

Robin Furner, MFT
4000 Broadway, Suite 1, Oakland, CA 94611
Phone: (510) 463-1465

OFFICE POLICIES & CONSENT FOR TREATMENT

This agreement is intended to provide [name of client] _____ with important information regarding the practices, policies and procedures of Robin Furner, MFT, and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions or concerns regarding the contents of this agreement should be discussed with Robin Furner, MFT, prior to signing it.

Confidentiality:

The information disclosed by a client is confidential and will not be released to any third party without written authorization from the client, except where required or permitted by law.

- Disclosure is required by law: If there is reasonable suspicion of child, dependent, or elder abuse/neglect, and situations wherein a client presents a danger to self, to others, to property, or is gravely disabled.
- Disclosure may be required: If you place your mental status at issue in litigation. As part of a legal proceeding initiated by you, the defendant may have the right to obtain psychotherapy records and/or my testimony.
- Emergencies: If there is an emergency situation where I become concerned about your personal safety and/or the safety of others, I will do whatever I can within the limit of the law, to prevent you from injuring yourself or others and to ensure that you receive the appropriate medical care. If you have provided an emergency contact, I may also contact that person.
- Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier (HMO/PPO/MCO/EAP) in order to process claims. Health insurers periodically collect information from behavioral health providers to determine medical necessity of service, compliance with health plan regulations, to evaluate treatment progress, etc. Insurance plans occasionally conduct audits and/or utilization review processes with behavioral health providers. Staff members of insurance plans may review confidential treatment records in the course of audits and/or utilization review processes.

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- **Litigation Limitation:** Due to the nature of the therapeutic relationship and the fact that it often involves making a full disclosure with regards to many matters which may be of a confidential nature, it is agreed that should there be a legal proceeding (such as, but not limited to, divorce and custody disputes, injuries and lawsuits), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Should therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving patient, patient agrees to reimburse therapist for any time spent for preparation, travel, or other time in which therapist has made herself available for such an appearance at therapist's hourly rate.
- **Consultation:** I occasionally consult with other therapists regarding my clients. The client's name and other identifying information is not mentioned in order to maintain confidentiality. The purpose of periodic consultation with other professionals is to ensure that I am providing high-quality psychotherapy and to receive feedback on additional treatment recommendations that may be useful in your treatment.

Fee and Fee Arrangements:

My fee is \$150 per 50 minute individual therapy session. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. Therapist reserves the right to periodically adjust these fees. Clients will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers, or by agreement with therapist. Payments may be made by check, cash or credit card at my client portal site:

<https://robin-furner.clientsecure.me>

Insurance: Client is responsible for any and all fees not reimbursed by his/her insurance company, managed care organization, or any other third-party payer. Client is responsible for verifying and understanding the limits of his/her coverage, as well as his/her co-payments and deductibles. Client is responsible for notifying therapist of any change to insurance coverage.

Cancellation: Since scheduling an appointment involves the reservation of time specifically for you, I request that clients notify me as early as possible about any need to cancel or reschedule appointments. I charge a \$50 late cancellation fee if an appointment is cancelled with less than 24 hours notice. If our mutual schedules allow, appointments can sometimes be rescheduled within the same week. I do not charge a late fee if an appointment is rescheduled within the same week. Occasionally, I will need to cancel or reschedule an appointment and will strive to provide clients with as much advance notice as possible. Please note that I occasionally need to respond to urgent situations, and this can occasionally impact my regular session schedule or cause me to be late in meeting with a client. These situations are rare, but occasionally occur. Psychotherapy works best when it is provided in a consistent

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manner. I reserve the right to terminate treatment if a client is not able to participate in treatment on a consistent basis.

Telephone and Emergency Procedure: If you need to contact me between sessions, please leave a message on my voicemail: (510) 463-1465. I strive to respond to all calls within one business day. If you experience an emergency and require immediate assistance, please call 911 or go to the nearest emergency room. I can receive voicemail and texts on my practice phone.

Mediation & Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of the initiation of arbitration. The mediator should be a neutral third party chosen by agreement between me and my client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Alameda County, CA, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand is filed. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitrations, the arbitrator will determine that sum.

The Process of Therapy/Evaluation:

Psychotherapy is a process in which therapist and client discuss many issues, events, experiences and memories for the purpose of creating positive change so that a client can experience his/her life more fully. It provides an opportunity to improve interpersonal relationships, resolve specific concerns, reduce stress and anxiety, increase comfort in social, work, and family settings, increase capacity for intimacy and more deeply understand yourself. Psychotherapy requires effort on your part. It requires your active involvement, honesty, and openness in order to change your thoughts, feelings and /or behavior.

