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## New Client Information and Treatment Agreement

Congratulations on your decision to participate in therapy. Together, I believe we can find new and important ways to deal with your feelings, relationships and hardships. I look forward to working with you. The following is a treatment agreement that allows me to offer this service to you. Please read it carefully and be sure to ask for clarification if it doesn't make sense.

**Confidentiality:** All information shared in session is confidential. Information discussed in therapy will remain private except with your permission or the permission of your legally authorized representative or unless an applicable legal or ethical exception exists. As a therapist, I am required by law to report any suspected child, elder or dependent adult abuse, and any situation where the client threatens violence to an identifiable victim. The law also permits the therapist to break confidentiality when the client presents a danger of violence to others or is likely to harm him or herself unless protective measures are taken. In addition, disclosures may be required in certain legal proceedings and actions.

Most insurance agreements and managed health care plans require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. If sharing this information with a third party worries you, we can discuss opting out of using your mental health insurance.

**Fees:** Payment will be based on our agreement. If we use your mental health coverage, the health insurance company determines the rate per hour. If you are paying me the contracted rate, I will provide you with a superbill for reimbursement from your insurance company. If for any reason, however, your insurance company does not pay, you will be responsible for the full fee.

Psychotherapy sessions without insurance are \$140. per 55 minute hour. Your payment or co-payment is to be paid in full at the time services are rendered.

Fees may be charged for other professional services such as report writing, preparation of special forms, court appearances, telephone consultations over 10 minutes, school, expert or home visits. The fee for these services is \$150. per hour (pro-rated) and is not covered by insurance. If court appearances are necessary, they require a minimum \$2000. fee for half a day.

**Appointments:** Your time has been reserved for you. Once the appointment is scheduled, you are responsible for your full fee unless you cancel 48 hours prior to your appointment. Insurance and managed care plans do not pay for late cancellations.

**Treatment of Minors as Individual Clients:** When a client who is a minor is in individual therapy, the parent or legal guardian has the right to ask for information about the minor's therapy. The therapist, acting in the best interest of the minor client, has the right to limit the amount of information disclosed.

If the client is a participant in any legal proceedings, raising the protection of all client/therapist communications to "privileged," then no disclosure will be made of any of the contact of therapy except by written waiver of privilege, given in writing by the parent, guardian or other lawful representative acting on behalf of the minor client.

**Telephone contact:** I return phone calls to my office line, (510) 841-3922 on the following workday as allowable. If you need to contact me the same day, call my cell at (510) 847-6736, Monday through Friday, 8am to 6pm. Any lengthy time spent on the phone will be charged to your account. If I am gone for an extended period, another therapist will be available to assist you.

**Emergencies:** After hours and weekends, if something is urgent, please utilize your local hospital, the Youth Crisis line at (800) 843-5200, the Crisis Line at (800) 833-2900 or call 911.

**Termination:** Our therapeutic relationship continues as long as I am providing professional services, or until you inform me, in person or in writing, that you wish to terminate therapy. I may also notify you that I may have to terminate therapy. The client agrees to meet with me at least once before stopping therapy.

Please sign below to indicate that you have read, understood, and agree to the above terms and conditions and have received a copy of this agreement.

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signature of client

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date of agreement

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signature of client

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date of agreement