

Rachel Longan, LMFT

OFFICE POLICIES, GENERAL INFORMATION
AND INFORMED CONSENT FOR TREATMENT

Please carefully review the following information regarding Rachel Longan, LMFT's policies and procedures. You are welcome to discuss any part of this information with her. Your signature is required on the last page to confirm your understanding and acceptance of these policies. You may receive a copy of this document upon request.

CONFIDENTIALITY: Privacy is a basic right of any individual who seeks psychotherapy services. Therefore, all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law or as stated below. Rachel Longan, LMFT strives to follow privacy and confidentiality policies that meet Board of Behavioral Sciences and federal guidelines, including guidelines contained within the Health Insurance Portability and Accountability Act (HIPAA) when needed.

TREATMENT OF MINORS: Minors have a right to a confidential relationship with their therapists. At the same time, in most cases minors cannot participate in treatment without parental consent. Rachel Longan, LMFT will make every effort to provide parents/legal guardians with sufficient information to provide informed consent, while still preserving to the extent possible, the confidentiality of the minor in treatment.

WHEN DISCLOSURE IS REQUIRED BY LAW: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and where a patient presents a danger to self, to others or to property, or is gravely disabled, or when a patient's family members communicate to Rachel Longan, LMFT that the patient presents a danger to others.

WHEN DISCLOSURE MAY BE REQUIRED: Disclosure may be required pursuant to a legal proceeding by or against you/the patient. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Rachel Longan, LMFT. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Rachel Longan, LMFT will use her clinical judgment when revealing such information. Rachel Longan, LMFT will not release records to any outside party unless she is authorized to do so by ALL adult family members who were part of the treatment.

EMERGENCIES: If there is an emergency during our work together, or in the future after termination where Rachel Longan, LMFT becomes concerned about your/the patient's personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can, within the limits of the law, to prevent you/the patient from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose she may also contact the person whose name you have provided at your intake and/or on your biographical questionnaire.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (the patient) nor your attorney, nor anyone acting on your behalf will call on Rachel Longan, LMFT to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION: Rachel Longan, LMFT consults regularly with other professionals regarding her patients; however patients' identity remains completely anonymous, and confidentiality is fully maintained.

HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier in order to process your claim for reimbursement. If you so instruct Rachel Longan, LMFT, only the minimum necessary information will be communicated to the carrier. Rachel Longan, LMFT has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break ins and unauthorized access. Medical data has also been reported to be legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

PAYMENTS AND INSURANCE REIMBURSEMENT: Patients are expected to pay the standard fee of \$120.00 per 45-50 minute session at the beginning of each session, unless other arrangements have been made. Statements are processed during the first week of the month, and payments are due and payable in full upon receipt. Payments must be made by cash, check, cashier's check or money order and payable to Rachel Longan, LMFT. As needed, retain your checks and billing statements for income tax purposes or insurance reimbursement. Telephone conversations, site visits, report writing and reading, consultation with other professionals, reading records, longer sessions, offsite meetings, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Rachel Longan, LMFT if any problems arise during the course of therapy regarding your ability to make timely payments. Patients who carry insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. Unless agreed upon differently, Rachel Longan, LMFT will provide you with a copy of your statement on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems dealt with in psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Rachel Longan, LMFT can use legal or other means (courts, collection agencies, etc.) to obtain payment.

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Ms. Rachel Longan, LMFT and patient(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Alameda County, CA in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Rachel Longan, LMFT can use legal means to obtain payment as stipulated above. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration the arbitrator will determine the sum.

PERMISSION TO OBTAIN OR RELEASE INFORMATION: I require your written permission to exchange information regarding your treatment. I will provide a form called "Consent to Obtain/Release Information" for you to sign for such purposes.

TELEPHONE AND EMERGENCY PROCEDURES: If you need to contact Rachel Longan, LMFT between sessions, please leave a voicemail message for her at (415) 462-4467 and your call will be returned as soon as possible. I check my messages at regular intervals during the daytime only, unless I am out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call Psychiatric Emergency at (800) 309-2131 (a 24-hour crisis line) or Emergency Services (911).

E-MAIL, CELL PHONE AND FAX COMMUNICATION: It is very important to be aware that computers, email, cell phone and fax communication can be relatively easily accessed by unauthorized people. Hence, the privacy and confidentiality of such communication can be compromised. Emails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Rachel Longan, LMFT's computer is equipped with a firewall, virus protection and a password. She also backs up all confidential information from her computer on a regular basis. Please notify Rachel Longan, LMFT if you decide to avoid or limit in any way the use of any or all communication devices, such as cell phone or faxes.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of my profession require that I keep appropriate treatment records. As a patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Rachel Longan, LMFT assesses that releasing such information might be harmful in any way. In such a case, Rachel Longan, LMFT will provide the records to an appropriate and legitimate mental health professional of your choice. With regard to the above exclusions, if it is still appropriate, upon your request, Rachel Longan, LMFT will release information to any agency/person you specify unless Rachel Longan, LMFT determines that releasing such information might be harmful in any way.

