

**Paola Caraker M.S., MFT**  
**746 S. Main Ave Suite C**  
**Fallbrook CA 92028**  
**(559)304-8557**  
**carakerp@paolacarakermft.com**

**OFFICE POLICIES & GENERAL INFORMATION  
AGREEMENT FOR PSYCHOTHERAPY SERVICES**

Welcome to my practice! 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.

**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 (Client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

**When Disclosure Is Required By Law:**

Instances in which I would be required by law to disclose your private health information are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled.

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**When Disclosure May Be Required:**

Other circumstances in which disclosure may be required are pursuant to a legal proceeding. 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 Paola Caraker MFT. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Ms. Caraker will use her clinical judgment when revealing such information. Ms. Caraker 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.

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**Emergencies:**

If there is an emergency during our work together, or in the future after termination, where Paola Caraker MFT 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 police, hospital or the person whose name you have provided on the client information sheet.

### **Health Insurance & Confidentiality of Records:**

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/VOC in order to process the claims. Unless you instruct Ms. Caraker, no psychotherapy notes will be submitted to your insurance carrier. Please note that Ms. Caraker has no control or knowledge of what insurance companies do with the information that is disclosed to them and that disclosure of this information carries a certain amount of risk to your confidentiality, privacy, or future eligibility to obtain health or life insurance.

### **E-Mail FAX and Cell Phones**

Be advised that e-mail and cell phone communication can be fairly easy to access by unauthorized people, thereby compromising your confidentiality when engaging in this form of communication. For this reason Ms. Caraker requests that you only communicate information on a limited basis and with very few personal details when communicating via e-mail or leaving voice messages. Please do not e-mail emergency situations. If you do need to communicate anything with more personal detail please email the HIPPA compliant email: [carakerp@paolacarakermft.com](mailto:carakerp@paolacarakermft.com)

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### **Litigation Limitation:**

In order for therapy to be effective, full disclosure during the therapy process is very important. Please understand that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (Client) nor your attorney, nor anyone else acting on your behalf will call on Paola Caraker MFT to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

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### **Telephone & Emergency Procedures:**

If you need to contact Paola Caraker, between sessions, please leave a message on the answering machine **559-304-8557**, and your call will be returned as soon as possible. Ms. Caraker checks messages a few times a day, but never during the night, weekends, holidays or during planned vacations, which will be communicated to you in advance..

If you need to speak with someone right away, you can call the 24-hour crisis line at **1-800-479-3339** or **911**.

## Payments & Insurance Reimbursement

Clients are expected to pay the standard fee of **\$135 for an initial individual psychotherapy session and \$130 for 50-60 min follow up sessions. Couples will be expected to pay an initial 90 min intake session at a rate of \$165 with follow up 90 min sessions at a rate of \$160 due** at the beginning of each session unless other arrangements have been made. \* Please note that for couples a **ONE** time **\$29** fee paid to the Gottman Institute following the initial session will be required in order to complete the “Relationship Check up” questionnaires online that are necessary for Ms. Caraker to properly assess the couple’s needs. Clients that have made arrangements for a reduced fee will have their fee increased by **\$10** every year from the date of signature of this policy until he/she reaches the current standard fee. 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 otherwise. Please notify Paola Caraker MFT if any problem arises during the course of therapy regarding your ability to make timely payments. In case of a returned check, clients are charged a fee of **\$20**. Clients who carry insurance should remember that professional services are rendered and charged to the insurance companies. As was indicated in the section, Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage, including number of visits allowed and co-pay.

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## The Process of Therapy/Evaluation:

Participation in therapy can result in many benefits to you including improved relationships with others as well as improvement regarding the specific concerns that initially brought you into treatment. It is important to understand that as you begin to explore and process unpleasant topics or events it is possible to experience uncomfortable feelings such as sadness, anger, fear or worry as well as an increase in symptoms. In addition, therapy can challenge you to explore your perceptions and behaviors in ways that may result in behavioral changes that can elicit uncomfortable feelings or reactions from others. Your willingness to work hard in therapy (i.e. active involvement, honesty and openness to change) can result in many benefits in your life. There is no guarantee that therapy will give you the results that you are seeking. Ms. Caraker will make sure to check in periodically with your experience in therapy and how treatment is progressing. During the course of treatment Ms. Caraker will utilize various forms of therapy including: EMDR, brief therapy techniques, cognitive behavioral therapy, psychodynamic therapy, problem solving therapy, narrative therapy and psychoeducation. Please inform Ms. Caraker at the beginning of treatment if you have found a certain therapeutic approach to be helpful or unhelpful.

**Termination:**

Ms. Caraker will assess and discuss with you (Client) if she can be of help to you during the first few session. Ms. Caraker does not take or continue to treat clients in which she believes that she cannot be of help to them or that treatment would be out of her scope of competence. If this is the case, Ms. Caraker will inform you of this and provide you with at least 3 referrals that you can contact. In addition, if during the course of treatment Ms. Caraker deems that she is not effective in treating you and/or you believe that Ms. Caraker has not been effective in treating you then treatment may be discontinued and you will be given at least 3 referrals that you can contact. You have the right to terminate therapy at any time and Ms. Caraker will assist you in finding a new therapist. If you are willing to sign a release of confidential information for the new therapist, Ms. Caraker will assist in the transition by collaborating with your new provider and submitting essential information.

**Cancellation:**

Since 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. Most insurance companies do not reimburse for missed sessions. A temporary break in treatment may be necessary when Paola Caraker MFT is ill, on vacation, at a conference or has an emergency situation. Ms. Caraker will attempt to notify the client as early as possible, given that the client has provided current phone numbers.

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I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:**

\_\_\_\_\_  
*Or*

**Legal**

**Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:**

\_\_\_\_\_  
**Provider Name: Paola Caraker M.S., MFT Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_