

HART PSYCHOTHERAPY, INC

Morgan Hart, MSW, LCSW

Licensed Clinical Social Worker LCSW #29378

922 Shattuck Avenue, Berkeley, CA 94707 Tel: 323-325-5505

Email: morgan@morganhart.net Website: www.morganhart.net

Welcome to my practice. In the interest of saving us time during your first appointment, I have prepared this document with some important information about my services and our work together. If you have any questions or concerns please feel free to discuss them with me at any time during our work together. Your experience of our work is very important to me, so please don't hesitate to inquire about anything in this document that is not clear.

The Psychotherapy Process: Benefits, Risks and Alternatives to Treatment:

Most people who obtain therapy benefit from the process. Progress and success in psychotherapy may vary depending upon the particular problem being addressed and can depend on many factors--your internal state as well as your external life circumstances. Psychotherapy is a joint effort between patient and psychotherapist. It requires a very active effort on your part. It is an opportunity to understand more deeply the problems you are experiencing and to make important changes in yourself and your life. Self-exploration and understanding, learning new skills and rethinking ways of dealing with problems are, generally, useful and important aspects of psychotherapy. Although the benefits of therapy may be substantial, risks do exist.

Some of the risks of therapy include, but are not limited to, the following. You may experience distressing and/or unwanted feelings such as sadness, anger, guilt, shame, anxiety and frustration. These are a natural part of the process of therapy and often provide the basis for change. Psychotherapeutic techniques including, for example, guided imagery/visualization techniques, relaxation training, free association, as well as the discussion of problems and concerns can elicit thoughts, feelings, sensations, impressions and/or experiences that do not necessarily reflect literal reality or historical accuracy. In other words, some of your experiences in therapy may not be indicative of actual events, even though they may feel very real to you and as if they have actually happened. However, these experiences can be very useful as metaphors or clues to explore in your therapy. Important personal decisions are often a result of therapy. These decisions, including changing behavior, exploring employment options, substance abuse patterns, career, schooling, and relationships, are likely to produce new opportunities as well as unique challenges. They can affect your relationships with others. Sometimes a decision that is positive for one family member may be viewed negatively by another. There are no guarantees with therapy; however, your commitment to the process may assist in a helpful outcome.

Psychological testing/evaluation, psychiatric evaluation and, if applicable, exchanging information with the professionals involved in your care can help me better understand why behaviors occur, and I may recommend them for you. We will discuss alternatives to therapy, if I am aware of other viable options, for the issues for which you are seeking therapy at this time. If you have any questions about the services being provided at any time during the treatment, please ask for clarification. Initial impressions about treatment plans, suggested procedures and goals, your feelings about whether you are comfortable working with me, are all an important part of the process and are important to discuss. During the consultation period, typically three to four sessions, I will make a determination as to whether I am an appropriate professional to work with you on your presenting issues and you will decide whether you feel that I am someone you can work with. If we decide not to work together I will offer you a referral to other mental health professionals. I will help to secure an appropriate consultation with another mental health professional whenever it is requested.

Initial: _____

Confidentially and Exceptions:

The confidentiality of communications between a patient and psychotherapist is essential to psychotherapeutic treatment and, in general, is protected by law. Information given in therapy will not be shared with anyone without your permission. Normally information can be released to others only with your written permission. There are, however, some exceptions to this. The following outlines when a psychotherapist can breach a patient's confidentiality, according to California state law:

If, in my professional judgment, I have reasonable cause to believe that you may cause physical harm, you may pose a serious danger of violence to others, or if you communicate to me that you may harm a reasonably identifiable person, I am required to warn the intended victim and notify the police.

If, in my professional judgment, I perceive that you may be a danger to yourself, I can contact people you know to inform them of this, and I can also contact the police to do a welfare check on you, contact hospitals, and/or any individuals whom I deem are appropriate to facilitate help for you. In both these aforementioned circumstances, I can take a protective action, which may include hospitalization in a psychiatric facility for up to 72 hours, even if I must do so without your voluntary consent. The clear intent of these requirements is that a psychotherapist has both a legal and ethical responsibility to take action to protect endangered individuals from harm when his or her professional judgment indicates that such a danger exists. If such a situation should arise, it is my policy to fully discuss these matters with a patient before taking any action unless, in my professional opinion, there is a good reason not to do so.

Psychiatric hospitalization may also be necessary, even without your voluntary consent, if in my professional judgment, you appear, gravely disabled, i.e., a condition in which a person, as a result of a mental disorder, appears unable to care for him/herself, specifically, is unable to provide for his or her basic personal needs for food, clothing and shelter. If I suspect child abuse or neglect, or abuse of a dependent, disabled or elder adult, I am required to file a report with the designated agency.

In most legal proceedings you have the psychotherapist/patient privilege to protect information about your treatment. However, certain court proceedings may limit your ability to maintain confidentiality.

Where treatment or evaluation is done for another party, such as the Social Security Administration, or evaluations performed as part of any court procedure, the information can be released.

If a third party is expected to pay for some portion or the entire cost of services, this office may furnish the information necessary to obtain reimbursement.

When I am out of the office and another professional is available to cover emergency calls from patients, that professional may be advised of issues that could arise. I may occasionally find it helpful to consult about an individual or couples' case with another professional. In these consultations I make every effort to conceal the identity(ies) of the individual(s). The professional(s) with whom I consult are legally bound to maintain confidentiality.

