



22231 Mulholland Hwy., Suite 210
Calabasas, California 91302
(818) 224 – 4486
www.mentallyfitlife.com

CONSENT FOR TREATMENT AND OFFICE POLICIES

Welcome to Mental Fitness Lifestyle, Inc., Dr. Allison Carter’s private psychology practice. This document contains important information about professional services and business policies. Please read it carefully and write down any questions you may have so we can discuss them during your intake meeting. You can print a duplicate copy of this consent form from the website for your personal records.

THE THERAPEUTIC PROCESS

The benefits from psychotherapy can be many. Resolution of the difficulties that prompted the psychotherapy, a greater sense of contentment and fulfillment, more satisfying relationships, and living more closely to your full potential are all possible outcomes. Psychotherapy may involve the risk of remembering unpleasant events and arouse intense emotions of anxiety, sadness, anger, and depression. In addition, while there is general consensus in outcome research that most people are helped when they are matched with the right therapist, there is no guarantee that this therapy will lead to the desired results. Psychotherapy never includes any additional or outside relationships that may impair your therapists’ objectivity, clinical judgement, or therapeutic effectiveness. Psychotherapy never includes any format of romantic or sexual relationship between clinician and patient. If you/your child has ever been approached about or coerced into such a relationship there is a potential legal, and an ethical, obligation by Mental Fitness Lifestyle, Inc. and its therapists to report this information to proper authorities.

To be successful, psychotherapy requires a very active effort on your (and your child’s, if client is a minor) part(s). In order to be most successful, you will have to work on identified clinical goals both during sessions and at home. The first several sessions will involve an evaluation and development of a treatment plan to address your needs and goals. In addition, these first sessions allow both your therapist and yourself the opportunity to affirm the “fit” of the therapeutic relationship. Participation in therapy is strictly voluntary (unless ordered by the court) and you have the right to terminate treatment at any time. You also have the right to consult with other therapist’s. MFL, Inc. can provide you with a list of qualified professionals if desired and, with your written consent; can provide him/her with any essential information required.

The length of therapy varies widely depending upon numerous factors, including therapeutic goals and treatment planning. Some presenting goals can be addressed in just a few sessions while other, more chronic matters, may require an increased number of sessions. A shift or addition of treatment goals, newly discovered emotions or previously unreported/unknown treatment matters are examples of things that may increase the

length of therapy. Often, if painful situations have been avoided or unconscious prior to therapy, things may become worse before better. It is also common that when one member of a system (i.e. a relationship, a family) grows and makes changes in his/her approach to life, other members of the system begin to address their own approaches as well. It is recommended that termination of the therapeutic process and relationship occur as a component of the therapeutic process, with stated goals, discussion and purpose. Often this includes tapering down the frequency of sessions over time rather than an abrupt ceasing.

_____ My initial represents that I have read, understand, discussed and agree to the above stated policies.

CONFIDENTIALITY

Within certain limits, information revealed during therapy will be kept strictly confidential and will not be revealed to any person or agency without your written permission. **There are certain situations in which, as psychologists and therapists, the law requires information obtained during therapy to be revealed to other persons or agencies.** These situations are as follows:

- 1) If your therapist believes there is risk of you/your child self-inflicting serious harm or death, there is an ethical responsibility to give this information to appropriate persons in order to obtain the best care for you/your child and assure safety.
- 2) If you are a threat of grave bodily harm or death to another person who can be identified, and belief exists that the intent and means to carry out harm is present. A “Duty To Warn” law enforcement and the intended victim overrides confidentiality.
- 3) If your therapist becomes aware of physical, sexual or emotional abuse of a minor, or a situation of neglect or harm to a minor, a mandatory report must be filed with Child Protective Services.
- 4) If your therapist becomes aware that an elderly person or dependent adult is being abused a mandatory report must be filed with Adult Protective Services.
- 5) If a court of law issues a legitimate subpoena or your/your child’s clinical treatment is court ordered.

