

## **Informed Consent**

This Informed Consent Form is intended to provide sufficient information for you to make informed choices about entering and continuing therapeutic treatment. The specifics of the treatment goals and the steps to achieve these goals will be discussed at the first appointment. Your participation and understanding of the treatment goals is essential for the best benefit of therapy.

### **YOUR THERAPIST**

Your therapist, Julie Castagnola, is a Registered Associate Marriage and Family Therapist, #102980. Julie's practice is conducted under the supervision of a licensed mental health professional. Her clinical supervisor is: Nicole Kahn, Licensed Marriage & Family Therapist, #42737. At an appropriate time, your therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests, and professional orientation.

### **INFORMATION ABOUT THIS PRACTICE**

The name of this practice is Mindful Guides, A Marriage & Family Therapy Corporation. This is a Marriage & Family Therapy Professional corporation and operated by individual therapist, Nicole Kahn, #42737.

### **WHAT TO EXPECT – BENEFITS AND RISKS**

There are benefits and risks in seeking individual, marital or family therapy. Some of the potential benefits of therapy include developing your ability to handle or cope with your relationships and providing you with greater insight into your personal goals and values. In working to achieve these benefits, however, you may address issues or make changes that you may experience as distressing. These risks of therapy include, but are not limited to: feelings or circumstances becoming worse before they get better; changes in your emotional state, such as feelings of depression or anxiety; the possibility of hallucinations or dissociations; changes in perception or behavior; and changes in occupational, social, or personal relationships.

### **RIGHTS OF CONFIDENTIALITY**

Your therapist pledges to uphold privacy and confidentiality concerning your treatment process and records as outlined by California Statute. Julie will do everything within her power to protect the physical records of treatment and the information contained therein, including safeguarding their use, transportation and storage. It is understood that all information between client and therapist is held strictly confidential, and the therapist will not release any information about therapy unless permitted by law or:

1. It is agreed upon in writing and complies with State Laws.
2. The client presents an imminent danger to self.
3. The client presents an imminent danger to others.
4. Child/Elder abuse/neglect is suspected.
5. As necessary for continuity of care.
6. If a judge determines that our discussions are not confidential, a judge may request specific information.
7. As requested by a court appointed attorney for a child involved in court proceedings.

It is understood that in cases #2, #3, and #4, the therapist is required by law to inform potential victims and legal authorities so that protective measures can be taken. If I participate in group counseling, I agree not to discuss any details of the group outside of the counseling sessions.

### **THE USE OF SOMATIC EXPERIENCING®**

When appropriate, and according to my clinical judgment, I will (or may) propose the use of Somatic Experiencing® (SE) in our work together. SE is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms

to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in "immunity" to trauma that enables them to return to normal in the aftermath of highly "charged" life-threatening experiences. SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma. SE's guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged. SE may employ touch in support of the renegotiation process. SE "titrates" experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism. For more detailed information about SE, please request references from me.

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative side effects, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of our work together. It is important you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you, such as EMDR, Sensorimotor Psychotherapy, or Bodydynamics. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from. My own education and training in SE includes becoming a certified SE Practitioner and a certified SE Touch Practitioner. It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about SE or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at all times, or to refuse touch, SE techniques, or any other intervention I may propose.

### **ELECTRONIC COMMUNICATION DISCLOSURE**

Sensitive, clinical information is to be discussed over the phone or in-person as deemed appropriate by the therapist. For appropriate e-mail or text communication therapist will do her best respond to your e-mail or text within 24 hours. Potential risks of using electronic communication may include, but are not limited to; inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, e-mail or text communication may become part of the clinical record. You may be charged for time the therapist spends reading and responding e-mail or text messages.

### **PATIENT CONSENT TO RELEASE OF INFORMATION**

I consent to information release about my case (or my child's case) with the referral source. Where applicable, I further consent to the release of information to my health plan for claims, certification/case management/quality improvement and other health plan purposes.

### **GENERAL CONSENT FOR TREATMENT**

I further authorize and request that my therapist carry out treatment that now or during the course of my care as a client are advisable. I understand that the purpose of these treatment practices will be explained to me upon my request and are subject to my agreement.

### **GENERAL CONSENT FOR TREATMENT(If client is a child or dependent)**

On the patient's behalf, I (the legal Guardian or Legal Representative) legally authorize Julie Castagnola to deliver mental health care services to the client. I also understand that all policies in this statement apply to the client I represent. **I acknowledge that my child's records are considered confidential except in the above stated exceptions.**

**EQUAL CARE** Equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, gender identity or gender expression.

**NOTICE TO CLIENTS**

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling (916) 574-7830.

**HELP FOR EMERGENCIES**

In the case of an emergency, please call 911 or the crisis line at (888) 724-7240. You may attempt to contact Julie for emergency assistance and she will do her best to return your call promptly, however she cannot guarantee to see you as soon as you need. You also may attempt to contact Julie’s supervisor, Nicole Kahn, #42737 at (858) 442-5548, however she cannot guarantee to see you as soon as you need.

**SESSION FEES**

The fee for a 50-minute individual therapy session is \$100, the fee for a couple’s session is \$125, payable to Mindful Guides. Therapeutic services delivered over the phone are subject to the same hourly rate as regular sessions and will be billed on a pro-rated basis. Fees are re-evaluated and subject to change every six months. Julie Castagnola is determined to provide psychotherapy to those for whom these fees are out of reach. Please discuss any financial concerns you may have with Julie during the initial consultation.

**PAYMENT POLICY**

Payment in full is expected at the time of service, unless alternate arrangements are mutually agreed upon. Payment is accepted in the form of cash, check, or credit card only. All checks returned for non-sufficient funds (NSF) are subject to a \$20 returned check fee. You are responsible for making any payments due in a timely manner. If you anticipate difficulty in paying your balance, please discuss the situation with Julie Castagnola to work out a repayment schedule that will not cause undue hardship for either party. Your account will be considered delinquent if a balance remains after two months from the date the fee is assessed. If your balance remains delinquent for more than four months and you have not attempted to make satisfactory arrangements with your therapist, the account will be considered defaulted. It may be forwarded to a collection agency and you will be responsible for all court costs, attorney fees, interest, and related damages or expenses associated with pursuing payment of the balance.

**CANCELLATION POLICY**

The time for which your appointments are scheduled has been reserved for you. You are required to give notice of cancellation at least 1 full business day prior to a scheduled appointment. If you do not give 1 full business-day notice or fail to show for a scheduled appointment without prior notification, you will be charged the full session fee. Exceptions can be made in the event of an emergency *only*; however, you are asked to call as soon as possible to inform your therapist of the circumstances. Your therapist will provide an appointment card so you can verify the times and dates, unless the appointment is made over the phone or you decline to receive one. Please understand that your insurance company will not pay for missed or cancelled sessions.

**ACCEPTANCE OF POLICIES**

Your signature represents a statement that you have read and understood the information above and as outlined by me, Julie Castagnola, have received a copy of this Informed Consent form, have been made aware of your rights and the privacy practices of this office, agree to comply with fees and policies and consent to the therapy process as described above. You have the right to withdraw your consent for treatment at any time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if client is under 18)

\_\_\_\_\_  
Date