

LETY ARREOLA-GARCIA, MS, AMFT

OFFICE POLICIES & INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign the **Acknowledgment Form**, it will represent an agreement between us. Please keep a copy of this agreement for your reference.

ABOUT PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and patient, and the particular problems or objectives you bring forward. There are various methods I may use to address the issues that you hope to work on. Together we will agree on a specific treatment plan tailored to your particular needs and goals. Psychotherapy calls for a very active approach on your part. The success of therapy will depend in large part on the effort you put forward during and outside of our sessions. Progress is also highly dependent on good communication between patient and therapist. If at any time during the therapy you have any questions or concerns, feelings about something I have said or suggested, or need clarification regarding our progress, do not hesitate to bring this up.

Psychotherapy can have **benefits and risks**. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings and the process may, at times, feel quite difficult. On the other hand, psychotherapy has also been shown to have benefits for people who go through it: therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Training & Professional Experience:

I'm an Associate Marriage & Family Therapist, and license eligible. I am employed and receive clinical supervision by Carolyn Moore, LCSW #26169. I received my Master's of Science in Clinical Psychology in the MFT/LPCC Program from NDNU located in Belmont CA in May 2016. I received my Bachelors of Science in Human Services with an emphasis of Counseling & Administration from NDNU in 2011. I have a breadth of experience working with adults, children, adolescents, families, and couples. I completed my practicum internships at Morrissey-Compton Educational Center in Redwood City, and at the Children's Health Council, where I am currently employed as a full time Bilingual Mental Health Consultant. Previous, I also completed my trainee hours at Ableworks in East Palo Alto serving as therapist to women, children, couples and providing psychoeducation in various topics. Coincidentally, I worked and had an internship with the Mental Health Association in Redwood City, where I provided case management and counseling to transitional youth, homeless population, and client with severe mental health diagnosis including substance abuse/ co-occurring. I consult with professionals, who are also bound by my confidentiality, and may consult with you. I may utilize clinical experiences in my writings, research and training purposes. In such situations, personal identities and life situations are always disguised and identifying information is never used.

MEETINGS

A regular **Individual** psychotherapy session is **50 minutes, 75 minutes for Family/Couples, and Groups are 60 minutes**. During our initial consultation meeting(s) we will both decide if I am the best person to provide the services you need. If either you or I decide for any reason that you would be better helped by another professional or method of intervention, I will offer referrals for alternative services or providers. If we decide to continue with ongoing psychotherapy, we will usually schedule one or more sessions per week at a mutually agreed upon time.

CANCELLATIONS & MISSED APPOINTMENTS

Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. Once we agree on a regular time or times to meet during the week, I will reserve those hours for you. It is understandable that on occasion you will need to cancel or reschedule a session. If it is necessary to reschedule or cancel an appointment, I require that you provide me with at least 48 hours advance notice in order to avoid being charged for the session. If I receive notice less than 48 hours in advance or you miss a session with no advance notice, you will be charged for the missed session.

FEES FOR SERVICE

Individual Sessions are **\$125.00/50 minutes**, **Family/Couples Sessions** are **\$150.00/75 minutes**, and **Group sessions** are **\$100/60 minutes**. I do offer a few sliding scale slots for patients who are unable to afford my regular fee. Unless we make other specific arrangements, cash or credit card is due at the beginning or end of each session. I charge the same fee for other professional services you may need. Other services might include, but are not limited to, telephone consultations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries. I will pro-rate the cost if I work for periods of less than one hour. I periodically raise my fees with reasonable advance notice.

INSURANCE

I do not accept insurance. One of the reasons for this is to ensure client confidentiality — neither your insurance company nor anyone else will know about your therapy sessions. If you like, I can offer a receipt ("superbill") for you to submit to your insurance company. You may qualify to receive out-of-network reimbursement if you have a PPO plan; please check with your insurance company.

CONTACTING ME:

- **By Phone:** You may contact me by phone at **(415) 727-6798**. Although I am often not immediately available by telephone, a message can be left at this number at any time of day or night. I check my voicemail frequently during business hours and I will always attempt to return your call within 24 hours. I will give you advance notice of any vacations or other planned absences. Another therapist will provide emergency coverage when I am away. This person's contact information will be available on my outgoing voicemail message during any breaks.
- **By Email:** Because the security of email communications cannot be guaranteed, it is recommended that email be limited to requests for phone contact, appointment arrangements, or requests for information. Please only include general information about yourself and your treatment. Any communication that requires immediate attention or a timely response should be made by phone.

EMERGENCIES

Although you can leave me a message at any time, I am often not available to call you back immediately. In an emergency, please call me, and I will return your call as quickly as possible. However, if you have an emergency requiring immediate attention please also call 911, Crisis Support Services at 1-800-273-8255 (24 hours a day), or go to your nearest emergency room.

ENDING TREATMENT

You have the right to end or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. We can also discuss any referrals you may need at that time.

Psychotherapist are ethically required to continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychotherapist, and all written treatment records, are protected by law, and I may only release information about our work to others with your written permission. There are a few exceptions, under California law, when disclosure is required:

- when there is a reasonable **suspicion of child, dependent or elder abuse or neglect;**
- when a patient presents a **danger to self, to others, to property, or is gravely disabled;**

- when a patient's **family members** communicate to the patient's therapist that the **patient presents a danger to others**.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I participate in regular professional consultations. In such cases neither your name nor any other identifying information about you will be revealed.

Once you have read and understood these policies please sign the Acknowledgement Form before your first appointment.