Bonnie Rose, M.A., L.M.F.T.

License #32633

www.BonnieRose.com

Consent for Evaluation or Treatment

I would like to welcome you to my counseling office. Please take a moment to review some information you are entitled to know before receiving psychological services. If you have any questions, please feel free to ask:

About Me

I am a Marriage and Family Therapist licensed in California by the Board of Behavioral Science Examiners and hold a Bachelor of Arts Degree in Art History from the University of California at Los Angles and a Master of Arts Degree in Clinical Psychology from Pepperdine University. In addition, I am a retired adjunct professor in the department of psychology at Los Angeles Pierce Community College. Our work in my private practice is independent of my Los Angeles Community College affiliation.

Confidentiality

Your right of privacy in a psychological consultation is protected by law and recognized by professional codes of ethics. Even the fact that you have consulted me cannot be revealed without your written permission, and in general, any information you disclose to me will be maintained in the strictest confidence, unless you authorize its release.

However, there are some specific conditions under which the release of confidential information is required by law or by professional standards or practice. For instance, confidentiality cannot be maintained if you are in immediate danger to yourself or to someone else or to property, and steps must be taken to assure your or another's safety. Also, any clinician who hears that a child or elder person is being or has been physically or psychologically abused or severely neglected is required to report this information to a designated agency. Also, confidentiality cannot be maintained if a court orders information released under certain legal circumstances. Other possible limitations to confidentiality will be explained if I become aware that any specifically apply to you. If I must disclose information you have shared with me to anyone else, I will make every effort to discuss this with you before I do so.

If you are consulting me as part of a couple, please be advised that I will help you bring information to our couples sessions you have shared with me in an individual session rather than disclose it myself. This approach helps maintain trust which is essential to our working together successfully. Please also be advised that information from a couples' session cannot be disclosed to anyone else without permission from both of you (unless of course there is a court order to do so).

About insurance or managed care programs: Filing an insurance claim discloses that you have sought evaluation or treatment, and almost always require the specification of a psychiatric diagnosis. Managed care programs often require detailed information about diagnosis and treatment. No information will be released to your insurance or managed care company until I have discussed it with you.

I am the only one who listens to voicemail messages you may leave for me. Office assistants who perform billing services may be aware of information such as your name, address, dates of service, and diagnosis code, but are never aware of any information from your sessions with me. All assistants are carefully trained and supervised about their duty to maintain confidentiality.

It is standard professional practice for a treating clinician to consult with colleagues about issues in evaluation and treatment. In such consultations, no information will be revealed which could identify you.

Brief written records of our work together contain information about your appointment attendance, billing, evaluation information, treatment plan, and clinical status and progress. Records are kept in locked files. After the end of your treatment, they are maintained in full for 7 years in case you should need them sent to a subsequent clinician. If I am no longer in practice and you need your records sent, please contact my colleague, Susan Pomeranz, LMFT who would then maintain them.

Office Hours

I am in my office Monday through Friday. I retrieve and attempt to return telephone messages at least twice each day. If you need to reach me because you have a truly urgent problem, please email me at Bonnie@Bonnierose.com and I will respond as soon as I can. As technology can fail, please email me again if you have not heard from me in a reasonable amount of time. If you urgently need clinical help before I respond to you, you can go to any hospital emergency room for help. I will let you know in advance if an occasion arises when I will not be personally available and am sharing clinical support coverage with colleagues.

Payment and Insurance

Payment for psychotherapy sessions should be made at the beginning of each session. Payments can be sent to my Venmo address (@Bonnie-Rose-28), Zelle, or Paypal accounts, or mailed to my Ojai office address.

If I am accepting payment from your insurance company directly, it is understood that you remain fully responsible for payment of the total charges, and that if your insurance company does not provide full payment, you agree to pay the outstanding balance no later than two weeks after being informed by me of the balance due.

Please read your policy carefully and call your insurance company to confirm.

If you have not met your deductible, my contracted rates will apply until your deductible has been met.

Clients who carry insurance should remember that services are rendered and charged to you, the client, and not the insurance company. You are, therefore, ultimately responsible for charges not covered by insurance.

If you are consulting me as part of a couple, each of you is individually responsible for payment.

Are these procedures acceptable to you? Please circle: Yes / No ____ Initial.

Cancellation

Health Insurance Clients: If you cancel your session or do not show up, you will be charged for the scheduled session. The scheduling of a session involves a reservation of time specifically for you. Please note that insurance companies do not reimburse for missed sessions.

Private Pay Clients: If you cancel your session less than 48 hours from your scheduled appointment time, you will be charged the agreed upon rate for the session.

These policies apply even in the event of illness or other personal emergency.

I may, on occasion, ask you to change appointment times in order to tighten my schedule or to accommodate another client in an emergency. When I call, if this is a problem for you, don't hesitate to let me know. You have priority on the time that has been scheduled for you.

Are these procedures acceptable to you? Please circle: Yes / No ____Initial.

My Fee

Consultation is billed at the rate of $150.00 per 60 minutes for individual therapy and $175.00 per 60 minutes for couples/family therapy. EMDR sessions are billed at the rate of $225.00 per 90 minutes. Under certain circumstances, a reduced fee may be available and agreed upon prior to the commencement of therapy.

Special services such as report writing, hospital visits, and court appearances are billed at the hourly fee. Phone calls requiring consultation of more than a few minutes are billed at the session rate by calculating the rate into a per/minute rate. Phone calls requiring an appointment change, brief information, or requests by the therapist as a check-in are, of course, not charged. If you are not clear if a call will be charged for, please ask.

Are these procedures acceptable to you? Please circle: Yes/No ____Initial.

Insured's or Authorized Person's Signatures:

I have read and we have discussed the information in this form, and I have had sufficient opportunity for my questions to be answered so that I understand our agreement. I consent to this evaluation or psychotherapeutic treatment. I understand that I may withdraw from treatment at any time.

Date_____ Client Signature _____

If client is a minor, parent/guardian

I hereby assign my insurance benefits to be paid directly to the psychotherapist and I am financially responsible for non-covered services. I also authorize the psychotherapist to release any information required to process this claim.

Date_____ Client Signature _____

If client is a minor, parent/guardian