Patience Taba, LCSW
LCSW # 20941
775 Sunrise Ave., Suite 120
Roseville, CA 95661
(916) 600-2838

INFORMED CONSENT & OFFICE POLICIES
PLEASE KEEP THIS COPY (3 PAGES)

My objective is to provide you with professional and compassionate psychotherapy. Therapy can help you clarify your feelings, learn new ways of interacting in your important relationships and develop more effective tools for managing difficult situations. Therapy is an individual process and the length of time for completion varies with each adult, child, couple or family. Therapy does involve taking risks that may impact the various relationships in your life. There is an expectation that you will benefit from therapy but there is no guarantee that this will occur. As with most therapies, progress requires the full participation and motivation of the client and/or family to change. As with any procedure there is some risk involved in undergoing psychotherapy. These can include (but are not limited to) the uncovering of uncomfortable/distressing emotions or memories, and changes/disruptions in current relationships. In many cases, due to the fact that we will be uncovering and exploring things that have not been brought out before, you may feel like things are getting worse before they get better during the normal course of therapy. I encourage you to discuss your concerns with me as they arise. I 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.

Therapy sessions last 45-50 minutes, and the fee per 45-50 minute session is **$150 for individual, couples or family therapy**. Payment is due in full at the beginning of each session. I accept checks, most credit cards and cash. If you are paying by check please have it completed by the beginning of our session. I do not directly bill insurance companies, however, I will provide you with a superbill for reimbursement by your insurance company or Health Savings Account (HSA), if applicable. You are responsible for all charges regardless of insurance coverage. In the event I have a fee increase, I will give you a 30-day written notice. **Sessions cancelled with less than 24 hours notice or those for which you do not show up will be charged to you.** In the event I need to cancel an appointment with you, I will attempt to notify you as soon as possible. I will also notify you of my planned absences in advance.

Clients can contact me by leaving a message at 916 600-2838. You may also text me at this number to cancel appointments. Please keep in mind I may be unable to return calls to numbers that do not accept calls from private numbers. I do not conduct therapy via e-mail. Phone calls lasting more than ten minutes will be charged to you at my regular hourly fee prorated based on the length of the phone call.

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 (client) nor your attorney, nor anyone else acting on your behalf will call on me, Patience Taba, LCSW, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon. If an attorney for legal matters you are involved in subpoenas me there is a

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minimum retainer charge of $1000, plus my regular hourly fee will apply for any time spent in travel, testimony, preparing records, reviewing records, etc. If required for any reason in a court process, my regular hourly fee will be charged for reviewing of records, preparing reports, required contacts (via phone, text or email) with collateral contacts. I might be required to disclose information 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 me. While I take many precautions to safeguard your privacy, unauthorized people can sometimes intercept email messages, cell phone calls, and faxes. I regularly consult with other professionals regarding my clients in order to ensure the best possible treatment for my clients however a client's identity remains completely anonymous and confidentiality is fully maintained. 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 mutual agreement. The cost of mediation, if any, shall be paid by the client. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement would be submitted to and settled by binding arbitration in Placer County in accordance with the rules of the American Arbitration Associations that are in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceedings shall be entitled to recovery of a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine that sum. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment.

California law and my professional ethics dictate that the therapist-patient relationship remains confidential and private. I will discuss with you at our first session the legal exceptions to this.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that I utilize a "no-secrets" policy when conducting family or marital/couples therapy.** I will discuss with you what this means when we meet in our first session. This does not apply for reunification or co-parenting counseling.

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

After the first couple of meetings I will assess if the type of therapy I provide can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case I will give you a number of referrals, who you can contact. If at any point during psychotherapy, I assess that I am not effective in helping you reach the therapeutic goals, I will discuss it with you and, if appropriate, refer you onto someone else for treatment. In such a case, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will

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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, I will assist you in finding someone qualified, and if I have your written consent, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

I, Patience Taba, LCSW, am an **Independent Contractor and has no business ties to the other therapists working in this office.**

In order to provide appropriate continuity of care, I may need to request your permission to contact your referring physician or primary care physician to coordinate treatment, and any collaborative efforts that may be needed to provide appropriate care and support for you.

My Doctors Name, address and Phone # is:_____
_____

I have read the notice of Privacy Practice and the Office Policies and General Information Agreement for psychotherapy services. My signature indicates my understanding of and agreement with all of these terms and conditions.

Client Signature Date

Legal Guardian/Parent Signature Date

Therapist Signature Date

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