Should any of these situations transpire, your therapist will make every effort to fully discuss it with you before taking any action and the minimal amount of information needed will be disclosed.

Parents of minors (under age 18) are, under certain considerations, legally entitled to information regarding their child’s therapy. However, it is important that minors share a confidential relationship with their therapist; therefore parents will be provided with general progress information and/or summaries of documentation notes as required by California Law. Parents will also be informed of situations in which a minor’s safety or well being is of concern or if the minor is involved in dangerous and harmful activities, if and when it is determined that such safety, well-being or dangerous and harmful activities are placing the minor child in immediate danger and it would not jeopardize the therapeutic relationship or cause undue harm or distress to the minor to notify the parent(s).

MFL, Inc. utilizes a scheduling service for appointments made by patients. Your information is kept strictly confidential within this service and employees of the service have agreed to a strict confidentiality policy that complies with HIPPA standards. Your signature on this consent form is acknowledgement that you were made aware that information you input into the scheduling service website is potentially known to the employees of the scheduling service company. Your information will not be disclosed to any other third parties without an additional signed Release of Information Consent Form.

Should you choose to request additional services, such as phone sessions, monthly invoices, electronic communications, etc. you are hereby made aware that your therapist and MFL, Inc. take every available

precaution to assure confidentiality via these means of communication, but given the nature of the internet, cell services, e-mail, etc. and similar technologies, complete confidentiality can not be guaranteed. Please address any concerns directly with your therapist.

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PROFESSIONAL FEES & PAYMENT PROCEDURES

MFL, Inc. therapy sessions usually involve weekly appointments that are 45 minutes in duration (this time frame includes time you may require to establish subsequent appointments, make payments, ask questions, etc.) but may be longer or more frequent. The current intake session fee is \$____ and the current standard session fee is \$____. The standard session rate may be increased each year, usually on or near June 1st although MFL, Inc. reserves the right to increase rates at any time.

MFL, Inc. professional fee policies require that each patient (patient parent for minors) provide a credit card to be kept on file. MFL, Inc. reserves the right to process the card on file for session fees twenty-four (24) hours or less prior to any scheduled appointment time and anytime thereafter. Payments may also be made via other forms of payment (i.e. check, cash) with prior agreement between the paying party and the treating therapist, although a credit card will still be required held on file.

In addition to weekly appointments, fees of a prorated basis for other professional services you may require such as records review, report writing, telephone conversations, attendance at meetings, classroom observations or consultation with other professionals which you have authorized, preparations of records or treatment summaries, or the time required to perform any other service which you may request of or engage in with your therapist will be charged to the credit card kept on file.

MFL, Inc. reserves the right to charge a monthly \$15.00 late fee applied to all account balances that are unpaid after an initial 30-day grace period. It is the patient/patient parent's responsibility to keep a valid credit card on file and to assure the credit card on file is active, able to be processed, and has not become expired or compromised.

Mental Fitness Lifestyle, Inc. does not take insurance, is not on any insurance panels (i.e. is "out-of-network" for all insurance companies), and does not bill any insurance companies directly. Utilizing the services of Mental Fitness Lifestyle, Inc. is entirely optional and the patient/parent retains all rights to seek services from their insurance companies' in-network providers. Therapy expenses incurred while utilizing the services of Mental Fitness Lifestyle, Inc. and its clinicians are the patient/patient parent's responsibility regardless of insurance coverage. Given patients/parents schedule their/their child's sessions at their own discretion utilizing an online scheduling portal, a cost estimate of services can be determined applying the provided current rate of therapy sessions to the patient/parents number of sessions scheduled. If you would like an invoice to help facilitate obtaining payment reimbursement from your insurance company, it can be provided to you upon your written request. Mental Fitness Lifestyle, Inc. and its therapists will not provide any information directly to your insurance company.

