



Neal & Neal's Thee Answer Psychological and Counseling Services

190 Sierra Ct. Ste A6-308
Palmdale, CA 93550
(661) 418-2918

CONSENT FOR TREATMENT

Introduction

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by **La Rae C. Neal, PsyD** or assigned qualified staff dependent on the form of treatment for client: _____ (Adult) or _____ (Child) and is intended to provide with important information regarding the practices, policies and Procedures of our practice. Any questions or concerns regarding the contents of this Agreement should be discussed with therapist prior to signing it.

Policy Regarding Consent for the Treatment of a Minor Child

We generally require the consent of both parents prior to providing any services to a minor child.

Professional Consultation & Supervision

Professional consultation and supervision is an important component of a healthy psychotherapy practice. We regularly participate in clinical, ethical, and legal consultation with clinical supervisors and appropriate professionals. During such consultations, we will not reveal any personally identifying information regarding Client or Client's family members or caregivers.

Records and Record Keeping

Therapist will take notes and write a treatment plan regarding sessions and will also produce other notes and records regarding Client's treatment, which will be shared with the Therapist's supervisor. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any client or representative.

Should Client or Representative request a copy of Therapist's records; such a request must be made in writing. Therapist reserves the right, under California law, to provide Client, or Representative, with a treatment summary in lieu of actual records. Therapist also reserves 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. Representative will generally have the right to access the records regarding Client. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist's records, such a request will be responded to in accordance with California law.

Confidentiality

The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult physical and sexual abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim or property, when a client views child pornography, or when a patient is dangerous to him/herself or the person or property of another. Progress reports to DCFS or Probation may be required as a condition of this referral. Conversations during therapy between the Therapist and child client are also confidential and will not be disclosed to the parent. If the child is a danger to self or others, the parent or an authority can or will be informed.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client, or Representative, and another individual, or entity, are parties. Therapist has a policy of not communicating with Representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's, or Representative's, legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should the Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, the Client or Representative agree to reimburse Dr. Stephen Winston for any time spent for preparation, travel, or other time in which we have made ourselves available for such an appearance at \$300 per hour. In addition, Therapist will not make any recommendation as to custody or visitation regarding Client. Therapist will make efforts to be uninvolved in any custody dispute between Client's parents.

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Fee and Fee Arrangements

Victim of Crime clients do not have any fee, because it is paid by the State of California. For private clients, the usual and customary fee for service is \$120 per 50-minute session. From time-to-time, Therapist may engage in telephone contact with Client or Representative for purposes other than scheduling sessions. The Client or Representative is responsible for payment of the agreed upon fee for any telephone calls longer than ten minutes.

Cancellation Policy

The Client or Representative is asked to provide 24-hour notice for any cancelled sessions. If there is no 24-hour notice, the Client is responsible for payment of the agreed upon fee for any missed session(s). Cancellation notice should be left at 661-417-9432.

Crisis Services

Therapist's office is equipped with a confidential voice mail system that allows the Client or Representative to leave a message at any time. Therapist will make every effort to return calls within two business days and cannot guarantee the calls will be returned immediately. The therapist is unable to provide 24-hour crisis service. In the event that the Client is feeling unsafe or requires immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

Termination of Therapy

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include but are not limited to failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client's needs are outside of Therapist's scope of competence or practice, or Client is not making adequate progress in therapy. The Client or Representative has the right to terminate therapy at his/her discretion. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client or Representative.

Acknowledgement

By signing below, the Client or Representative acknowledge that he/she has reviewed and fully understands the terms and conditions of this Agreement. Representative has discussed such terms and conditions with Therapist and has had any questions with regard to its terms and conditions answered to Representative 's satisfaction. Representative agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Representative agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

_____	_____	_____
Client or Parent's Name (print)	Signature	Date
_____	_____	_____
2 nd Parent's Name (print	Signature	Name of Child
_____	_____	_____

I have full legal rights to consent for services for my child (sign) _____

