

# ERIKA BISCHOFF, LCSW

## CBT Therapist

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### CONSENT FOR TREATMENT

**Informed Consent:** You are consenting to treatment for yourself, or dependent, consisting of psychotherapy services, including online psychotherapy and, if required, referral for psychotropic medication(s) or other service beyond the scope of psychotherapeutic practice. Services are provided by Erika Bischoff, LCSW, a therapist who is licensed through the California Board of Behavioral Sciences (License No. LCS25060). You understand that as your therapist, I can have the sole discretion to suspend or terminate treatment, pursuant to the ethical guidelines governing psychotherapy care.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings because the process of psychotherapy often requires discussion in the challenging aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. In order to be most successful, you will often have to work on things we discuss outside of sessions.

**Telephone and Electronic Services:** In order to ensure private, confidential and HIPAA compliant communication, clients are encouraged to contact me via telephone or a HIPAA compliant online service. However, if you need to contact me via a non-secured email or text, please be aware that this is not a secure way of contact and recommend to limit correspondence to administrative issues such as appointments or billing. Electronic services may be updated to ensure more security for clients.

Online psychotherapy is recommended to be provided through the HIPAA compliant telemedicine service I have contracted with for online therapy. If you choose to use Skype or FaceTime for online therapy, please be aware that neither is a HIPAA compliant service and there are inherent risks for security. Online psychotherapy has both benefits and risks. Risks may include technical difficulties while benefits can include convenience and flexibility. Your signature below acknowledges that if you agree to online psychotherapy, you understand there are risks and benefits and limits of security if using a non-HIPAA compliant mode of communication.

**Payment for Services:** You understand that the fee agreement is legally binding contract and that you are under obligation to pay for services provided to me at the time of the session or prior to, and that the fee agreement is valid while receiving services and may be renegotiated pursuant to business costs. You also understand that you are responsible for full payment of services if your insurance company denies the claim. You understand that failure to pay for services rendered within the negotiated time frame may result in legal action.

Agreed fee for services will be billed at \$120 per hour. If you are using your health insurance for payment, then the payment amount may vary depending on the contracted rate with your insurance company.

**Insurance Billing:** If you have a health insurance policy, it will usually provide coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as summaries, treatment plans and clinical progress notes. By signing this Consent for Treatment, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

If I am not a participating provider for your insurance plan, I will supply you with a super bill for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

***Appointments and Cancellation Policy:*** Appointments will ordinarily be between 45 and 55 minutes in duration, at a time and frequency we agree on prior to the appointment. Since appointment scheduling involves the reservation of time specifically for you, a minimum of 24-hour notice is required for rescheduling or canceling an appointment. You understand that you will be charged \$40 for a session that is missed or canceled with less than 24-hour notice, even in cases of emergency. If you miss more than three appointments without calling to reschedule or cancel 24 hours in advance, or if you have excessive cancellations, you understand that you may be suspended or terminated as a client. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

***Confidentiality:*** My policies about confidentiality, as well as other information about your privacy rights, are fully described in separate documents entitled Notice of Privacy Practices and Confidentiality. You have been provided with a copy of those documents and we will discuss those issues. Please remember that you may reopen the conversation at any time during our work together.

***Professional Records:*** I am required to keep appropriate records of the psychotherapy services that I provide. Your records are maintained securely online with a contracted billing and medical record service that is HIPAA compliant and provides a very high level of security protecting electronic information. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

***Emergency Procedures:*** While as your therapist, I frequently access email, text and voicemail, you understand that you should not solely rely on reaching me for emergency situations. If you have a medical or psychological emergency, you are aware that you should contact your local hospital, police department, or dial 911.

***Social Media:*** Due to the importance of your confidentiality and the importance of minimizing dual relationship, I will not personally accept invitations via social networking sites.

***Agreement to Arbitrate:*** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

I have read, understand, and accept the foregoing policies and by my signature below acknowledge both agreement and receipt.

***Client Signature***

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Printed Name	Signature	Date
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***Legal Guardian Signature(s)***

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Printed Name	Signature	Date
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