If you become involved in litigation that requires therapist action, the patient/patient parent will be responsible for and expected to pay for professional fees even if your/your child's therapist is compelled to testify by another party. Anticipated professional fees related to litigation will be provided prior to work taking place and payment of estimated fees will be required in full prior to work commencing, unless otherwise agreed to in writing. Any remaining funds will be returned to the paying party within 30 days of therapist final involvement

in said litigation. As example, professional fees required for litigation may include, and are not limited to; records review, consultations, testimony preparation, document creation, depositions, travel, etc.

_____ My initial represents that I have read, understand, discussed and agree to the above stated policies, including acknowledging there are No Surprises in the billing procedures for services rendered.

SESSIONS, SCHEDULING AND CANCELLATION POLICY

Mental Fitness Lifestyle, Inc. utilizes an online scheduling service program. The patient/patient parent will schedule all appointments subsequent to the Intake Appointment via the scheduling program. Your information is kept strictly confidential within this service and employees of the service have agreed to a strict confidentiality policy that complies with HIPPA standards.

You will need to create an account by going to www.mentallyfitlife.com and clicking on “Schedule Appointment.” From there you will be able to follow the prompts regarding creating an account, scheduling appointments, canceling appointments and adding your name to a wait list. All scheduled appointments are considered confirmed. You have the option of signing-up to receive an e-mail reminder of your appointments within the online scheduling program. Non-receipt of confirmation e-mail does not negate patient/patient parent responsibilities for the scheduled appointment. This includes, but is not limited to, attending the appointment, making payment for the appointment and being held liable for appointment fees in case of a No Show. Should you desire to have your appointments scheduled in the office by your therapist, the same scheduling system will be utilized and any time needed to schedule appointments will be considered part of the 45 minute session.

All sessions arranged in the scheduling service are forty-five (45) minutes in length unless otherwise specified. Once an appointment is scheduled in the scheduling service, you will be expected to pay for it unless you cancel the session with twenty-four (24) hours advance notice. Failure to cancel with twenty-four (24) hour advance notice or a “No Show” to a scheduled appointment will be billed at the standard session rate. ‘Twenty-four hour notice’ is defined as 24 hours from the time of your scheduled appointment and not simply a calendar day beforehand. All charges for Late Cancellations and No Show appointments will be due and payable in accordance with payment procedures and billed to your credit card on file.

Please note that Mental Fitness Lifestyle, Inc. and its therapists make every effort to conduct sessions on time. Your on time arrival aids in this process. Sessions cannot run over for late arrivals. There will be no prorating or extension of session length if you/your child arrive late for your scheduled session. Note that, although infrequent, psychological treatment emergencies do occur that may impact a therapist’s work day. In the event that a treatment emergency will impact your session time (late start time, required cancellation) every effort to contact you will be made, but this will not always be possible. Should your session begin later than its scheduled time due to a treatment emergency your therapist will still conduct a full 45-minute session. Should you need to leave at the originally scheduled end time your session will be prorated to the length of time from when the therapist becomes available to when the session would have originally ended. There will be no fee charged or credited for therapist cancelled sessions resulting from a treatment emergency.

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TELEHEALTH SESSIONS (I.E. PHONE OR VIDEO)

Teletherapy sessions (phone or video sessions) may be offered only after your/your child's therapist determines clinical need and appropriateness. Only after preapproval by your/your child's therapist can teletherapy session scheduling take place in the online scheduling program or directly with your therapist for off-schedule (i.e. therapist out of office) appointments.

Minors are not allowed to schedule teletherapy sessions without prior approval from both therapist and parent, unless required parent consent is clinically contraindicated.

For TeleHealth Phone Sessions the phone number your therapist is to call should also be added to the "Special Instructions" box, even if you believe your therapist already has this contact number, in the scheduling program. The incoming call from your therapist's phone will be received as "Blocked." **You must be able to receive blocked calls on the Teletherapy Phone number you provided.** No answer to the incoming call constitutes a "No Show" appointment with the patient/patient parent being held liable to all policies related to same.

