

The Women's Corner

Allison Nurse-Hofer, LMFT, MA, MBA

2730 Wilshire Blvd ste 650

310.205.2655

INFORMED CONSENT CONTRACT

This informed consent contract is meant to facilitate our working relationship and give you a clear understanding of the policies and practices by which my office is operated. Please note the terms "I" and "my" below refer to Allison Nurse-Hofer, LMFT, MA, MBA and the terms "client" and "you" refer to the new client. The terms "we" and "our" refers to Allison Nurse Hofer, LMFT, MA, MBA and the new client. Please feel free to ask questions if you are unclear about anything mentioned below.

Welcome to The Women's Corner!

The Spa for Your *Inside!*

The Women's Corner is a safe place for you to come and take a deeper look at whatever is causing you to feel conflicted, overwhelmed, stressed or depressed. It's a place where you can let go and feel unconditionally supported while gaining insight and understanding about yourself, your current circumstances and your path moving forward. Together we work to *nourish your soul and ignite your spirit!*

Appointments

I meet with clients one or more times per week for a minimum of 50 minutes. Unless a specific change is requested, our sessions will always be held on the same day and at the same hour.

Fees & Payment

The fee for your sessions is \$_____ per _____ minute therapy session. I reserve the right to periodically adjust the fee. You will be notified of any fee adjustment in advance.

Payment is due in full at each session or in advance. Cash, check and major credit cards are accepted. Please note, there is a processing fee for credit card payments.

Insurance

I do not accept insurance and do not bill insurance for treatment. Insurance claims and reimbursements are your responsibility. However, if requested, I will provide you with a monthly record of payment that you can submit to your insurance company for possible reimbursement.

Benefits of Paying Privately

Paying privately allows us much more privacy and control in our work together. For sessions to be authorized within a managed care system, a therapist must fill out a detailed progress report indicating the client's mental status, level of functioning, progress, family relationships etc. There often needs to be a diagnosis that indicates a "psychological disorder" rather than situational, relational, family or couple's issues. Once I send the report, it becomes a part of your permanent record. A case manager on the insurance panel decides whether or not to approve the submission and authorize sessions for you. If sessions are authorized, the number of sessions is often limited even if you and I feel you could benefit from more work.

Cancellations

The time that we agree to meet is set aside for you. Your consistent attendance plays a large part in how successful your sessions will be. If you have to cancel for any reason **notice must be left on my voice mail no later than 11am the day prior to your scheduled appointment** in order to avoid being charged your full fee. If you have a Monday session, notice must be given by the previous Friday at 11am. Exceptions are only made for unforeseen emergencies and truly extenuating circumstances.

If there are repeated cancellations, or "no shows" without emergency or extenuating circumstances, I reserve the right to offer you a different day and time. Furthermore, sometimes clients are just not as fully prepared to commit to sessions as they had hoped they would be. If this is the case, we can discuss plans for termination, with the full knowledge that you are welcome to return at a time when you are able to make sessions regularly.

Client's Rights

You have the right to question any of my treatment methods. You have the right to ask about anything which you feel is unclear. You have the right to refuse any suggestions or advice I offer. You are responsible for your own choices and actions, and should do only what you decide is

going to help you reach your goals. You have the right to terminate treatment at any time for any reason.

Confidentiality

State Law and Professional Ethics require that all mental health professionals protect your confidentiality. Exceptions to confidentiality include, but are not limited to those listed below (for a comprehensive list please see your HIPPA form). The law requires me to file a report with the appropriate agency or authority if I have reason to suspect any of the following:

- Child abuse or neglect
- Elder abuse or dependent adult abuse
- A serious threat of physical harm or injury to a reasonably well-identified victim
- The client communicates a threat to injure or kill herself/himself
- The Patriot Act applies

To assure fair and unbiased treatment, I also have a “no secrets” policy with couples. If one member of a couple feels compelled to reveal a secret to me in private, I believe the healthiest way to proceed is to have the client share this with their partner in session. Sometimes this is challenging, so please know I will always be there to support this process.

Communication

- PHONE

The only way for clients to contact me is by phone. My number is **(310) 205-2655**. My phone goes straight to voice mail and you may leave a message for me at any time. I will make every effort to get back to you in a timely manner. If you leave a message on Friday afternoon or during the weekend, I will contact you on the next business day. Text messages will not reach me.

- EMAIL

I do not use email for personal counseling or conversations, but merely to respond to initial inquiries. Email has significant limitations and confidentiality cannot be guaranteed. Servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. It is also important to be aware that computers, unencrypted email, texts, e-faxes and the like can be easily

accessed by unauthorized people and hence can compromise privacy and confidentiality.

- SOCIAL MEDIA

Please do not leave messages for me on any form of social media as these sites are not secure and I will not receive your message in a timely manner.

I have no expectation that clients will follow me on Facebook, Twitter or any other form of social media. However, my business pages exist to be a forum of information and inspiration, so it's wonderful when people find something helpful there. Anyone who reads my social media business pages, may or may not choose to "like" or "follow" them, however, **out of respect for your confidentiality and privacy, I do not accept "friend," "fan," "connect" or any other requests from current or former clients, I do not "follow" or "like" current or former clients back, and I do not engage in conversations on social media with current or former clients.** My reasoning is that I believe my casual viewing of clients' online content outside of the therapy hour can blur the lines and compromise the boundaries of the client-therapist relationship. Viewing your online activities without an explicit arrangement towards specific goals could potentially have a negative or unintended influence on our work. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Psychiatric Emergencies

My phone line is not set up as a crisis hotline. If you believe you are having a psychiatric emergency, please call 911 or go to your nearest emergency room.

Records

I am required by California Law to keep appropriate records of the services I provide. In the event that any duplication of these records is required by law or requested by you or on your behalf, please note that I will be paid at my customary hourly rate in addition to the accrued cost per page.

Litigation

I do not voluntarily participate in litigation or custody disputes. I do not communicate with clients' attorneys or write or sign letters, affidavits or reports to be used in a client's legal matters. I will not provide testimony or client records unless compelled to do so. Should I be subpoenaed to

appear as a witness in an action involving a client, the client agrees to reimburse me for time spent for preparation, travel, court appearances, etc. at an hourly rate to be discussed at the time, but not less than \$400 per hour.

INFORMED CONSENT CONTRACT

I have carefully read the above INFORMED CONSENT CONTRACT given to me by my therapist, Allison Nurse-Hofer, LMFT, MA, MBA. I understand and willingly agree to comply with these policies.

Client's Name (print)

Client's Name (signature)

(Date)