly will be addressing issues within the framework of your relationships. Therapy is designed to help people of all ages understand how their feelings and thoughts affect the way they act, react, and relate to others. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to actively work on things we talk about both during our session and at home. It is important to note that psychotherapy has been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific personal problems, and a significant reduction in feelings of distress. Each person has a unique opportunity to view themselves more accurately, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

The first few sessions will involve an evaluation of your current conflicts. I will ask you to take some inventories as part of the evaluation process and then I will type up a report that we will go over as a way to guide treatment planning. I will welcome your feedback regarding this report and during this evaluation period along with your own opinion of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and emotional energy and I hope in these initial sessions you feel comfortable and confident in desiring to work with me. Please ask questions during this initial process about my procedures so we can discuss them together.

You also need to know that you have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You also have the right to ask questions about any aspect of the therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

APPOINTMENTS

After these initial evaluation sessions, we then will set up appointments either on a weekly or bi-weekly basis based upon what we agree upon. Appointments are usually 60 minutes in length although on a case by case situation, I do recommend 90 minutes for couples as I feel this time can best be used to help spouses work through their conflicts and arguments. Your appointment time is your set time and given the busyness of my schedule, it will be advantageous to keep and maintain your set time on a consistent basis. The more consistent you are with keeping your appointments; you will find your problems being solved quicker and a greater trust and comfortableness with the process of counseling. The number of sessions needed to address your goals depends on many factors. In general, I tend to view the process of counseling not as a quick fix in which your issues are resolved in six sessions or less. Be patient with yourself and the process of therapy and we can discuss together the number of sessions needed to resolve your conflicts as well as provide hope for a better future.

My current office hours are from 8 AM to 8 PM and my current hours offering scheduled appointments are Monday to Friday from 3 PM to 9 PM and Saturday from 8 AM to 1 PM. Please feel free to contact us at 626.791.1488 to schedule your initial appointment.

CANCELLATIONS

As your therapist, your appointment time reserves a time slot just for you. As with life, we all are busy and certain situations come up that may interfere with our scheduled times. Therefore, our cancellation policy is to ask you to call at least 12 hours in advance if you must cancel a session in order to allow me to reschedule my time. If you call less than 12 hours, it will be agreed upon between you and me to pay your regular scheduled fee, unless a sudden medical or life emergency has occurred. A late cancellation fee may incur unless I can reschedule you for that same week. If utilizing your health insurance, it is important to understand your insurance company will not reimburse for this expense and you will be responsible for paying your regular scheduled fee.

PROFESSIONAL FEES

The standard 60 minute session for an individual, couples and families is \$120.00 and for a 90 minute session it is \$180.00 unless this fee is adjusted based upon an agreement between us. You are responsible for paying for your session on a weekly basis unless prior arrangements have been made. Payment for services is made at the end of each session. We accept cash, check or credit card.

INSURANCE REIMBURSEMENT

My payment policy is fee-for-service only. I realize that psychotherapy can be costly and therefore I am willing to help offset my fee by working with your insurance. If you have a health insurance policy, it will usually provide some financial coverage per session for mental health treatment. Regretfully, I do not accept payment directly from insurance companies. My policy is to ask you to pay me first and then I can provide a statement for you, or claim forms provided by you, to help you submit to your insurance company for reimbursement.

I am a panel member and network provider for Blue Cross/Shield. Many insurance companies do cover for out-of-network behavioral health benefits, and I am willing to work with your insurance company to help you get the best reimbursement possible. It is very important that you find out exactly what mental health benefits your insurance policy covers and what the reimbursement procedure entails.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Usually, the diagnosis I provide is for the purpose of helping you get reimbursement. Sometimes, I have to provide additional clinical information such as treatment plans or summaries. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

Once we have all of the information about your insurance coverage, we will discuss what we expect to accomplish with the benefits that are available and what will happen if benefits run out before you feel ready to end therapy. It is important to remember that you always have the right to pay for my services to avoid the problems insurance companies can inflict.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the counseling services that I provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in the session, and a general mention of the topics discussed. You have a right to see or ask for a copy of your file at any time. Usually, when asking for a copy of the file, I will just provide a summary report. You also have the right to request a copy of your file be made available to other health care providers at your written request. Be assured your records are maintained in a secure location in the office.

CONFIDENTIALITY

Confidentiality is the foundation of trust. Trust is the cornerstone of an effective counselor-client relationship. I therefore take very seriously my obligation to protect, with respect and discretion, the facts and feelings you share with me. I cannot and will not disclose information we talk about, or even that you are in therapy with me, as the privacy of all communication's between us is protected by law, and I can only release information about our work to others only with your written permission. I will always act so as to protect your privacy even if you release to me in writing to share information about you. You also may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

However, when the following situations occur or I sense there is a threat of the following happening, I must and am mandated by law to communicate with a third party about you with or without your consent according to the following situations:

- If I have good reason to believe you are abusing a child, elderly person, or disabled person, I must file a report with the appropriate state agency.
- If I have good reason to believe that you will harm or are threatening to harm another person, I must attempt to inform that person and warn them of your intentions for the purpose of taking protective actions. I must also contact the police and ask them to protect your intended victim.
- If I believe you are at risk and are threatening to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection for you.

Fortunately, these situations just described have rarely occurred in my practice. If any of the above situations do occur, I will discuss and work with you for the purpose of protection and safety before I take any action.

It is also important to note that if you are in couple's therapy with me and you or your partner decide to have some individual sessions with me, what you say in those individual session will be considered to be a part of the

couple's therapy, and can and probably will be discussed in our joint sessions. Do not assume and do not tell me anything you wish kept secret from your partner. If you have questions about confidentiality in your particular situation, please discuss the matter with me before divulging any secret or sensitive information.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act or HIPPA. This law insures the confidentiality of all electronic transmission of information about you. When I transmit information about you electronically (for example, sending bills or faxing information) it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator (s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

TREATMENT TERMINATION

The decision to end therapy should be a mutual and shared agreement between you and me. If at any time during the course of your treatment you feel the need to stop, for whatever reason, I would appreciate discussing this with me face to face so we can properly put closure to our relationship and treatment. Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. Obviously, other situations may warrant termination such as regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; or disclosing illegal intentions or actions.

CONTACTING OUR OFFICE

At times we are not immediately available by telephone, and we will be unable to answer the phone when we are in session. When we are unavailable, you may leave me a message on my confidential voice mail, which I monitor frequently. I will make every effort to return your call on the same day with the exception of weekends and holidays, unless you specify that it is an emergency. If you are difficult to reach, please inform me of a time when you will be available. If I am unavailable for an extended time (vacation), I will provide you with the name of a colleague to contact, if necessary.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature: _____

Date: _____

Print Name: _____

Therapist Signature: _____

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CONTACT & INSURANCE INFORMATION

CLIENT INFORMATION

Name: _____

Address _____

Birth Date: _____ Age: _____ Gender: _____

Relationship Status: _____ Married _____ Separated _____ Single _____ Divorced

Home Phone: _____ Cell Phone: _____

Best time to call: _____ Can we leave a message? _____

E Mail Address: _____

INSURANCE INFORMATION

Insurance Company Name & Address _____

Insurance Phone #: _____

Member ID No: _____ Group Number: _____

Insurance Type: _____ HMO _____ PPO Do you know what your mental health benefits are? _____

If not, and you do want to use your insurance to help pay for services, please contact them prior to your first appointment.

Thank You.