All TeleHealth sessions must be scheduled in advance as designated teletherapy sessions. Scheduled in-office sessions will not be converted to TeleHealth sessions due to, but not limited to, patient/patient parent schedule conflicts, forgetfulness, ease, etc. Any granted conversion of a scheduled in-office session to a TeleHealth session must be confirmed by your/your child's therapist prior to the scheduled start time of the in-office session for the in-office session to be considered cancelled. All policies for in-office session fees are applicable to teletherapy sessions.

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WALK THERAPY/IN VIVO THERAPY

With patient/patient parent approval, in-office appointments may take place while walking in the surrounding areas of Mental Fitness Lifestyle, Inc. offices and/or in the grass area directly in front of the office building. The connection between movement of the body and the mind can potentially be beneficial to a patient's ability to process and gain insights. Being outdoors has also been shown to be beneficial to critical thinking skills, conflict resolution skills and overall well-being.

In-vivo (in life) treatment interventions may be recommended as a component to a patient's treatment plan. Should walk therapy/social exposures outside of the office be recommended your/your child's therapist will review the clinical rationale for this intervention and discuss implementation accordingly.

Patients whom elect to participate in walk/in-vivo therapy will have their confidentiality assured in that the treating therapist will address the patient comfort level prior to leaving the office, the patient can always state desire to return to the office, and in allowing any interactions with third parties to be patient initiated and directed.

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GROUP THERAPY & OUT-OF-OFFICE SIGHTINGS

Mental Fitness Lifestyle, Inc. offers various seminars, groups, presentations and workshops both in-office and throughout local communities, schools and locations. Participation in any of these offerings that may constitute a therapeutic relationship will require discussion, review and signature of a separate, group specific consent and policies form.

Past or present patients/patients parents in attendance at seminars, presentations or workshops outside of Mental Fitness Lifestyle, Inc. offices will have their confidentiality assured in that the therapist hosting the seminar, presentation or workshop will treat said patient/patient parent as a stranger, allowing any interaction to be patient/patient parent initiated and directed. This policy is in place to maintain clinical confidentiality.

Therapists who by happenstance have out-of-office sightings with patients/patient parents will treat said patient/patient parent as a stranger, allowing any interaction to be patient/patient parent initiated and directed. This policy is in place to maintain clinical confidentiality.

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CONTACT PROCEDURES

While the MFL, Inc. office may be open, therapists are often with clients and are not able to answer the phone. **In the case of a true psychological emergency you are hereby advised to call 911 and a local emergency response team or hospital when your therapist cannot be immediately reached.** When unavailable, telephone calls are answered by voice mail that is checked as promptly as possible during non-patient hours. Every effort to return your voicemail within 2 business days is made. If you have not received a return call within 2 business days please make the assumption your voicemail was not been received and call again. All non-emergency calls received during a weekend or on a holiday will be returned within 2 business days of business resuming. All emergency calls received during a weekend or on a holiday will be returned as soon as they are retrieved. **You are hereby advised that if experiencing a true clinical emergency you should not wait for a phone call reply from your therapist prior to contacting 911 or another means of emergency response.**

If you cannot reach your therapist directly or immediately you should call your family physician or 911. If a family member is threatening violence or suicide, you need to call 911. Additional numbers that may be helpful include: California Youth Crisis Line (800) 843-5200, Los Angeles County Crisis Line (800) 854-7771, Child Abuse Hotline (800) 540-4000, Domestic Violence Hotline (322) 681-2626, Elder Abuse Hotline (800) 992-1660 and Suicide Prevention Center (310) 391-1253.

Phone calls from your therapists phone will be received as "Blocked." **You must be able to receive blocked calls on the phone number you keep on file with Mental Fitness Lifestyle, Inc.** Should your therapist's phone number ever be displayed during an incoming call, and it not be the office phone number of (818) 224-4486, it is requested that you delete said phone number from your call log and consider it a private number not to be utilized directly.

