Porta Verum Office Policies

Paula Kettula, Licensed Clinical Social Worker, Inc.

DBA Porta Verum Psychotherapy Services

Outpatient Services Contract (Updated March 30 2026)

This document contains important information about the professional services provided by Paula Kettula Licensed Clinical Social Worker Inc., a California Professional Corporation, providing services under the operational name (DBA) of Porta Verum Psychotherapy Services. This document also outlines the office policies as well as your rights and responsibilities as a client. Please read it carefully and ask me any questions you may have. When you sign this document it is considered an informed consent to commence psychotherapy and represents a client/therapist contract.

What Is Psychotherapy

Psychotherapy is a methodological process of relieving person's distress or disability by a trained professional (i.e. licensed clinical social worker). There are many different methods to addressing variety of issues. In the course of treatment, I will discuss these different methods with you including their benefits and disadvantages. Any type of psychotherapy calls for an active effort on your part. Psychotherapy is conducted on your terms and based on your goals, so it is up to you to work towards accomplishing your goals.

Psychotherapy has benefits and risks. It often involves discussing unpleasant aspects of your life and you may experience unpleasant feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy also has benefits for people who go through with it. Therapy often leads to better self-image, improved relationships, reduction in distressing feelings and solutions to specific issues. There is no guarantee however how you will experience therapy and what gains you will have from it.

Our first session involves discussing your presenting problem and evaluation of your needs. By the end of the session I will be able to offer you some first impressions of what our work may include and a treatment plan we will follow if you decide to continue with therapy. You should evaluate this information carefully and also reflect whether you feel comfortable working with me.

Therapy involves commitment of time, energy, and money so you should be cautious in deciding whom you want to work with. If you have any questions about my procedures or recommendations we should discuss them as soon as they arise. If you have any doubts that persist I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Sessions

Our work together will start with an evaluation and thorough history taking. This will last 2-4 sessions. A thorough assessment and evaluation is imperative for our work together and will provide me valuable information that will help me with the direction we need to take in our work together. During this time we can also decide whether I am the best person to provide the services you need. If we decide to work together and begin psychotherapy, my sessions with adults who have insurance are 45-53 minutes (depending on your needs and what your insurance reimburses) and private pay sessions are 50 minutes unless we decide a need for 90-minute session. Session times with children vary depending on their age but are generally about 45 minutes, which includes 5-10 minutes cleaning time.

Scheduling

We will typically meet once a week unless decided otherwise. You will be expected to pay for your sessions at the time the service is rendered. If you need to cancel, please provide me 24 hours advance notice. If you cancel in less than 24 hours, or you don't show for your session, your credit card on file will be charged for a non-refundable $120 late cancellation fee. We ask that you schedule, re-schedule or cancel your appointments by logging onto to your client portal at https://portaverum.clientsecure.me.

If you are set up for regular recurring appointments with your provider, but you miss your sessions or cancel frequently, we reserve the right to remove you from the recurring time-slot. In this case, we will reach out to you to discuss alternative options that may work for you better.

Telephone Accessibility

If you need to contact me between sessions, please leave a message on the office voice mail at 619-577-5057 ex 3. I am often not immediately available; however, I will attempt to return your call within 24 hours. If a true

emergency situation arises, please call 911 or go to the local emergency room.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Prohibition on Recording Sessions

To protect the integrity of the therapeutic process and the privacy of all individuals involved, **recording of any therapy session—whether audio, video, or otherwise—is strictly prohibited without the prior, explicit written consent of all parties present in the session, including the therapist**.

This applies to individual, couples, family, and group sessions.

Unauthorized recording may constitute a violation of California's two-party consent law (Penal Code § 632) and could result in legal consequences, termination of treatment, and/or referral to appropriate authorities.

If you wish to request a recording of a session for clinical purposes, please discuss this with your therapist in advance.

Interdisciplinary Team Approach

Please be advised that I belong to a group practice where we utilize an interdisciplinary team approach. This means that we frequently consult with one-another in order to review and discuss the treatment plans and

progress of our clients.

Such communication is permitted under California law. Section 56.10(c) of the California Civil Code which permits health care providers to discuss and exchange information about the client, if it is for the purpose of diagnosis or treatment of the client. In general, HIPAA also permits such activity under the category of "health care operations."

This means that in order for me to support you the best I can, I may deem it necessary to discuss your case in our weekly team meetings that are attended by other experienced providers who are part Porta Verum Psychotherapy Services. Each provider is a licensed mental health clinical and thus under the oath of confidentiality as is the unlicensed support staff.

Porta Verum Psychotherapy Services assures you that we take appropriate steps to ensure, insofar as possible, that the confidentiality of our clients is maintained by their employees, supervisees, assistants, volunteers, and business associates.

Use of Artificial Intelligence (AI) Tools

As part of our efforts to support efficient practice operations and high-quality care, our practice may use artificial intelligence (AI)–supported tools for certain administrative and operational functions. These may include tasks such as meeting summaries, internal case coordination, scheduling support, task tracking, and general practice management.

These activities are part of routine healthcare operations as permitted under applicable privacy laws, including HIPAA and the California Confidentiality of Medical Information Act (CMIA).

AI tools are not used to provide therapy, make clinical decisions, or replace the professional judgment of your therapist.

When such tools are used, we take reasonable steps to protect client confidentiality and to safeguard information in accordance with applicable privacy laws.

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Confidentiality, Privileged Communication and Privacy**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

Some of the circumstances where disclosure is required or may be required by law are

1. Where there is a reasonable suspicion of child, dependent, or elder abuse or neglect
2. Where a client presents a danger to self, to others, to property, or is gravely disabled;
3. When a client's family members communicate to me that the client presents a danger to others.
4. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me.
5. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

Emergency Procedures

If you have a mental health crisis that is not life threatening, you can call or text **988** (Suicide and Crisis Lifeline) or text **741741** for 24/7 support. Clients in San Diego County may also contact the San Diego Access and Crisis Line at **1-888-724-7240**, available 24 hours a day, 7 days a week.

I am available for brief phone consultations between sessions during office hours (9am-5pm). I do check my messages a few times a day unless I am out-of-town. You should not rely on me to handle your emergency especially if it is serious and requires immediate intervention. By signing this form, you understand that I may not be available to respond to your emergency immediately.

Please note that if I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct, I only communicate the minimum necessary information to the carrier. As your therapist, I also have no control over, or knowledge of, what insurance companies do with the information that is submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

Records and Your Right to Review Them

Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by California law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assesses that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), 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 unless otherwise agreed upon.

BBS Complaint Notice to Clients

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Professional Fees and Payment Method

I will discuss my private pay fees with you prior to the commencement of therapy and will have you review and sign the *Private Pay Agreement* Form. I do offer adjusted fees for clients who have financial hardship. I am able to accept some HMO insurance and all PPO plans. If you have a PPO plan, you are responsible paying for the sessions at the time of service and then submitting insurance claims yourself. I will assist you in the process as needed.

Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, I will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement, if you so choose. As was indicated in the section, *Health Insurance & Confidentiality of Records,*you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan , I can use legal or other means (courts, collection agencies, etc.) to obtain payment.

By signing below, including by electronic signature, I acknowledge that I have read and understand this document, have had the opportunity to ask questions, and agree to the policies described above. I understand that this document constitutes informed consent to receive psychotherapy services and that I may request clarification at any time.