



Breathe Again
THERAPY

17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INFORMED CONSENT FORM

Welcome to Breathe Again Therapy.

Starting counseling is a major decision and you may have many questions. This document is intended to inform you of policies. If you have other questions or concerns, please ask and I will try my best to give you all the information you need. When you sign this document, it will represent an agreement between us. Breathe Again Therapy provides psychotherapy services for adults, adolescents, and children. This agency strives to assist people with mental health and/or emotional problems, find new solutions to their problems through better communication skills, and behaviors, and process to create healthy relationships.

Professional Services

Breathe Again Therapy includes adults, adolescents, and children. I provide individual and couples counseling. I have particular expertise in counseling children, adolescents, individuals, and couples who are coping with grief/loss, trauma, abuse, mood or anxiety disorders, relationship or self-esteem concerns, ADD/ADHD, sexual health issues, and other disorders. I am also a certified sex therapist and comfortable and capable of working with clients on addressing those issues and concerns. My primary theoretical orientation is Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Solution-Focused Brief Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Play Therapy; however, we often use other orientations as the need arises.



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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 benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Professional Records

The laws and standards of the profession require that we keep treatment records. You are entitled to receive a copy of the records unless your therapist believes that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in the presence of your therapist so that you can discuss the contents. He/she sometimes may be willing to conduct a review meeting without charge. Patients will be charged an appropriate fee for any time spent in preparing information requests.

Confidentiality

Confidentiality is maintained as part of the counseling process in accord with the ethical standards of the American Counseling Association. In general, the privacy of all communications between a patient and a therapist is protected by law, and we can only release information about our work to others with your written permission. But there are a few exceptions.



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In most legal proceedings, you have the right to prevent me from providing any information about our treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused, we must file a report with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.



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Your written authorization is required for any release of information or records. It is in your best interest to give us permission to consult with your primary physician and your psychiatrist. We may also staff your case (consult) with other professional counselors in order to give you quality counseling. If you agree to these consultations, please sign here:

Signature:

Name:

Date:

All other consultations (i.e. insurance company, school personnel, etc.) will be requested by me and signed by you on a "release of information form." Mandated exceptions are court orders, imminent danger to you or another person, or suspected abuse of children, the disabled, or the elderly. An exception may also be made in the event of nonpayment of fees necessitating the use of a collection agency; however, that agency will not receive information on the content of our work together but may need to receive dates of sessions and copies of your consent to treatment forms. HIPPA Notice of Privacy Practice will be given to you on a separate form.

Please indicate where and how it is acceptable to reach you on the attached line:

Home Phone Number:

Office Phone Number:

Mobile Number:



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Consent for Treatment of Minors

"I/we consent that my son/daughter/child under guardianship under the age of 18,

Full Name:

to be treated as a client by Breathe Again Therapy."

Parents: Do not leave the office while your minor child is with his/her therapist.

You must provide a responsible adult who is to be present during your child's visit.

It is not the staff's responsibility. In addition, it may be necessary for the therapist

to speak with you at some point during your child's



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Payment

It is the policy of this office to collect payment for services as they are rendered. Special Note: If services are referred by Lyra Health please disregard 1 and 2, except, if your benefit no longer covers your session for any reason.

- 1 I accept payment through Ivy Pay for all services. A credit card will be placed on file prior to our intake session and following each session the card will be charged according to our payment agreement for clinical services. This card will also be charged the full rate for any "no call/no show" sessions.
- 2 If special financial arrangements need to be made, those arrangements must be discussed in advance of your office visit. These arrangements may not be accepted, but we can address those issues as needed. Should an account be referred to a collection agency or to an attorney for collection, the patient is responsible for all collection fees, court costs, and attorney fees in addition to the balance of the account.
- 3 Typically, my office charge is \$180 for the initial assessment session for an individual, which last about 50 mins and in some cases 10 to 15 minutes longer; and \$135 - \$150 for individual ongoing counseling sessions (45-55 min). Couple's therapy is \$200-\$250 for the initial assessment session, which lasts from 50 to 60 minutes. Weekly sessions for couples are typically 50 - 60 minutes, occasionally 65 minutes and the charge is \$150 - \$200. Lyra client's payment will be due (only) in the



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case of late cancellations, no show, or when your benefit will no longer pay for this type of event. Please review the "Communication" section carefully. Insurance clients will be provided a SuperBill to provide to their insurance company at the end of each month. However, payment before each session is needed. Reimbursement would occur between the client and the insurance provider.

- 4 Occasionally, patients may want to consult with their therapists via telephone. Phone consultations may be charged at the quarter-hour (15 minutes) rate of \$50, rounded up to the next 15-minute block for time over 15 minutes.
- 5 Holiday or crisis calls/appointments will typically be charged at a higher rate, due to the unexpected timing and arrangements needed to accommodate this urgency. The charge will be \$250 - \$400 for these requests. It is understandable that challenges will come during the most unfortunate times but using the tools from sessions is encouraged. It is also encouraged to schedule an appointment as soon as possible during regular business hours. When unable to utilize those tools and interventions, please don't hesitate to contact me. I will do my best to accommodate. If I am unable to connect through phone or appointment scheduling, please call 911 or your county's crisis or mobile crisis unit for immediate assistance and support.



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Communication and Cancellation

If you need to cancel or change an appointment, please provide your therapist at least 24 hours' notice. If you cannot give your therapist 24-hour's notice but can reschedule for the same week there will be no fee. If not, the full session price will be charged at the time you are expected for your session. We reserve the right to recommend another counselor who may be more suited to your needs (or refer you to back to Lyra), should you miss (cancel, no show/no call) more than two sessions. You will receive multiple reminders to cancel if needed. To cancel an appointment you may email, call, or text (408)763-9546. No other information will be communicated via text. If in crisis, please text that you are in crisis and a call back will be made to you as soon as possible to determine "your immediate needs." As in all processes, some calls/texts could be missed, so if this is a true emergency and you have not received a call back within 30 minutes, or you cannot safely wait, please call 911 for emergency services, call the mobile crisis unit in your area, or go to your nearest hospital emergency room.

Outcomes Data (Lyra Client's Only)

This section of the Informed Consent allows this provider to give Lyra your "preferred" email. Lyra requests client emails to share "outcomes data" and information regarding Lyra's services. Some information obtained by Lyra such as when a survey/assessment is completed will be shared with this provider as well. This information is shared to give more details to the provider to ensure client needs are fully met.



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If you are in agreement with sharing your email with Lyra, check here

If you are NOT in agreement with sharing your email Lyra, check here



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Please sign below to indicate that you have reviewed, understand, and are in agreement with the policies of this practice statement.

Client's Signature:

Client Full Name:

Signature Date:

Adult/Parent Signature:

Adult/Parent Full Name:

Signature Date:

Teen/Youth Signature:

Teen/Youth Full Name:

Signature Date:

Therapist Signature:

Signature Date: