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Agreement for Psychotherapy

This document provides information about the psychotherapy process and the business policies for Merideth Canham-Nelson, LCSW. Please take the time to read it carefully and ask about any items that seem unclear. By signing this form, you indicate that you agree to and understand the psychotherapy process and business policies between you and your therapist, Merideth Canham-Nelson, LCSW.

This document is important. Please take a moment to read it and note any questions you have before signing it. Once signed, it is an agreement between you and your therapist, Merideth Canham-Nelson, LCSW.

Informed Consent

Psychotherapy can have benefits and risks. As with most other forms of treatments, results cannot be guaranteed.

Participation in therapy can result in several benefits to you. You may experience increased insight into your patterns of feeling, thinking, behaving, and relating to others; improvement in your relationships; resolution of any symptoms that brought you into therapy; and insights, lessons, or techniques that will ameliorate current and future life challenges.

Benefits to therapy require openness on the part of the therapy client. When information about your feelings, thoughts, behaviors, relationships, or other difficulties are withheld, it is not possible for the therapist to help you with them or to help you understand how they may be related (or not) to the issue for which you are seeking treatment. Benefits also require consistent attendance in therapy and work both in and outside of therapy sessions.

Therapy involves talking about experiences in your life that may cause you to feel difficult emotions. The goal is to work through, rather than get stuck in, difficult emotions or thoughts. During the process, you may experience painful thoughts or emotions (e.g. anger, hurt, frustration, or confusion). Some people notice an immediate sense of relief when they share their pain with someone else. Others may notice that their symptoms get worse, before they begin to get better. In either case, it's important to share your reactions to therapy.

It is important to talk to your therapist about these reactions to therapy when they come up. They may be natural, tolerable, and expected reactions to your work in psychotherapy. Other times it may be

necessary or preferable to change the pace of your therapeutic work if the feelings are too uncomfortable. Or, if the treatment is not helping, it is important to talk about other treatment options.

Rates

We have discussed the following rates:

60-minute initial assessment \$175

50-minute psychotherapy sessions \$150

A sliding fee scale is also available on a limited basis. If available and applicable, we have discussed and agreed upon the following rates:

60-minute initial assessment \$_____

50-minute psychotherapy sessions \$_____

Cancellation/Late Policy

Ongoing psychotherapy typically occurs weekly for 50 minutes a session on a time and day agreed upon. Once the appointment is scheduled, you will be expected to pay for it unless you provide at least 24 business hours' notice of cancellation. If you have not shown up or communicated about being late within 15 minutes into your session time, then the session will be considered a "no show" and you will be responsible for the full fee of the session.

The credit card you have provided to remain on file with me will be charged the full rate (not only your co-pay) at the time of the missed session.

Billing

Payment is due at the time services are provided. Cash, check, and credit cards are accepted as payment.

If you do not keep your account current, I may elect to refer your outstanding balance for collection to an outside collection agent and/or agency. If your account will be referred to an outside collection agency, the cost of that service will be added to your bill. I also reserve the right to terminate services due to prolonged unpaid balances.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained via an electronic health record. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, and copies of records we send to others. You may have access to your records at any time; in the event you would like to obtain these records, please let me know.

Confidentiality

Information shared by a client during therapy sessions is confidential. This means that I do not share your information with anyone except where legally or ethically bound to do so. Those circumstances are as follows:

- I am required to report suspicion of child abuse, neglect, or abandonment
- I am required to report suspicion of elder/vulnerable adult abuse, neglect, or exploitation
- I will share important and relevant information to protect a person to whom you appear to be an imminent and/or immediate physical threat
- I will share important and relevant information to protect you from imminent or immediate

- and/or immediate physical threat to yourself
I may be required by Court Order to disclose treatment information.

Additionally, communication with me via any online or electronic means (e.g., email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. Please consider the limits of confidentiality in electronic communications outlined in more detail later.

