

Rana Betting, MFT

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Disclosure Statement & Agreement For Services

This form provides you (client) with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA pre-emptive analysis.

Fee for Service & Insurance Reimbursement:

Clients are expected to pay the standard fee of **\$100 per 50 minute session** at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify the therapist (Rana Betting) if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your (the client's) responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I may use legal or other means (courts, collection agencies, etc.) to obtain payment.

Health Insurance & Confidentiality of Records:

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break-in's and unauthorized access. Medical data has been also reported to be legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position. I will communicate only the minimum necessary information to the carrier. The therapist has no control or knowledge over what insurance companies do with the information she submits or who has access to this information.

Confidentiality:

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in marital or family therapy, your therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that your therapist utilizes a "no-secrets" policy when conducting family or marital/couples therapy.** This means that if you participate in family, and/or marital/couples therapy, your therapist is permitted to use information obtained in an individual session that you may have had with her, when

working with other members of your family. Please feel free to ask your therapist about her “no secrets” policy and how it may apply to you.

Minors and Confidentiality:

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, your therapist, in the exercise of her professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their therapist.

When Disclosure Is Required By Law:

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child, dependent adult or elder abuse or neglect. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

When Disclosure May Be Required:

Disclosure may 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 the therapist. 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. The therapist will use her clinical judgment when revealing such information. The therapist will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment.

Appointment Scheduling and Cancellation Policies:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours 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. Sessions are typically scheduled to occur one time per week at the same time and day if possible. The therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Please understand that your insurance company will not pay for missed or cancelled sessions.

Therapist Missed Sessions:

Occasionally, I may be caught in an emergency for which I have to cancel or miss a session without 24 hours notice to you. As I believe that your time is no less valuable than mine, I will make it up to you by not charging for our next session together.

Therapist Communications:

Your therapist may need to communicate with you by telephone, mail, or e-mail. Please indicate your preference by initialing one (or more) of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

____My therapist may call me at my home. My home phone number is: () _____

____My therapist may call me on my cell phone. My cell phone number is: () _____

____My therapist may call me at work. My work phone number is: () _____

____My therapist may send mail to me at my home address.

____My therapist may send mail to me at my work address.

____My therapist may communicate with me by email. My email address is: _____

Telephone & Emergency Procedures:

If you need to contact me between sessions, please leave a message on my voicemail at (510) 506-5076 and your call will be returned as soon as possible. I check my messages frequently during business hours, unless I am out of town. I am not able to return phone calls after 8 p.m. or on Saturday and Sundays. You can also send an email (ranabetting@gmail.com) stating that wish to receive a phone call in return. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call one of the following 24-hour hotlines: the Alameda County Crisis Hotline: (800) 309-2131, the National Hotline (800)-SUICIDE, or the Police: 911. Please do not use e-mail for emergencies. I may not always check my e-mail daily.

Additional Emergency Information:

If there is an emergency during our work together, or in the future after termination where the therapist 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.

E-Mails, Cell Phones, and Computers:

It is very important to be aware that computers and e-mail and cell phone communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the therapist's e-mails are not encrypted. The therapist's computers are equipped with a firewall, a virus protection and a password and she also backs up all confidential information from her computers onto encrypted CD's on a regular basis. The CD's are stored securely off-site. Please notify the therapist, as listed above, if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail or cell-phone. If you communicate confidential or highly private information via e-mail, the therapist 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 she will honor your desire to communicate on such matters via e-mail. Please do not use e-mail for emergencies.

Discussion of Treatment Plan:

Within a reasonable period of time after the initiation of treatment, the therapist will discuss with you (client) 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, the therapist'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. If you could benefit from any treatment that the therapist does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Records and Your Right to Review Them:

Both the law and the standards of the therapist's profession require that she keep appropriate treatment records. The therapist retains clinical records only as long as is mandated by California law. If you have concerns regarding your treatment records please discuss them with the therapist. 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 the therapist assesses that releasing such information might be harmful in any way. In such a case the therapist 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, upon your request and signed authorization, the therapist will release information to any agency/person you specify unless the therapist 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, the therapist will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

Litigation Limitation:

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's) nor your attorney's, nor anyone else acting on your behalf will call on the therapist (Rana Betting) to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

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 precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist (Rana Betting) and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Alameda County, CA in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, the therapist may use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

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. It is your therapist's intention to provide services that will assist you in reaching your goals. 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, behavior, and/or somatic patterns. The therapist will work with you as a partner, asking 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, or experiencing anxiety, depression, insomnia, etc.

The therapist 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. You have the right to agree or disagree with your therapist's recommendations and/or opinions.

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 can also be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

During the course of therapy, the therapist is likely to draw upon various psychological, somatic, and transpersonal 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, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic, psycho-educational, transpersonal, somatic experiencing, etc. The therapist provides neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice. No somatic intervention by the therapist should be construed to be a medical treatment or diagnosis. Somatic interventions should be seen for what they are, educational in nature.

Consultation:

I consult regularly with other professionals regarding my clients; however, the client's identity remains completely anonymous, and confidentiality is fully maintained.

Confidentiality in Group Therapy:

In group therapy, it is of the utmost importance that all members maintain confidentiality and disclose neither the content of sessions nor the identity of fellow group members. It is highly recommended that any meaningful exchange outside the group also be discussed in the group. In group therapy, the other members of the group are not therapists. They are not regulated by the same ethics and laws that bind the therapist. The limits of confidentiality and the reporting laws have been outlined earlier in this document. While the expectation is that all group members will maintain confidentiality, you cannot be certain that they will always keep what you say in the group confidential. You are ultimately responsible for what you say and what you think, feel, or do with the feedback you receive in the group.

Dual Relationships:

Not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs the therapist's objectivity or clinical judgment, or can be exploitative in nature. The therapist will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. You may bump into someone you know in the waiting room or into your therapist out in the community. The therapist will never acknowledge working with anyone without his/her written permission.

The therapist will discuss with you, her client(s), the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to the therapist if the dual or multiple relationship become uncomfortable for you in any way. The therapist will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or the welfare of the client and of course you can do the same at any time.

Termination:

As set forth above, after the first couple of meetings, the therapist will assess if she can be of benefit to you. The therapist does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals who you can contact. The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. **You have the right to terminate therapy at any time.** If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Session Guarantee: As a small business it is my total intention to provide my clients with as much or more value as is provided by your financial remuneration to me. As such, I offer an unconditional money back guarantee for each session. If for any reason you feel that you did not receive the full benefit of the services I contracted to provide in a given session, you have only to bring up the subject, state your reasons for believing that you did not receive this value, and you will be excused for payment for that session. This guarantee is not retroactive to previous sessions.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, (total 6 pages) I understand them and agree to comply with them:

Signature: _____ Date: _____

Print Name: _____

(If more than 1 client, e.g., spouse, minor, or guardian)

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____