



Kalé Woods
Marriage and Family Therapist

☎ 510-725-1719 ✉ kwoodsmt@gmail.com 📍 Oakland, San Francisco and The Greater Bay Area

Welcome to the clinical psychotherapy practice of Kale Woods, LMFT and thank you for choosing my services. This Client Service agreement contains important information about my services, policies and practices. You should read this document carefully and sign it to indicate that you understand and agree to its contents.

Services

Psychotherapy services can take many forms depending on the problems you are experiencing and your goals for treatment. I use different therapeutic methods to address a broad scope of psychotherapeutic concerns. Success in therapy depends on willingness to openly and honestly work on things discussed in therapy sessions.

Undertaking short term or longer-term therapy may entail certain risks. Therapy often involves discussing aspects of your life, which may result your experiencing uncomfortable feelings. This discomfort may be a necessary part of getting to a successful outcome. Psychotherapy has been shown to lead to better relationships, solutions to specific problems, and reductions in feelings of distress and anxiety. There can be no guarantees regarding what you will experience, however.

Therapy involves a significant commitment of time, energy and money, so you should feel that we are a good match. If you are not satisfied with services, please discuss with me so that we can work towards a successful plan or refer you to someone whose expertise may be more appropriate for your needs.

Therapy fee; Billing; and Payment

A psychotherapy session is 50 minutes and your per session fee will be established at the onset of treatment. You will be required to make payment at the beginning of each session and payment can be made by check (Kale Woods, MFT) or cash.

Late Payments: If your account has not been paid for more than ninety (90) days and no arrangements have been agreed upon, legal means may be used to secure

any outstanding balance due on your account. This may involve hiring a collection agency or pursuing a claim against you in small claims court, which may require disclosure of otherwise confidential information. If such legal action becomes necessary, any costs incurred will be included in claims made against you.

Appointments Cancellation Policy: Appointments must be cancelled by email or voicemail at least forty-eight (48) hours in advance so that others may be scheduled in the appointment time you have vacated. For appointments missed without notice or not cancelled within forty-eight (48) hours in advance, you will be charged for the session at your per session rate.

Communication

I can be contacted via email at kwoodsmt@gmail.com or phone at (510)725-1719 and I will try to respond to all messages within 24 hours. If it is an emergency, please call 911 or go to your nearest hospital.

Privacy

Law generally protects the privacy of all communication between client and a mental health professional. Generally, mental health professionals can only release to others information about your treatment if you sign a written authorization form that meets legal requirements imposed by the Health Insurance Portability and Accountability ACT (HIPAA). There are other situations that require only that you provide advanced written consent. Your signature on this Agreement constitutes consent for the following.

-Consultation: I find it helpful to consult with a group of other Mental Health professionals who are also legally bound to keep confidential any client information shared with them. During consultation, I make every effort to avoid revealing the identity of my clients.

There are some situations where I am permitted or required to disclose information without either your consent or authorization included in the following:

-If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, this information would be protected by the psychologist-client privilege law. We cannot provide any information without your (or legal representative's) written authorization or a court order. If you are involved in, or are contemplation, litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.

-If a client files a complaint or lawsuit against a therapist, that therapist may disclose relevant information regarding that client in order to defend themselves.

-If a client files a worker's compensation claim, the therapist may disclose to the appropriate parties (including the Administrator of the Worker's Compensation Court), information relevant to the claim.

Additionally, therapists are legally obligated to take actions that make include the disclosure of otherwise protected confidential information in situations where the disclosure of confidential information is necessary to protect his or her client or others from harm. These situations include but are not limited to:

- If a therapist has reason to believe from a client has shared that a child under the age of eighteen (18) years is the victim of abuse or neglect, the law requires that the therapist report his or her suspicions to the appropriate government agency, usually the Department of Child Protective Services. Once such a report is files, the therapist may be require to provide additional information
- If a therapist has reason to believe from information a client has shared that a vulnerable adult is suffering from abuse, neglect, or exploitation, the law requires that the therapist report their suspicions to the appropriate government agency. Once such a report is files, the therapist may be required to provide additional information.
- If a client communicates an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable victim and he or she has the apparent intent and ability to carry out the threat, or if a client has a history of violence and his or her therapist has reason to believe that there is a clear and imminent danger that the client will attempt to kill or inflict serious bodily injury upon a reasonably identified person, the therapist will be required to take protective actions, which actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
- If a client threatens to harm themselves, the therapist may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection.

If any of these situations arise in the course of your therapeutic relationship, I will make every effort to fully discuss my concerns with you before taking any actions and will limit my disclosure to information that is necessary.

Professional Records

Pursuant to HIPAA, I may keep protected health information. Client records include reasons for seeking treatment, a description of the ways in which your problem impacts your life, diagnosis, treatment goals, progress toward goals, medical and social history, treatment history, any past treatment records that this therapist receives from other providers, reports, and any professional consultations. And any reports that have been sent to anyone. Because these

records may be misinterpreted and upsetting to untrained readers, a summary may be provided.

Social Media: To assist in ensuring your confidentiality and maintaining safe boundaries, this therapist will not accept request from clients to be on Facebook, LinkedIn, etc. Skype however in certain circumstances may be used to conduct psychotherapy services.

Consent to Psychotherapy

Your signature below indicates that you have read this Agreement, agree to its terms and provisions, and provide your consent to therapy.

Client Signature

Date

Name (Please Print)

Client Signature

Date

Name (Please Print)

Consent for Treatment of a Minor Child

I, _____ and

_____ authorize the request that Kale Woods, LMFT, a licensed Psychotherapist carry out assessments, treatments, and/or diagnostic procedures which now or during the course of care of my child, _____, as a patient are advisable.

With regard to those who are under 18 years old, the law may provide the parents with the right to examine the minor child's records. However, as a general practice, I only inform parents about the general work with the minor child. If, I believe the underage patient is at high risk for harm, I shall notify the parents, after I discuss my concerns with the underage client.

This authorization expires one year from the signed date. It may be revoked at any time by written notification to Kale Woods, LMFT.

I have read and fully understand the Consent for Treatment.

Date: _____

Minor's Parent(s) or Guardian's

Signature_____