Also, I practice a no-secrets policy in my couple therapy. This means that confidentiality does not apply between the couple. Any information given will not be held in confidence in couples' sessions, unless mutually agreed upon under rare circumstances involving personal safety.

Initial: _____

Fees/Payments/Insurance:

I do not take insurance and I am happy to provide you with a monthly statement of services that you may submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems dealt with in therapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Also, please note if you do request a statement of services, I will have to provide your insurance company with a diagnosis. Please speak to me about your feelings about this as they arise in our work. My fee is \$300 for a 50-minute session. Longer sessions for individuals, couples and families are prorated from this base rate. I have a limited number of sessions available at a reduced fee. If you cannot afford my standard fee, and I have the time available, we can negotiate a fee that is affordable for you based on my sliding scale and your needs. You will be charged for missed sessions that are not cancelled 72 hours prior to the appointment time. In the unlikely event that payment is not made in a timely manner, the use of a collection agency or small claims court may become necessary, in which case you would receive written notification of intent to do so.

Initial: _____

Appointments and Cancellations:

When you schedule a session, that time is reserved solely for you. For this reason, **I require 72 hours notice of cancellation or you will be charged the full fee for the session.** I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If this occurs, please give me 72 hours notice and I will do my best to accommodate you and try to reschedule you as soon as I have availability. If you know that you will be late for a session, please call me and leave a message. If you do not arrive on time, I am usually unable to extend your appointment as this would infringe on other patients' scheduled times.

Initial: _____

Telephone Accessibility and Emergencies:

Regular office hours are Monday through Friday. You may call me at any time and on any day. I check my messages frequently and will make every attempt to get back to you within one working day. The number is 323-325-5505. In the event of an emergency, you may leave a message on my voicemail and every effort will be made to return your call as soon as possible. If you leave me a voice mail message and I do not return you call within a reasonable amount of time, please call back and leave another message, as I may not have received your initial message. If you feel you are at risk and you are unable to reach me, please call 911 or go to your nearest hospital emergency room.

Initial: _____

Explanation of Dual Relationships:

Your relationship with me or any other therapist must be strictly professional in nature. A therapist is not allowed to invite you into a business venture, ask you for personal favors, have a sexual or social relationship with you, etc. These examples are called, “dual relationships” and are unethical. In the event that I see you outside of the office, I am discreet and will maintain your confidentiality. I typically follow your lead, and thus it is your choice to acknowledge the encounter or not.

Initial: _____

Emails and Texting:

Many clients enjoy the convenience and ease of texting and/or emailing as a form of communication with me. This practice is fine as long as you understand that neither is 100% secure in terms of confidentiality. You may text me at 323-325-5505 and/or email me at morgan@morganhart.net.

Initial: _____

Release of Information:

In order to more appropriately provide care, it may be important that I obtain records from any previous or concurrently treating professionals. Your agreement to the release of previous and current treatment records may assist in our work together. I have a Release of Confidential Information form for you to fill out and sign for each of the previous and current records I may seek.

Initial: _____

Recording:

As part of my aim in offering a high quality service, I have found it helpful to the work to sometimes make recordings of sessions, especially in couple therapy. I may review these recordings with the couple, or on my own. This process can provide information and insights that can be helpful to the therapy. Your signature below confirms your consent to such recording with the understanding that, in respect to any video/audio recordings, or descriptions of video/audio recordings, this will be for professional purposes only and in the interests of improving the quality of our work. Any recordings will be destroyed at the end of our work.

Initial: _____

Professional Consultation:

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information. I may take notes during session, and will also produce other notes and records, which by law, I am required to maintain. Such records are my sole property and I will not alter my normal record keeping process at the request of any patient. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves confidentiality.

Initial: _____

Litigation Limitation:

Due to the sensitive nature of the therapeutic process and the fact that it often involves disclosing matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Initial: _____

Notice to Clients:

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Initial: _____

Important information for clients enrolled in Medicare:

Are you enrolled with medicare? Yes ___ No ___ If Yes, please also complete the Opt-Out Private Contract form

If you are enrolled in Medicare, kindly note that Morgan Hart, operating under Hart Psychotherapy, Inc, is not enrolled with Medicare, does not participate in Medicare, or accept Medicare. Morgan Hart / Hart Psychotherapy, Inc. is not affiliated with Medicare panels and has chosen to opt out of Medicare. Morgan Hart / Hart Psychotherapy, Inc. operates on a fee-for-service basis, all clients are private pay which requires payment directly from clients for therapy services. As a result, you will not be able to seek reimbursement for therapy sessions with Morgan Hart / Hart Psychotherapy, Inc. through Medicare if you are enrolled with Medicare. Please sign here to indicate that you understand and agree to this:

Client signature: _____

ACKNOWLEDGEMENT:

I look forward to working with you. As always, please let me know if you have any questions or concerns.

- I have thoroughly read and fully understand this Informed Consent to Treatment Agreement.
- I accept, understand and agree to have myself (or my child) abide by the contents and terms of this agreement.
- I understand that I am financially responsible for all charges incurred.
- I consent to participate in psychotherapy treatment with Morgan Hart, LCSW / Hart Psychotherapy, Inc.

Client name (PRINT)

Client signature (parent or legal guardian if minor)

Date: _____/_____/_____