During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing discomfort or feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions and perceptions or propose different ways of viewing or handling situations which may generate feelings of anxiety, discomfort or other feelings/reactions. It is fairly common for clients to experience a period where they feel a bit worse, before they start to feel better. For example, a client may start to remember past stressful experiences that resemble current problems and feel increased anxiety when this occurs. It is important for you to keep me informed of what you are experiencing and discuss any concerns you may have about the course of your therapy.

When clients have personal histories of trauma and/or abuse, there may be particular treatment issues that arise if and/or when you start to feel/remember traumatic events. There can be a risk of "re-traumatization" as you discuss past trauma. There are particular treatment interventions and

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approaches we can use to reduce the risk of adverse impact related to discussing past trauma. Please let me know if you have experienced past trauma when we start the therapy process. I do not need to know the details of the trauma until you feel ready for this, but it is very helpful for me to have a general sense of any trauma or abuse history.

It can often be very helpful to discuss and explore concerns you have about the therapy process. This may feel awkward or uncomfortable at times, but I find that it often leads to important therapeutic progress. For example, a client may have a history of feeling overly criticized by their boss, romantic partner, teachers, friends or others. If a situation comes up during therapy where you start to feel criticized by me, it can be very valuable for us to discuss this and explore what may be happening in our particular relational process. I have found that this kind of therapeutic work can feel challenging and it often feels uncomfortable, but it can also lead to important and long-lasting therapeutic progress.

It is also important for us to discuss when you are perceiving progress and/or increased hopefulness about the course of your therapy process. Sometimes, clients may experience a shift in their goals for therapy and that is important for us to discuss too.

The Board of Behavioral Sciences (BBS) monitors the licenses of MFTs in California. Information about a therapist's license is available at the BBS website. The BBS also receives and responds to any consumer complaints about therapists licensed in California. You can contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.

Treatment Planning: I strive to conduct a thorough assessment when we initially begin working together. I also strive to develop a general treatment plan after this assessment period. I will discuss treatment goals with you and my goal is for this process to be collaborative. It is very helpful for me to have a good understanding of your short and long-term goals and your particular hopes and dreams for yourself. Please let me know if you have any questions or concerns regarding your treatment plan. If you wish to consult with other behavioral health providers, I am happy to assist with this.

Medication & Physical Health Issues: I cannot prescribe medication as this is outside my scope of practice as a MFT. I will be glad to consult with your physician regarding psychological conditions and/or symptoms that may warrant medication, with your permission. I encourage all new clients to obtain a full medical exam, especially if they have not had one in the last year. Sometimes, there are health conditions that can initially seem like a mental health issue.

Dual Relationships: Therapy never involves sexual or business relationships or any other dual relationship that impairs the therapist's objectivity, clinical judgment, or therapeutic effectiveness. I avoid contact with current and former clients on social media platforms such as Facebook & LinkedIn and request that clients avoid initiating contact with me via social media or internet platforms.

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Electronic Communications: I generally limit email communications with clients to logistical matters, such as establishing a time to reschedule an appointment. There can be the potential for emotionally sensitive material to be misunderstood in the context of email or other electronic communications. I cannot guarantee the security of online, email or other electronic communications. I usually transmit information electronically when billing an insurance company and some insurance companies require that claims and other matters be handled electronically. My health record system includes both paper and electronic records. I do my best to secure electronic records and communications by using passwords, anti-virus protection, etc. However, I cannot guarantee the security of electronic communications and records.

Termination of Therapy: I reserve the right to terminate therapy at my 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 on a regular basis, client needs are outside of therapist's scope of competence or practice, or client is not making adequate progress in therapy. Occasionally, there are situations where ongoing insight-oriented psychotherapy is not recommended. Conditions such as substance addiction may require other types of treatment resources and/or referrals.

Clients also have the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, therapist will generally recommend that the client participate in at least one, or possibly more, termination sessions. These sessions are not required, but 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 or related professional service, if this is needed.

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Acknowledgement

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of the OFFICE POLICIES & CONSENT FOR TREATMENT agreement. You have discussed such terms and conditions with me, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this agreement and consent to participate in psychotherapy with me. Moreover, you agree 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 (or authorized representative)

Date