CANCELLATION POLICY: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours' notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement,

the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions, so under these circumstances you will be charged for the full fee of the appointment.

Remember, the success of any treatment/intervention depends on consistent attendance, therefore please make sure that you (the patient) can arrive punctually for each scheduled session.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you/the patient, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your/the patient's part. Psychotherapy requires your very active involvement, honesty and openness in order to change thoughts, feelings and/or behavior. Rachel Longan, LMFT will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you/the patient experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Rachel Longan, LMFT may challenge some of your assumptions or perceptions, or propose different ways of looking at, thinking about or handling situations. This can cause you/the patient to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Rachel Longan, LMFT is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you/the patient. These approaches include, but are not limited to behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, family/system, developmental (child, family, adult), humanistic or psychoeducational interventions. Rachel Longan, LMFT provides neither custody evaluation recommendation nor medication/prescription recommendation, nor legal advice, as these activities do not fall within her scope of practice.

DISCUSSION OF TREATMENT PLAN: Within a reasonable period of time after the initiation of treatment Rachel Longan, LMFT will discuss with you/the patient her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your/the patient's therapy, their possible risks, Rachel Longan, LMFT expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your/the patient's condition and their risks and benefits. If you/the patient can benefit from any treatment that Rachel Longan, LMFT does not provide, she has an ethical obligation to assist you in obtaining those treatments.

TERMINATION: As set forth above, after the first couple of meetings Rachel Longan, LMFT will assess if she can be of benefit to you. Rachel Longan, LMFT does not accept patients who, in her opinion, she cannot help. In such a case she will give you a number of referrals who you can contact. If at any point during psychotherapy, Rachel Longan, LMFT assesses that she is not effective in helping you/the patient reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Rachel Longan, LMFT will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Rachel Longan, LMFT will assist you in finding someone qualified, and if she has your written consent, she will provide him or her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Rachel Longan, LMFT will offer to provide you with names of other qualified professionals whose services you might prefer.

CONSENT FOR TREATMENT

I understand that therapy is a joint effort. Progress depends on many factors including motivation, effort and other life circumstances such as my interactions with family, friends and others. The length of treatment varies depending upon the nature and significance/severity of the problems as well as the preceding factors. I understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

I understand that my participation is voluntary and that I may withdraw at any time.

I understand and agree to the following:

1. I understand and request that my treatment provider, Rachel Longan, LMFT, will conduct evaluations, treatments and/or diagnostic procedures that are clinically indicated and advisable now or during the course of my treatment.
2. I consent to the release of information in my files necessary for any billing or collections, or other purposes necessary for reimbursement.
3. I acknowledge that under California law there are certain circumstances prescribed by law where a clinician/provider is mandated to provide information about me without my consent including but not limited to:
 - a. If a patient (or patient's family member) communicates to a clinician/provider a threat of serious harm to an identifiable person or persons, the clinician/provider must warn that person or persons and notify the police;
 - b. If the clinician/provider suspects child abuse or neglect, or abuse of a dependent or elder adult, a report must be made to the designated agency;
 - c. If a patient seems dangerous to self or others or is unable to care for him/herself.

4. I understand that information, records and/or testimony about me or my family must be provided in the event of a court order. In legal or other official proceedings, this information may have to be provided without my specific consent.
5. I understand that this consent, including billing, covers me (and any of my minor children if applicable who are involved in treatment).
6. My consent is voluntary, and, except for 2, 3 and 4 (limits on confidentiality) and urgent consultations, I may withdraw my consent to future disclosure at any time by writing a letter.
7. Rachel Longan, LMFT has the right to end the treatment at any time. Rachel Longan, LMFT may terminate treatment at her discretion based on, but not limited to, the following reasons: a) failure to follow the treatment plan; b) failure to pay; or c) if treatment is no longer helpful or warranted.

I have read all pages and sections of the above OFFICE POLICIES, GENERAL INFORMATION AND INFORMED CONSENT for Treatment carefully. I understand them and agree to comply with them.

Patient's name (print): _____

Patient's signature: _____ Date: _____

Provider's name (print): _____

Provider's signature: _____ Date: _____