

Julie Wells, M.S., Licensed Marriage, Family Therapist
7545 Irvine Center Drive, Suite 200, Irvine, CA 92618
949-391-3505 Julie@juliewellstherapy.com

NEW CLIENT INFORMATION

Welcome to my practice. I look forward to our work together. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions that you might have so that we can discuss them during our session. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the therapist and client, and the particular difficulties with which you are struggling. There are many different methods I may use to deal with the problems you hope to address, but my primary modality is Person-Centered Therapy. This form of psychotherapy seeks to facilitate a client's self-actualizing tendency via unconditional positive regard and empathic understanding. This approach places much of the responsibility for the treatment process on you, the client, with the therapist taking a nondirective role. I believe that that psychotherapy should not be like a visit to a medical doctor. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about during our sessions and at home. For families and couples, I also use Emotionally Focused Therapy, which a nine-step process founded on attachment theory and aims to restore safe, secure, loving connections. In this approach, the problem is viewed as belonging not to one partner, but rather to the cyclical reinforcing patterns of interactions between partners. Our goal is to replace the negative, reactive cycles of interaction with more vulnerable, loving, positive cycles.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are no guarantees of what you will experience. Sometimes psychological services are provided primarily to prevent further deterioration of your mental or emotional status which is considered maintenance treatment.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubt persists, I will be happy to refer you to another mental health professional for a second opinion.

APPOINTMENTS AND CANCELLATIONS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time I will be gathering information regarding your background, presenting difficulties, and current mental health symptoms in order to formulate a clinical diagnosis. If you decide to continue treatment, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree upon, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or unless we

both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My fee is \$175 for one appointment hour of 50 minutes duration. If we decide to meet longer than one hour, I will bill you prorated based on this fee. In addition to weekly appointments, I charge this amount for other professional services that you may need, though I will break down this hourly cost if I work for periods of less than one hour. Emergency phone calls less than ten minutes will be considered free, however any conversation over ten minutes will be billed prorated based on the hourly fee.

Other services include: report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you request of me. I do not testify in legal proceedings unless subpoenaed. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. To avoid wasting your valuable session time, please have your check made out and ready before your session. If you decide to pay by credit card, you will be asked to sign a credit card authorization which will be considered authorization for any professional services, unpaid balances and fees associated with services rendered in the future. Once the first credit card authorization is given and signed, future credit card authorizations (with additional and/or replacement cards) may be given verbally, with a note of "Signature on File." If your credit card has been cancelled, lost, or stolen it is your responsibility to notify me as soon as possible and provide a replacement card to keep on file. This may be done verbally or in writing.

In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. You may request a receipt for services provided at any time, however HIPPA does not allow this to be sent by email. You may request your receipt to be sent by postal service or you can pick it up at my office with advance notice.

You are responsible for ensuring that your account balance is paid in full. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, such costs will be included in the claim. In most collection situations, the only information I will release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE BENEFITS

It is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am considered an out-of-network provider. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. In order for you to receive your insurance benefits, some insurance companies may require you to authorize the provider to provide them with a clinical diagnosis. Sometimes I have

to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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. At times, they may share information with a national medical information databank. I will provide you with a copy of reports I submit, if you request it.

CONTACTING ME

In order to protect your confidentiality, the subject matter of all electronic communication will be limited to logistical information. Please do not text or email information which should be discussed in therapy. I will return or ignore any electronic communication that violates this policy.

I am often not immediately available by telephone. You may leave a confidential voice message that I monitor periodically throughout the day. I will make every effort to return your call within one business day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Telephone calls are offered as a professional courtesy and this service does not constitute an emergency psychological service. I am not responsible for your behaviors or decisions occurring outside the consultation room at any given time, whether before or after a telephone call or consultation. If you are unable to reach me and feel that you can't wait for me to return your call, contact 911, your family physician or the nearest emergency room and ask for the psychologist (psychiatrist) on call. If I am unavailable for an extended period of time, a qualified professional will be available for you to contact during my absence.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy or summary of your records. These professional records can be misinterpreted by untrained readers. Therefore, if you wish to view your records, I recommend that you review them in my presence so that we can discuss the contents.

MINORS

If you are under eighteen years of age, please be aware that the laws may provide your parents the right to examine your treatment records. It is my policy to request a verbal agreement from your parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communication between a client and psychologist, including that of minors, is protected by the law. Therefore, I am not at liberty to release information to another professional or interested party without written permission, except where disclosure is permitted or required by law. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. Disclosures may be required in the following circumstances:

- (1) When there is a reasonable suspicion of child abuse, elder abuse, or abuse of a dependent adult. In this case I am required by law to file a report with the appropriate state agency.
- (2) If I believe that a client is threatening serious bodily harm to another, I am required to take

protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

(3) If the client threatens serious bodily harm to himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

(4) When disclosure is required pursuant to a legal proceeding. (i.e., court order)

(5) In the event that the services of an attorney and/or collection agency is required to pursue any past due fees.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During consultation, neither your name nor identifying information about you will be revealed. The consultant also is legally bound to keep the information confidential.

TERMINATION

Your participation in psychotherapy and other psychological services is voluntary and you have the right to withdraw from treatment without adversity at any time. I would recommend that when termination is considered, you discuss this with me, so we can create a plan for termination to minimize any possible negative effects. If you don't show-up for 3 consecutive scheduled appointments, your treatment will be considered terminated and you will be financially responsible for the fees of the missed sessions. A letter will be sent to you acknowledging the termination along with a closing bill for any unpaid balance.

CONSENT FOR TREATMENT

I, _____, authorize and request that Julie Wells, M.S., Licensed Marriage, Family Therapist to provide psychological assessments, examinations, treatment, and/or diagnostic procedures which are advisable during the course of my care as a client.

I understand that there is an expectation that I will benefit from psychotherapy but there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance and that, at times, I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

I understand that my participation in psychotherapy is completely voluntary and that I may terminate psychotherapy at any time.

I understand that the purpose of these guidelines is to clarify the nature of our professional relationship.

I understand that I can obtain a copy of this informed consent by downloading it from the website of Julie Wells, found at www.therapyinirvine.com.

I understand that I may receive a copy of the signed consent page upon demand.

My signature below indicates that I have read and fully understand the information provided in this informed consent and I agree to abide by its terms during our professional relationship.

Client's Signature

Date

Client's Signature

Date

Parent/Guardian's Signature (if minor)

Date

Julie Wells, M.S.
Licensed Marriage, Family Therapist #79760

Date