In the event of an injury, illness, or other unexpected emergency situation that results in me becoming unavailable, your basic contact information (name and contact numbers or email) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

Confidentiality & Social Interactions

Should we run into each other socially in person or online, I will never acknowledge working therapeutically with you. To protect our relationship, I cannot accept invitations to social events or social media requests. While you are welcome to visit my professional social media pages, or website, I would discourage you from leaving messages there or “following/subscribing” simply to better protect your privacy and anonymity.

Dual Relationships

Not all dual relationships are unethical or avoidable. However sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your clinician’s objectivity, clinical judgment, or therapeutic effectiveness, nor that could be exploitative in nature.

Confidentiality of Email, Chat, Cell Phone, Video, & Fax Communication

I use secure and encrypted video software for our online sessions.

I use secure email, phone, and faxing systems. However, I want you to be aware that if you do not also use secure/encrypted programs on your side of the communication, the communications may not be secure. As a result, I start at a place of sharing as little as possible via these channels and will adapt to your comfort, with documentation, as we proceed. Security laws state that clients have the freedom to request or opt into less secure means of communication if they are aware of the risks, comfortable with them, and find it clinically helpful to do so.

I also want to acknowledge that while I regularly check in on the security of all our ways of communicating, swift advances in technology preclude my ability to be certain of our security. Just as I cannot guarantee a physical office space isn’t broken into, I also cannot guarantee the absolute security of our work online.

Please ensure that you are doing your utmost to protect your privacy by considering who has access to

your email, text messages, and so on before choosing online therapy. For example, I would discourage you from using your work email for our communications. Another way to protect your privacy is to be sure to fully exit all online counseling sessions and emails before leaving your computer.

Consultation

I consult regularly with other professionals regarding my clients to provide the best care possible; however, the client's name or other identifying information is never disclosed. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Parents & Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. For the treatment of minors, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy if requested by either party. All other communication will require the minor client's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the minor client of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Emergency & Crisis Support

I do not provide 24-hour crisis services.

As an individual provider who is not in a group practice, I am generally in a therapy session during working hours and am unavailable outside of working hours. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.

If you feel you cannot wait for a return call or if you feel unable to keep yourself safe,

1. Contact the crisis team at Natividad Medical Center 831-755-4111 (ask to speak to the crisis team),
2. Go to your local hospital emergency room, or
3. Call 911 and ask to speak with a CIT trained officer (these are police officers trained to deal with mental health emergencies).

If it is likely that you may need crisis support, let's discuss this so that I can be sure you have the level of care you need. You deserve support that matches your needs.

I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering in my absence.

Should you need physical or emotional assistance (e.g., approaching a psychological emergency but not at the threshold of needing to be hospitalized or feeling dizzy but not in need to an ambulance), I would like to be able to contact someone to assist you. Please name two emergency contacts, their relationship to you, their phone numbers, and email address. By signing below, you agree that I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

Name: _____ Relation: _____

Phone: _____ Email: _____

Name: _____ Relation: _____

Phone: _____ Email: _____

Discharge From Care

Psychotherapy is typically terminated when it becomes reasonably clear that the client no longer needs care. So that you can process the termination of the therapeutic relationship, a final appointment is helpful when ending therapy. This final appointment can be used to review your therapeutic growth, to plan next steps, and to process the termination of therapy.

If you do not show up to your appointment, and/or do not return calls or emails, it will be assumed that you are wanting to discontinue your therapeutic work and you will be discharged from care.

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 to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

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 me (the therapist) you (the client). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case or arbitration, the arbitrator will determine that sum.

Other Rights

- If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Comments will be taken seriously and handled with care and respect.
- You may also request that I refer you to another therapist and are free to end therapy at any time.
- You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.
- You have the right to ask questions about any aspects of therapy and about my specific training and experience.

Agreement

By signing below, you acknowledge you have read this agreement and the Notice of Privacy Practices (found in a separate document), understand your rights as a client, and agree to psychotherapy services under these conditions. Additionally, your signature below indicates that you understand that I, Merideth Canham-Nelson, LCSW, am an independent practitioner; therefore, the providers I contract with (e.g., my video software, my billing software, etc.) are not responsible for or involved in your (the client's) care or treatment.

Client printed name: _____

Client signature: _____ Date: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____ Date: _____