

Davis Affordable Professional Counseling

Dezaree Finch, Master of Science in Marriage, Family, and Child Counseling
 Licensed Marriage and Family Therapist, #86256
 Office: 1260 Lake Blvd, Suite 201, Davis, Ca 95616
 Mailing: P.O. Box 4528, Davis, CA 95617
 Phone: 530-848-1561, Email: dezareecounsels@dezareefinch.com
 Tax ID: 81-0796584

Welcome! Please read the following regarding my policies. It is my desire that the overall therapy experience is helpful to you.

Introduction

This Agreement is intended to provide [name of parents and children]_____ and
 _____ and _____ and _____

(herein “Patients”) with important information regarding the practices, policies, and procedures of Dezaree Finch (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Patients. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Policy Regarding Consent for the Treatment of a Minor Child

Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of Representative to give consent for psychotherapy, Therapist will require that Representative submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Treatment Unit Policy when Working with Minors and Frequency of Sessions

When Therapist agrees to work with a minor, Therapist considers the minor and some caretakers and siblings to be the treatment unit, not just the minor. What this means is that with the Representative’s permission, Therapist may often request him/her or other family members to attend sessions with or without the minor in order to fulfill the family’s goal in treating the presenting problem.

Therapist processes with Patients on who the unit of treatment will be (Family, or couple, or Individual) and Therapist ultimately makes the final decision on who the unit of treatment will be based on the need and presenting problem. **Therapist has a policy to meet with new Patients no less than one time per week and might suggest more frequent sessions if Patients are in crisis.** Every other week, monthly, etc. appointments are held for Patients who are in maintenance, which means that Patients has worked through most of their goals presented when starting counseling.

Therapist Background and Qualifications

Therapist has been in the mental health field since 2001, working mostly with couples, children, families, and individuals. Therapist’s theoretical orientation can be described as responsible eclecticism, which means that they

use various types of interventions that they have been trained in that are best suitable for the Patients, their family, or their children, which includes, but is not limited to, Solution Focused Therapy, Cognitive Behavioral Therapy, Experiential Therapy, Family Systems Therapy, Structural Therapy, Strategic Therapy, Gestalt Therapy, Bowenian Therapy, Object Relations Therapy, Psychodynamic Therapy, and Christ Centered Therapy for Christian patients. For more professional information about Therapist, please visit www.dezareefinch.com.

Therapist holds responsibility in making clinical judgments regarding whether she can provide counseling to an individual, couple, or family, while keeping the Patients' best interest in mind. Therefore, it is not always within Therapist's scope of confidence to see every Patient. Therapist does not have the background and experience to work with every population and/or mental health condition. When Therapist is aware that a case is out of her scope of confidence, it would be best and Therapist will recommend that Patients find a therapist who is more familiar with helping to treat a certain population and/or mental health condition.

Risks and Benefits of Therapy

A minor patient will benefit most from psychotherapy when his/her parents, guardians or other caregivers, and siblings are supportive of the therapeutic process. Psychotherapy is a process in which Therapist and Patients, and sometimes other family members, discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Patients can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Patients may be experiencing.

Psychotherapy is a joint effort between Patients and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to Patients, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, school, and family settings, and increased self-confidence. Such benefits may also require substantial effort on the part of Patients, as well as his/her caregivers and/or family members, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. This discomfort may also extend to other family members, as they may be asked to address difficult issues and family dynamics. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge the perceptions and assumptions of the Patients or other family members, and offer different perspectives. The issues presented by Patients may result in unintended outcomes, including changes in personal relationships. During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Patients should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Telehealth Therapy

At the request of the Patient or Therapist, Patient and Therapist may engage in telehealth therapy (therapy via the phone or Zoom). The fee/Good Faith Estimate is due at the beginning of a telehealth session by either:

- **Zelle**-dezareecounsels@dezareefinch.com, 530-848-1561 (this payment method is preferred)
- **Venmo**-@Dezaree-Finch
- **CashApp**-\$DezareeFinch
- **Paypal**-dezareecounsels@dezareefinch.com

- **Health Savings Accounts**-if paying by a Health Savings Account Debit Card, you will need to provide me your account information to set-up automatic invoicing through Square Up

I do not accept cash, credit, or checks

According to Business and Professions Code Section 2290.5, prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for this use. The consent shall be documented. By signing this agreement, you agree to do telehealth therapy. All laws regarding the confidentiality of health care information and a patient's right to his or her medical information shall apply to telehealth interactions.

In addition, when Therapist provides psychotherapy or counseling via telehealth, there are certain steps Therapist needs to take with each Patient in order to comply with the law. Therapist needs to document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the Patient's geographic area. Therapist also needs to verbally obtain from the Patient and document the Patient's full name and address of present location, at the beginning of each telehealth session.

Please read the Telehealth Agreement for Services located at www.dezareefinch.com/forms for more information.

PLEASE NOTE: Third-party applications potentially introduce privacy risks, and Patients should enable all available encryption and privacy modes when using such applications.

