



POLICIES, AGREEMENT & INFORMED CONSENT FOR PSYCHOTHERAPY 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 without your written permission except where disclosure is required by law.

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 us 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 Safe Space Therapy. 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. We will use our clinical judgment when revealing such information. We will not release records to any outside party unless 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.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where we becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, we will do whatever we 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, we may also contact the person whose name you have provided on the biographical sheet.

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. If you so instruct us only the minimum necessary information will be communicated to the carrier. We have no control over, or knowledge of, what insurance companies do with the information he submits or who has access to this information. 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. 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 hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

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 nor your attorney(s), nor anyone else acting on your behalf will call on Safe Space Therapy/Harjeet Kaur to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

E-MAILS, CELL PHONES, COMPUTERS, AND FAXES: It is very important to be aware that computers and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Standard email communication (Gmail, Yahoo, Hotmail, etc.) is an easy and convenient way to communicate with Healthcare Providers. Skype and FaceTime provide additional means of communication that bridge the gap between an in-person visit and phone or email. Texting is a quick way to communicate short and more time-sensitive messages. All these methods of communication are non-encrypted and therefore not considered fully secure, and do not meet the security requirements set forth by the Health Insurance Portability and Accountability Act (HIPAA). Phone and facsimile are considered more secure. Because of their extreme convenience and wide availability, these non-secure methods are offered as an additional means of communicating with Safe Space Therapy. By reading this document, you acknowledge and understand the risks of utilizing these methods of communication, and release Safe Space Therapy & Harjeet Kaur, ACSW, MSW from any and all liability that may arise from use of non-secure communication. If at any time in the future I wish to revoke this consent, I will so inform Harjeet Kaur, MSW, ACSW by secure message. This revocation will not be retroactive, and will only affect communication going forward from the date of such revocation.

RECORDS AND YOUR RIGHT TO REVIEW THEM:

Both the law and the standards of our profession require that we keep treatment records for at least seven years. Unless otherwise agreed to be necessary, we retain clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with us. 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 we assess that releasing such information might be harmful in any way. In such a case, we 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, we will release information to any agency/person you specify unless we assess 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, we 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 are thinking about suicide or if you are considering harming yourself or others or if you feel that any other person may be in danger or if you have medical emergency, you must call 911 immediately for emergency services and notify the relevant authorities. Seek immediate in person assistance. Safe Space Therapy platform is not designed for use in any of the aforementioned cases and our provider cannot provide the assistance required in these cases mentioned above.

If you need to contact us between sessions, please leave a message at 661-333-8963 and your call will be returned as soon as possible. You are also welcome to communicate with us via text messaging. We check our messages multiple times throughout the day, except when the practice is closed. If you are having a psychiatric or medical emergency, please go to the nearest emergency department or call 9-1-1. Please do not use email or faxes for emergencies. We are not always able check our emails until later in the evening.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee (reflected in fee structure form) as set forth at the outset of treatment. Telephone conversations, site visits, writing and reading of reports, 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 us 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. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, we can use legal or other means (courts, collection agencies, etc.) to obtain payment.

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 pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the client(s) and us. 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, California, 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, we can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's 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. 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. We 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. We 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, we are likely to draw on various psychological approaches according, in part, to the problem that is being treated and his 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, or psycho-educational. We do not provide custody evaluation recommendation, medication or prescription recommendation. or legal advice, as these activities do not fall within our scope of practice.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, we will discuss with you our working understanding of the problem, treatment plan, therapeutic objectives, and our 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, our 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, we will assess if we can be of benefit to you. We do not accept clients who, in our opinion, we cannot help. In such a case, we will give you a number of referrals whom you can contact. If at any point during psychotherapy, we assess that we are not effective in helping you reach the therapeutic goals or that you are non-compliant, we are obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, we will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, we 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, we will assist you with referrals, and, if we have your written consent, we will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, and if appropriate, we will offer to provide you with names of other qualified professionals.