



## OAK CREEK RELATIONAL COUNSELING CENTER CLIENT INFORMED CONSENT

### 1. Psychotherapy

Services at Oak Creek Relational Counseling Center (OCRCC) are performed by Registered Marriage and Family Therapists, Associates and Trainees. Under the supervision of Steve Polin, LMFT #7861, Director of OCRCC. Associates generally leave the agency after receiving their licenses. At this point, if you wish to continue working with your therapist, you can continue with them at their new setting or you can choose to be referred to another therapist at the Center. Trainees at times may wish to record their sessions for training purposes. By signing below, you are agreeing to be audio recorded.

### 2. Fees

Fees are \_\_\_\_ per 50 minute session. You and your counselor will set your fee at the first session. The fee is due at each session unless otherwise agreed upon with your counselor. We take the following currency. visa, MC, American Express, cash, check, Venmo or Zelle.

Credit cards you can call me, and I will enter it into the system for you. Check please put my name in the memo. We take the following currency. visa, MC, American Express, cash, check or Zelle.

Credit cards: I will enter it into the system for you. Checks: please put my name in the memo. Checks should be made payable to OCRCC. Returned checks are subject to a return check fee of \$20. Cash you would need to drop off at the office or hand to me. Zelle you can send to [counselingoakcreek@gmail.com](mailto:counselingoakcreek@gmail.com).

### 3. Cancellations

4. Clients are expected to attend all scheduled appointments and will be charged fees for missed appointments. Office policy is a 24-hour notice to cancel appointment. The specific cancellation policy for missed sessions will be agreed upon between you and your therapist.

### 5. Communication

Your therapist will give you their confidential voice mail number during the initial session. Please use that number for messages. If for some reason you cannot reach your therapist that way, please call the agency's answering machine at 888-637-7404.

## **6. Confidentiality**

Any and all information shared between you and your therapist is confidential and will only be shared under the following conditions.

1. Therapist share session information with their supervisors and OCRCC clinical staff for the purposes of training.
2. You authorize the release of information in writing for the purposes of consultation.
3. Therapists are required by law to report child, elder or adult dependent abuse to the appropriate agency.
4. Therapists are required to intervene appropriately with threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
5. A court of law subpoenas information for a legal proceeding.

## **7. Your Rights**

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

## **8. Courts**

"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. I agree that neither I nor my attorney nor anyone else acting on my behalf will call on (\_\_\_\_\_) to become a witness to testify in court, communicate with child custody evaluator/s, or any other proceeding, or request a disclosure of the psychotherapy records."

## **9. Notice to Clients**

The Administrator, (Patty Filomeo) of the Oak Creek Relational Counseling Center (OCRCC) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at OCRCC. To file a complaint, contact Patty Filomeo, Tel: 925-822-5937, Email: [OCRCCpfilomeo@gmail.com](mailto:OCRCCpfilomeo@gmail.com), [www.oakcreekcounseling.org](http://www.oakcreekcounseling.org). or 2100 Monument Blvd. Ste.7, Pleasant Hill, CA 94523. The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals

licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board's online license verification feature by visiting [www.bbs.ca.gov](http://www.bbs.ca.gov)

By signing this, my signature indicates that I have read this statement and consent to treatment. You have a right to request and receive a copy of this Consent for Treatment form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_