

Counseling Arizona

8600 E Via de Ventura, Suite 202, Scottsdale, AZ 85258

602-992-4318

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Office Policies & General Information Agreement for Services

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone outside of Counseling Arizona without your written permission except where disclosure is required by law. Counseling Arizona staff members, including our administrative support staff as well as Valerie Dawson, LCSW, the owner and manager of our organization will have access to pertinent information regarding scheduling, payments, and coordination of treatment.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Erin Spielman that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Erin Spielman. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Erin Spielman will use her clinical judgment when revealing such information. Erin Spielman will not release records to any outside party unless s/he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client, unless she is required by law. While I will do my best to seek your authorization to release the requested information regarding our psychotherapy from you first, in some situations a judge can order the release of the records of your psychotherapy with me or may order me to testify in regard to our therapeutic work.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where Erin Spielman becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

LITIGATION: Sometimes patients become involved in litigation while they are in therapy or after therapy has been completed. Sometimes patients (or the opposing attorney, in a legal case) want the records disclosed to the legal system. Due to the nature of the psychotherapeutic process and the fact that it often involves making a full disclosure with regard to many matters, clients' records are generally confidential and private in nature. Patients should know that very serious consequences can result from disclosing therapy records to the legal system.

Such disclosures may negatively affect the outcome of custody disputes or other legal matters and may negatively affect the therapeutic relationship. If you or the opposing attorney are considering requesting Erin Spielman's disclosure of the records, Erin Spielman will do her best to discuss with you the risks and benefits of doing so. As noted in this document, you have the right to review your own psychotherapy records anytime. (See also relevant section above: "WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW")

E-MAILS, CELL PHONES, TEXTS, AND COMPUTERS: It is very important to be aware that computers and unencrypted emails, and texts can be accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communications. Emails and texts are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. If you communicate confidential or private information via unencrypted emails, texts or phone messages, Erin Spielman will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of Erin Spielman's profession require that she keep treatment records for at least 7 years. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Unless otherwise agreed to be necessary, Counseling Arizona retains clinical records only as long as is mandated by Arizona law. If you have concerns regarding the treatment records, please discuss them with Erin Spielman. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Erin Spielman assesses that releasing such information might be harmful in any way. In such a case, Erin Spielman will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Erin Spielman will release information to any agency/person you specify unless Erin Spielman assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, Erin Spielman will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Erin Spielman between sessions, please leave a message at 602-992-4318. Please understand that your call will be returned as soon as possible, but that she may not be available to return the call within 24 hours if she is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the Magellan Crisis Line at 800-327-7475 or 911. Please do not use email or faxes for emergencies.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$175 per 50-minute therapy session or \$275 per 80-minute therapy session at the time of each session. Telephone sessions/conversations, writing and reading of reports, consultation with other professionals, etc. will be charged at the same rate of \$3.50 per minute, billed in 15-minute increments, unless agreed upon otherwise. Please notify Erin Spielman if any problems arise during the course of therapy regarding your ability to make timely payments. Please note that Erin Spielman is out of network with insurance companies and so all services are private pay.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Erin Spielman will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. Erin Spielman may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, Erin Spielman is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to cognitive-behavioral, trauma-focused, DBT, solution-focused, system/family, hypnotherapy or psycho-educational. Erin Spielman provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice. Erin Spielman is a Licensed Master Social Worker with the state of Arizona.

NOTIFICATION OF CLINICAL SUPERVISION:

Erin Spielman is a Licensed Master Social Worker (License: LMSW-12581). As Erin Spielman is working towards her advanced license as a licensed clinical social worker in Arizona, she receives regular clinical supervision from Valerie Dawson (License: LCSW-0547) at this office located at 8600 E Via de Ventura, Suite 202, Scottsdale, AZ 85258 in accordance to the state of Arizona licensing laws for licensed social workers

As a clinical supervisor, Valerie Dawson, LCSW will have immediate, unrestricted access to Erin Spielman's clinical files, with or without my knowledge, in order to complete ongoing compliance reviews to ensure that I am maintaining appropriate documentation. On occasion, Valerie Dawson, LCSW-0547 will also be able to observe my clinical skills through the practice of live observation. Valerie Dawson, LCSW-0547 has agreed to maintain patient confidentiality. Please feel free to contact Valerie Dawson, LCSW-0547 at 602-992-4318 or Erin Spielman at 602-992-4318 with any questions or concerns.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, Erin Spielman will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Erin Spielman's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: As set forth above, after the first couple of meetings, Erin Spielman will assess if he can be of benefit to you. Erin Spielman does not work with clients who, in her opinion, he cannot help. In such a case, if appropriate, she will give you referrals that you can contact. If at any point during psychotherapy Erin Spielman either assesses that she is not effective in helping you reach the therapeutic

goals or perceived you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, she would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, Erin Spielman will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Erin Spielman will give you a couple of referrals that you may want to contact, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy and communication at any time. If you choose to do so, upon your request and if appropriate and possible, Erin Spielman will provide you with names of other qualified professionals whose services you might prefer.

SOCIAL NETWORKING AND INTERNET SEARCHES: Counseling Arizona therapists do not accept friend requests from current or former clients on social networking sites, such as Facebook and Instagram. We believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, we request that clients not communicate with us via any interactive or social networking web sites.

AUDIO OR VIDEO RECORDING: Unless otherwise agreed to by all parties beforehand, there shall be no audio or video recording of therapy sessions, phone calls, or any other services provided by Erin Spielman (unless it is discussed with you first and you give consent for clinical supervision purposes).

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully, including the notification of supervision of Erin Spielman by Valerie Dawson, LCSW-0547, and consent to ongoing and unrestricted access to this clinical oversight/supervision.

I understand them and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Psychotherapist's Signature _____ Date _____