Confidentiality: Limits, Professional Consultation, and Professional Executor

The information disclosed by Patients are generally confidential and will not be released to any third party without written authorization from Patients, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when Patients make a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another. When information of this matter is revealed, Mrs. Finch will need to assess the situation further and contact the proper authorities to assist in the matter.

Representative should be aware that Therapist is not a conduit of information from a child. Psychotherapy can only be effective if there is a trusting a confidential relationship between Therapist and child. Although Representative can expect to be kept up to date as to the child's progress in therapy, he/she will typically not be privy to detailed discussions between Therapist and child. However, Representative can expect to be informed in the event of any serious concerns Therapist might have regarding the safety or well-being of the child, including suicidality.

Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Patients, and instead reveal case specific concerns and questions.

Therapist has designated a colleague, Charlotte Fritz-LMFT (916-397-0088), as her professional executor in the case of death or disability to have access to Patients records, to provide psychological services if needed, and/or to refer to another qualified professional if needed.

Secrets Policy

When Therapist agrees to work with a family, Therapist considers that family (the treatment unit) to be the patient.

For instance, if there is a request for the treatment records of the family, Therapist will seek the authorization of all members of the treatment unit before Therapist releases confidential information to third parties. Also, if Therapist records are subpoenaed, Therapist will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

During the course of Therapist work with a family, Therapist may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that Therapist is doing with the family, unless otherwise indicated. If you are involved in one or more of such sessions with Therapist, please understand that generally these sessions are confidential in the sense that Therapist will not release any confidential information to a third party unless Therapist is required by law to do so or unless Therapist has your written authorization. In fact, since these sessions can and should be considered a part of the family therapy, Therapist would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party. However, Therapist may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit — that is, the family, if Therapist is to effectively serve the unit being treated. Therapist will use Therapist best judgment as to whether, when, and to what extent Therapist will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually. This “no secrets” policy is intended to allow me to continue to treat the patient (the couple or family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the family. If Therapist is not free to exercise Therapist clinical judgment regarding the need to bring this information to the family during their therapy, Therapist might be placed in a situation where Therapist will have to terminate treatment of the family. This policy is intended to prevent the need for such a termination.

Records and Record Keeping

Therapist may take notes during session, and will also produce other notes and records regarding Patient’s treatment. These notes constitute Therapist’s clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient or representative. Should Patient or Representative request a copy of Therapist’s records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Patient, or Representative, with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Representative will generally have the right to access the records regarding Patient. However, this right is subject to certain exceptions set forth in California law. Should Representative request access to Therapist’s records, such a request will be responded to in accordance with California law. Therapist will maintain Patient’s records for ten years following termination of therapy, or when Patient is 21 years of age,

whichever is longer. However, after ten years, Patient's records will be destroyed in a manner that preserves Patient's confidentiality.

Psychotherapist-Patients Privilege

The information disclosed by Patients, as well as any records created, is subject to the psychotherapist-Patients privilege. The psychotherapist-Patients privilege results from the special relationship between Therapist and Patients in the eyes of the law. It is akin to the attorney-client privilege or the doctor-Patients privilege. Typically, the Patients are the holder of the psychotherapist-Patients privilege. If Therapist received a subpoena for records, deposition testimony, or testimony in a court of law, Therapist will assert the psychotherapist-Patients privilege on Patients' behalf until instructed, in writing, to do otherwise by Patients or Patients' representative.

When a patient is a minor child, the holder of the psychotherapist-patient privilege is either the minor, a court appointed guardian, or minor's counsel. Parents typically do not have the authority to waive the psychotherapist-patient privilege for their minor children, unless given such authority by a court of law. Representative is encouraged to discuss any concerns regarding the psychotherapist-patient privilege with his/her attorney. Patient, or Representative, should be aware that he/she might be waiving the psychotherapist patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Patient, or Representative, should address any concerns he/she might have regarding the psychotherapist-patient privilege with his/her attorney.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you additionally acknowledge receipt of the Notice of Privacy Practices that I have given to you via my website or in person. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me. If you have any questions about my Notice of Privacy Practices, please contact me.

Fee/Good Faith Estimate and Fee/Good Faith Estimate Arrangements

Every Patient's fee/Good Faith Estimate is based upon a structured sliding scale. By signing this form, you agree to pay the amount agreed upon in our phone intake. Patients are expected to pay for services at the time or before services are rendered. Patient is financially responsible to Therapist for all charges, including unpaid charges by any other third-party payor. To maximize the use of the therapy time, please consider the following about your choice of payment. These are the only forms of payment Therapist accepts:

- **Zelle**-dezareecounsels@dezareefinch.com, 530-848-1561 (this payment method is preferred)
- **Venmo**-@Dezaree-Finch
- **CashApp**-\$DezareeFinch
- **Paypal**-dezareecounsels@dezareefinch.com
- **Health Savings Accounts**-if paying by a Health Savings Account Debit Card, you will need to provide me your account information to set-up automatic invoicing through Square Up

