COUNSELING CONTRACT

1. Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Things may actually seem to get worse before they get better. On the other hand, counseling has also been shown to have benefits for people. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Counseling involves a commitment of time and energy. In order for the counseling process to be beneficial, the individual will have to work on things both during our sessions and outside of session.

2. The first few sessions will involve an evaluation of what brought you to services and will focus on gathering information about your current needs. It will involve completion of assessment tools and questionnaires. Your therapist will be able to discuss your symptoms with you. Collaboratively, you and your therapist will work together to establish a treatment plan. This treatment plan will describe what your goals are for counseling.

3. The therapist will only work within the boundaries of their education, training, license, certification, and/or supervised experience. Your therapist will continuously assess and evaluate your mental health status throughout the course of the therapeutic relationship. If at any point in time the therapist determines that your situation requires intervention beyond what he/she can provide, you will be referred out for that service. Please note that in order for the therapist to remain ethically competent, he/she may need to terminate services completely and refer you out to a more appropriate resource (e.g. general medical doctor, psychiatrist, specialist). If this were to occur, your therapist would discuss this with you.

4. You will be offered 12-16 sessions. If clinically necessary, sessions can be extended and will be discussed further.

5. In order for counseling to be effective, regular and punctual attendance is essential. If you cannot keep an appointment, we kindly ask that you call and cancel with a 24-hour notice, when possible. Please note that if three sessions are missed without informing us, your case may be terminated.

6. All sessions with your therapist will be an average of 45 minutes.

7. Your therapist will cancel counseling or group sessions if you are under the influence of any drug or alcohol.

8. All services are voluntary. You have the right to participate in services and may withdraw consent at any time.

9. You may request a copy of your records in writing, excluding progress notes. Your therapist can prepare a treatment summary/report, which will be released, to you and/or other party after securing a signed authorization. It is necessary to provide your therapist at least a 30-day notice to prepare this document. There may be a fee to request such documents.

10. Treatment may be provided by an Associate Clinical Social Worker or Master of Social Work student intern. He/she will be working under the supervision of an Associate Clinical Social Worker or license of a Licensed Clinical Social Worker. Please note that your case will be discussed and shared with the Clinical Supervisor for the purposes of supervision and training of the social work intern. The Associate Clinical Social Worker and the Licensed Clinical Social Worker will also uphold the ethical and legal confidentiality requirements for your case. You may reach a Licensed Clinical Social Worker at 714-665-9890 regarding supervision of your treatment__________ (Client initials).
11. It is your responsibility to be aware of your Medi-cal/ insurance plan, co-payment coverage, or applicable deductible at the time of service.

12. In order to maintain a policy of respecting a client’s right to privacy and confidentiality, all client documents are kept in electronic password protecting, which systems that are HIPAA complaint.
   - If we have any reason to suspect any child under the age of 18, an elderly over the age of 65, or depend adult is a victim of physical, sexual, emotional abuse and/or neglected, we are required by law to report to the appropriate authorities. This may include children witnessing domestic violence.
   - If we determine that you are in a danger to yourself or are gravely disabled, limited information may be shared with family members and/or other professionals to provide needed care.
   - If we determine that you pose a serious threat of harm to others we are required to report to law enforcement.
   - If we are required in response to court subpoenas and court orders to release information, please review HIPAA documents for more information.
   - Other than these legally required limitations, the therapist will not release any information about you to any person without your written consent.

13. MINORS: If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. If the therapist feels there is a high risk that you will seriously harm yourself or someone else, then your parents will be notified of this concern as will other necessary agencies. The therapist may also provide your parents with a summary of your treatment when it is complete or discuss with them your treatment goals and progress in treatment. Before giving them any information, the therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have.

14. Termination: When you come to the end of treatment, counseling will also be terminated. At this time approaches, your therapist will begin discussing your progress in treatment with you and may offer you referrals or resources for continued treatment services in the community.

The therapist will have the right to terminate counseling under the following conditions:

1. Counseling is no longer beneficial to you.
2. Another professional will better serve you.
3. If the therapist determines during the first three sessions that the services required are outside the scope of competence. We will assist you in finding someone qualified. If we have your written consent, we will provide that professional with information they request.
4. If you are verbally, emotionally or physically abusive to the therapist.

Please note we do not have after hour support. Should you need assistance, please call 911 or go to the nearest hospital.
Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. You understand the limits of confidentiality. You agree to keep your therapist fully up to date about any changes in your feelings, thoughts, and behaviors.

____________________________________________________________________

Client printed name      Signature      Date

Client Signature or Parent/Guardian

I, the therapist, have discussed the issues above with the client, my observations of this client’s behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

____________________________________________________________________

Therapist printed name/Title/Lic. No      Signature      Date