In the event your therapist is unavailable for an extended time (vacations), you will be provided with the name and contact information of a trusted colleague whom you can contact in emergency situations.

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ELECTRONIC MEDIA & SOCIAL MEDIA

Record Keeping

Mental Fitness Lifestyle, Inc. utilizes an online scheduling service program. Patient information is kept strictly confidential within this service and employees of the service have agreed to a strict confidentiality policy that complies with HIPPA standards. Patient account information is only accessible via password-protected login, with your therapist keeping their password strictly confidential.

Legal and ethical standards require that medical records/health notes be maintained for all patients. Mental Fitness Lifestyle, Inc. utilizes an electronic record-keeping program that contains information pertaining to patient treatment, including identifying information, diagnosis, treatment plan, and case notes. These records are not available in any online or remote access format and require two levels of strictly confidential password-protected login information to access. These records may not be released without patient/patient parent original signature unless mandated by law or valid subpoena.

E-Mail

E-mail is not a guaranteed secure or private means of communication. To assist in maintaining the confidentiality of your/your child's clinical work, take the following into consideration when communicating via e-mail:

- 1) E-mail only from devices owned by you
- 2) Be aware that e-mails are retained in both your and your therapists Internet provider systems
- 3) Use caution to address sensitive or personal matters during appointment times or via phone call.

Should you desire any information be provided or replied to that contains treatment information, diagnosis, etc., via e-mail, including insurance invoices/super bills, Mental Fitness Inc. and its therapists requires an original signature request acknowledging the risk of transmitting this information via electronic means.

Text Messages

It is the policy of Mental Fitness Lifestyle, Inc. and its therapists to not utilize text message communications with patients.

Social Media Accounts

It is the policy of Mental Fitness Lifestyle, Inc. and its therapists to protect the confidentiality of their patients and not create, in fact or appearance, dual relationships with patients/patients parents. To this end:

- 1) Friend requests, or any format of connection or interaction, from current or former patients/patients parents, on any social media site are not accepted and will not be responded to.
- 2) There is no requirement or expectation that current or former patients/patients parents will want to follow or will follow Mental Fitness Lifestyle, Inc. or its therapists, for any professional blogs, on any professional social media accounts, or any other electronic or social media formats. Patients, of consenting age, and patient parents are welcome to follow such accounts at their own and sole discretion.
- 3) Mental Fitness Lifestyle, Inc. and its therapists do not follow any past or present patients/parents parents on any form of social media or blog. Patients are welcome to share clinically significant matters from their online accounts with therapists during their appointments if so desired.

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RECORD INSPECTION/COPIES

If at any time you request to inspect and/or receive a copy of your/your child’s health/psychological information it must be by written request with an original signature. An e-mailed signature does not constitute an original signature for these purposes. Although you have the right to request this service, some mental health information may not be accessed for treatment reasons and for other reasons pertaining to California State Law and the Federal Privacy Rule. You will receive a response to your written request to inspect records within five (5) working days of receiving your request. If your therapist utilizes the right to deny access, you will be provided a written reason for denial and explanation of any right to have the denial reviewed. If you would like copies of your health/psychological information, the copies will be provided within fifteen (15) days of receiving your written request with an original signature. A charge for copying, mailing and related expenses will apply. You have the right to choose what portions of your information you want copied and to request advance notice of the cost prior to copying.

_____ My initial represents that I have read, understand, discussed and agree to the above stated policies.

Your initials and signature herein acknowledges that you have read and understand the above explanations regarding the therapeutic process, confidentiality, professional fees, appointment scheduling, cancellation policies, electronic communications, contact procedures and patient/patient parent responsibilities. You agree to enter/have your child enter into a psychotherapy relationship with Mental Fitness Lifestyle, Inc. and your assigned therapist under the terms outlined above.

Patient’s Name: _____

Signature (parent’s if patient is a minor): _____

Date: _____

Therapist’ Name: _____

Therapists Signature: _____

Date: _____