Therapist does not accept cash, credit/debit, or check

Please note that the fee/Good Faith Estimate will increase by \$10 every March 1st if your fee/Good Faith Estimate is between \$60-\$70, and \$5 if your fee/Good Faith Estimate is between \$75-\$95. Your fee/Good Faith

Estimate will not increase if it is set at \$100 or more. In addition, this fee/Good Faith Estimate may be adjusted by contract with insurance companies, managed care organizations, or other third-party payors, or by agreement with Therapist. Sessions longer than 50-minutes are charged for the additional time pro rata. From time-to-time, Therapist may engage in telephone contact with Patient for purposes other than scheduling sessions. Patient is responsible for payment of the agreed upon fee/Good Faith Estimate (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Patient's request and with Patient's advance written authorization. Patient is responsible for payment of the agreed upon fee/Good Faith Estimate (on a pro rata basis) for any telephone calls longer than ten minutes. Therapist may also charge a fee/Good Faith Estimate for any documentation preparation, including printing/copying costs and time spent for additional treatment letters outside of normal business and therapeutic use (i.e. school letters/recommendations).

Due to the nature of the therapeutic relationship, it is common for Patients to feel at times that counselors may not really care about them and their needs because they are charging a fee. Please read this article about fee-based services: <https://psychcentral.com/blog/why-do-therapists-charge-so-much#1>

Insurance

Therapist is not a contracted provider with any insurance company or managed care organization. Should Patients choose to use his/her insurance, Therapist will provide Patients with a statement, which Patients can submit to the third-party of his/her choice to seek reimbursement of fees already paid. Patients are responsible for asking for this statement from Therapist, verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles.

Patients Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Patients and another individual, or entity, are parties. Therapist has a policy of not communicating with Patients' attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Patients' legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Patients, Patients agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at your usual and customary fee/Good Faith Estimate for service. In addition, Therapist may also charge a fee/Good Faith Estimate for any documentation preparation, including printing/copying costs and time spent, for litigation procedures.

Normal Cancellation Policy

Patient is responsible for payment of the agreed upon fee/Good Faith Estimate for any session(s) for which Patient failed to give Therapist at least **24 hours' notice of cancellation**. Cancellation notice should be left on Therapist's voice mail or text message at 530-848-1561. **Please do not email to cancel a scheduled appointment**. Therapist may not receive this type of communication on time, and Patient may be charged for the full session. Additionally, it is best to re-schedule whenever possible vs. cancelling for the week scheduled. 'No show' sessions are considered late canceled sessions and Patient will be responsible for payment of the agreed upon fee/Good Faith Estimate for that session. Patient is responsible to arrive to sessions on time. If Patient is 15 minutes late or more, Therapist will

consider this a canceled session and Patient will be responsible for payment of the agreed upon fee/Good Faith Estimate for that session. Due to Therapist's high volume of people needing counseling, and the negative effect that missed sessions could have on the Patient's well-being/goals being met for counseling, frequent cancellations (on time or late) may result in the termination of counseling (see 'Termination of Therapy' for further details).

Sick and Severe Illness Cancellation Policy

Patient is responsible for payment of the agreed upon fee/Good Faith Estimate for any session(s) for which Patient failed to give Therapist at least 3 hours' notice of cancellation due to Patient and/or Patient's dependents and/or Patient's dependent's caretaker being sick and/or severely medically ill and/or disabled. Therapist would prefer if Patient did not attend sessions with symptoms of a cold, flu, or virus. Cancellation notice should be left on Therapist's voice mail or text message at 530-848-1561. **Please do not send me an email to cancel a scheduled appointment.** Therapist may not receive this type of communication on time, and Patient may be charged for the full session. Additionally, it is best to re-schedule whenever possible vs. cancelling for the week scheduled.

Therapist Availability

Therapist will make every effort to return calls within 48 hours, but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service and/or immediate documentation needed to other professionals. In the event that Patients are feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room. In the event that Patients are in need of a document from Therapist, if Therapist agrees to prepare the document, Therapist will have this document ready within 8 days from when Patients requested the document. Therapist prefers not to receive text or emails regarding important therapeutic content.

Termination of Therapy

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Patients' needs are outside of Therapist's scope of competence, practice, or confidence, Patients are not making adequate progress in therapy, or frequent cancellations. Patients has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that Patients participate in at least one, or possibly more, termination sessions if appropriate. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Patients.

Notice to Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Acknowledgement

By signing below, Patients acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patients has discussed such terms and conditions with Therapist, and has had any questions with

regard to its terms and conditions answered to Patients' satisfaction. Patients agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patients agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Patient Name (please print) _____
Signature of Patient (if Patient is 12 or older) _____
Date of Birth: _____
Date _____

Patient Name (please print) _____
Signature of Patient (if Patient is 12 or older) _____
Date of Birth: _____
Date _____

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