

CLIENT RIGHTS AND RESPONSIBILITIES DOCUMENT

CLIENT BILL OF RIGHTS

Consumers of Footsteps Behavioral Health services are offered by Licensed and Unlicensed Mental Health Professionals have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of Behavioral Science which contain the credentials of a therapist;
- To obtain a copy of the code of ethics from the Board of each respected discipline;
- To report complaints to the Board of Behavioral Science;
- To be informed of the cost of professional service before receiving services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To have access to their records as required by law; and
- To be free from exploitation for the benefit or advantage of a therapist.

FEES AND PAYMENT

- Standard fees are \$230.00 for the intake session and \$180.00 per 50 minute session thereafter. Sliding discount rate for private out of pocket, full time students and clients with lower incomes who are seeking daytime appointments for individual therapy are available. If this applies to you, please discuss your situation with your therapist. Signing this document will also indicate your agreement to abide by the Sliding Scale Policy.
- The agreed fee for each session is _____.
- You are responsible for making payment **on the day of your session** by cash, check or credit card. Checks are to be made payable to Footsteps Behavioral Health. If you would prefer to pay by credit card, you can do so on our website *before* your session.
- Footsteps Behavioral Health is in network with MHN, Cal-Viva, Anthem Medi-Cal. If your insurance is with another insurer, you will need to make payment in full. Superbill can be provided to you to submit for reimbursement after full payment for each session has been made.
- Sliding scale discount payments cannot by law be submitted to insurance or applied to a deductible. Any attempt to do this may result in forfeiture of your right to the discount. Please also note if sliding scale payments are not made on the day of service, the full \$180.00 fee will be charged.
- Please let Footsteps Behavioral Health know if you would like to receive regular invoices for submission to HSA or FSA plans.

APPOINTMENTS AND CANCELLATIONS

- Where possible, Footsteps Behavioral Health offers clients a regular weekly time slot. This slot is reserved for you and you are expected at that time each week unless you notify Footsteps Behavioral Health otherwise. Regular attendance (maintaining an average of 4 out of 5 sessions) is necessary if you wish to retain your reserved time. Two consecutive late cancellations or no shows will result in your time slot being revoked.
- Non-emergency cancellations must be received at least 48 hours in advance of your appointment time** (note that cancellations for Monday must be received before noon on the preceding Friday). Late cancellations or failure to show for a session will first incur a \$50.00 fee for the first missed appointment; missed or cancellation appointments there after will incur the full \$180.00 fee for all clients *including those receiving the sliding scale discount*.
- Late cancellation and no show charges cannot be billed to your insurance company, your FSA or HSA.

TERMINATION OF THERAPY

- In the best possible scenario, therapy is terminated when both therapist and client believe the work is complete and meet for a closure session. Sometimes, however, therapy terminates for a variety of other reasons, including a lack of fit between therapist and client, a lack of fit with the therapist's treatment modalities, or simply that it is not the right time in the client's life. In these cases, Footsteps Behavioral health would greatly appreciate the opportunity to discuss your experience with you and send you on your way with alternative referrals. If, for whatever reason you are not comfortable doing this, please send an email or leave a voicemail letting Footsteps Behavioral Health know that you wish to take a break from therapy

CONTACTING FOOTSTEPS BEHAVIORAL HEALTH

Can be contacted directly on **559.825.1324** or by email at **areyes@footstepsbehavioral.org**. With clients or away from the office, phone typically rolls straight to voicemail, which therapist check regularly. Please leave a message and we will call you back as soon as possible. Due to the fact that the privacy of electronic information cannot be guaranteed, please restrict the content of all emails to administrative issues, such as scheduling and billing.

EMERGENCY PROCEDURES

For life threatening emergencies: call **911** or visit your nearest hospital emergency room
Urgent Care wellness 559. 600.9171
Exodus Recovery Crisis Center 559.453.1008
Exodus Youth Crisis Center 559.512.8700
Suicide Hotline 1800.273.8255
Our website, www.footstepsbehavioral.org, also has a number of useful links.

Please note that solo practitioners, do not offer an after-hours service or coverage during vacations and holidays. When clients go through periods where the level of support required is greater than the resources the solo practitioner can provide, the practitioner may require that as part of continuing under their care, they seek additional care from another licensed clinician such as an associate, intern, psychiatrist or group therapist. Clients entering therapy whom the practitioner deems to require greater support than can be provided will be asked to instead seek therapy from an alternate agency practitioner.

CONFIDENTIALITY

In general, the law protects the privacy of all communication between a client and a therapist. Footsteps Behavioral Health only release information about your treatment to others if you sign a written authorization form. You can revoke such authorizations at any time in writing. However, in the following situations your authorization is not required for me to release information:

- 1) Therapist’s duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- 2) Therapist’s duty to report suspicion of abuse or neglect of children or vulnerable adults.
- 3) Therapist’s duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
- 4) Therapist’s duty to report the misconduct of mental health or health care professionals.
- 5) Therapist’s duty to provide a spouse or parent of a deceased client access to their child or spouse’s records.
- 6) Therapist’s duty to provide parents of minor children access to their child’s records. Minor clients can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.
- 7) Therapist’s duty to release records if ordered by a judge or bound by law.
- 8) Therapist’s obligations to contracts (e.g. providing diagnostic information to an insurance carrier or health plan.)

Couples Therapy: When providing couples therapy, Footsteps Behavioral Health considers responsibility to three “clients”: Partner A, Partner B and the relationship. In order to protect the integrity of the therapy, any information disclosed individually to practitioner that significantly impacts the *current* status of the relationship may ultimately need to be disclosed to the partner if therapy on the relationship is to continue. Please do not send emails or leave voicemails that you would not wish your partner to be privy to.

Interactions Outside of Therapy: Occasionally clients and therapists run into each other outside of therapy, eg: in grocery stores, restaurants, at educational institutions or conferences. Footsteps Behavioral Health policy in these situations is to protect client confidentiality. Practitioners will never acknowledge a current or former client unless the client acknowledges him/her first, nor will practitioner introduce a client to anyone that the practitioner happens to be with. In situations where practitioner and client may be introduced to each other by a third party, practitioners will behave as though it is the first time they have met. If, during a therapy session, you would like to discuss the handling of any potential or actual public interactions, please let your practitioner know.

Social Networking: In order to maintain client confidentiality, Practitioners will not connect with former or current clients on social networking sites, including Facebook and LinkedIn.

Consultation: Periodically Footsteps Behavioral Health Practitioners consults with mental health professionals to ensure that we are offering the best services to clients. These professionals are bound by the same rules of confidentiality, and I take great care to protect the privacy of clients by changing identifying details.

FOOTSTEPS BEHAVIORAL HEALTH is a nonprofit 501c3 and it employs licensed and unlicensed mental health professionals. Footstep Behavioral Health offers treatment to individuals of all ages. Please read this document carefully and discuss any questions you may have with Footsteps Behavioral Health practitioner. When you sign, you will be stating that you were provided with this information and that you agree to abide by the arrangements outlined.

I have read, understand and agree to abide by the information above.

Client/Responsible Party _____ Date _____