



Client Information and Office Policy Statement Informed Consent

Welcome!

Thank you for your interest with us! This informed consent is an example of the document that new clients sign before they officially start treatment. We're here to provide information about your therapy, confidentiality, and office policies. If you have any questions, please don't hesitate to ask your therapist or any staff member.

Aims and Goals of Treatment:

Our main goal is to support you in managing daily life challenges and inner conflicts that may be affecting your well-being. We aim to help you:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychiatric treatment and/or psychological and spiritual healing and growth.

Your honesty and openness are essential for achieving the results you seek. Together with your therapist, you'll set treatment goals and track your progress. Remember, the effort you put in outside of therapy sessions can greatly influence your progress. Your active participation, including completing questionnaires or assignments, is a key part of the process.

Therapy is meant to be helpful. If it's not, we encourage you to share your feedback or raise concerns with your therapist or their supervisor. You can contact the supervisor at laura@nunabehavioralhealthcare.com.

I. Appointments:

Sessions typically last 53 - 60 minutes. Our general hours are 9 AM to 8 PM, Monday through Friday and Saturday 9 AM- 2PM, but individual providers may have different schedules. The frequency of sessions

will depend on the intensity of your symptoms and what you and your therapist agree on.

You are free to discontinue treatment at any time, but please discuss this with your therapist first. It's perfectly normal to end therapy when you feel ready, and your therapist will want to help you transition smoothly by scheduling a final "termination" session.

If you need to reach your therapist between sessions, please call (213) 531-0291 and use the staff directory. For emergencies, dial 911. If you prefer not to call 911, contact Community Alternatives to 911 at (888) 260-1169. For mental health crises, dial 988.

II. Confidentiality:

Your therapy is confidential and legally protected, but there are some exceptions. Confidentiality may be broken if:

- There's suspicion of abuse or neglect of a child, elderly, or disabled person.
- Your therapist believes you're in danger of harming yourself or others.
- You report plans to seriously harm someone else (your therapist must inform that person and legal authorities).
- A court orders your therapist to release information.
- Your insurance company is involved in claims, audits, or reviews.
- There's a natural disaster that compromises the security of records.
- As required by law.

You may also be asked to sign a Release of Information so your therapist can communicate with other professionals or family members involved in your care.

III. Record Keeping:

We maintain a clinical chart documenting your condition, treatment, and progress. These records are securely stored and will only be released with your written consent, unless required by law as noted in the confidentiality section.

IV. Fees:

- **Insurance:** If you're using in-network insurance, your fees (copays or coinsurance) are determined by your plan. Copays typically range from \$0-\$75, while coinsurance is a percentage of the session fee (typically 10%-20%).
- **Out-of-Network:** Your plan may cover 60%-70% of out-of-network costs, or none at all, depending on your coverage.
- **Cash Fees:** Initial visit: \$325.14.
45-50 minute sessions: \$325.
Sliding Scale (no insurance): Begins at \$60 per session

We will provide a "good faith estimate" of your insurance coverage. Once your claim is approved, we'll notify you if the actual costs differ.

V. Payments:

Payments are due at the time of your session unless you've made other arrangements. Payment options will be explained by your therapist, and you can pay through a link or patient portal. While we'll submit insurance claims on your behalf, you're responsible for any deductibles, copays, or coinsurance. Please familiarize yourself with your insurance benefits.

VI. Cancellations and Missed Appointments:

If you need to cancel, please provide at least 24 hours' notice. If you cancel with less than 24 hours' notice, a \$25 fee will apply. You can leave a message 24/7 at (213) 255-5866.

VII. Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your therapist, or any office policy please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

VIII. Consent for Treatment

This document is intended to be simply informational. You will be prompted to sign the actual informed consent when you schedule your first appointment with your provider and complete a treatment plan during your intake session.